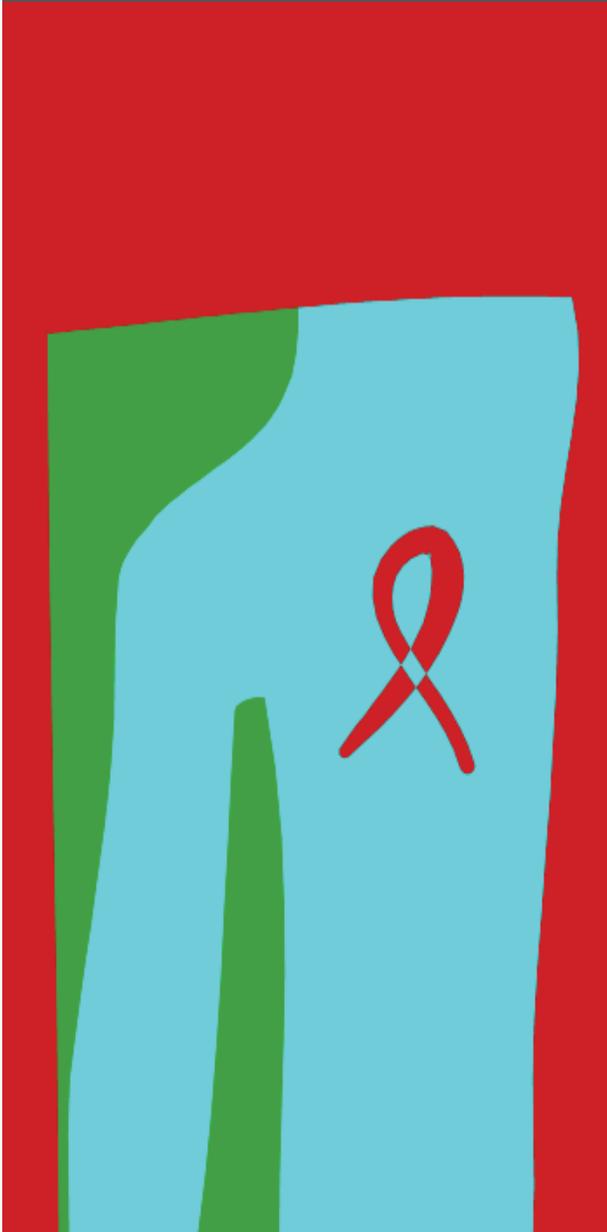


2012 Virginia Jurisdictional HIV Prevention Plan



**A collaboration
between the
Virginia HIV
Community
Planning Group
and the Virginia
Department of
Health**

The 2012 Virginia Jurisdictional HIV Prevention Plan was completed in compliance with the July 2012 HIV Planning Guidance issued by the Centers for Disease Control and Prevention (CDC).

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* The appendices included here not labeled to reflect their labeling in the HIV Planning Guidance.

2012 Virginia Jurisdictional HIV Prevention Plan Executive Summary

The 2012 Virginia Jurisdictional HIV Prevention Plan represents work completed by the Virginia Community HIV Planning Group (CHPG) between 2008 and 2012 in collaboration with the Virginia Department of Health (VDH). The 2012 Jurisdictional Plan was completed in compliance with the July 2012 HIV Planning Guidance issued by the Centers for Disease Control and Prevention (CDC).

While the 2012 Jurisdictional Plan is not able to speak to every HIV prevention need in Virginia, VDH and the CHPG worked to involve key stakeholders and community members in the planning process. This strategy attempts to ensure that the needs affecting the most Virginians would be addressed with the final goal of preventing as many new infections as possible.

The target populations identified in the 2012 Jurisdictional Plan are:

- ◆ People Living with HIV/AIDS
- ◆ Men who have Sex with Men
- ◆ High-Risk Heterosexuals
- ◆ Injection Drug Users
- ◆ Transgender

The 2012 Virginia Jurisdictional HIV Prevention Plan replaces the Plan released in 2008, with some distinct differences in the document. In addition to updates laid out in the 2012 HIV Planning Guidance from CDC, Virginia has made some changes to the planning process. The target populations have been organized differently, going from ten target populations in 2008 to five in 2012. To better group those needs, the CHPG utilized the Michigan HIV/AIDS Council's category system to identify and organize target population needs: Knowledge, Persuasion, Skills, Access, and Supportive Norms.

After reviewing and discussing the prioritization process utilized in 2008, the CHPG recommended the addition of an HIV disease incidence indicator to the evaluation and planning process. For the indicator, VDH included any person diagnosed with HIV in the measurement period (2005-2009) regardless of disease status at the time of the incidence report. This recommendation was made to align planning with the National HIV/AIDS Strategy which includes an increased focus on jurisdictions with the greatest incidence of new HIV infections.

Virginia's 2012 Jurisdictional Plan includes the following sections:

- ◆ Engagement Process
- ◆ Overview of Epidemiological Data
- ◆ Allocation of Prevention Resources
- ◆ Prioritization of Target Populations
- ◆ Needs Assessment & Gaps Analysis
- ◆ Existing Resources
- ◆ Prevention Activities and Strategies
- ◆ Recommended Interventions and Services by Populations
- ◆ Scalability of Activities
- ◆ Relevant Goals and Timelines

2012 Virginia Jurisdictional HIV Prevention Plan

Engagement Process

Determining the goals for Virginia's jurisdictional plan

A results-oriented engagement process is an on-going method used to strengthen collaborative efforts and identify ways to maximize resources for those most in need of HIV services. Utilizing and expanding upon this process, the Virginia Department of Health (VDH) collaborated with the Virginia Community HIV Planning Group (CHPG) to identify and evaluate current partnerships, existing engagement strategies, and the strengths and limitations of those collaborations. In addition to the current collaborative efforts, the committee also sought to identify opportunities for new partnerships to improve the service delivery outcomes. CHPG planning meetings were used to discuss progress made in ensuring continued and expanded engagement with current stakeholders, identify existent and relevant syndemics, and generate feedback for methods to expand planning efforts to include a broader range of stakeholders. While the CHPG is comprised of individual representatives, each member is selected to ensure that a diverse range of infected and affected communities and jurisdictions are represented in the planning process. This community process was documented in order to ensure the collective efforts of the committee were utilized in the development of the goals for the statewide plan.

Who to engage

VDH and the CHPG are currently engaging stakeholders across Virginia to support HIV prevention, care and treatment for its residents. Stakeholder engagement includes membership of People Living with HIV/AIDS (PLWHA), behavioral and social sciences disciplines, business and labor industries, community health care centers (CHCs), correctional facilities, faith communities, HIV clinical care providers, homeless service experts, academic institutions, psycho-social support and treatment service providers, other relevant state agencies, local and state health departments, and officials supporting efforts against transmission of HIV, tuberculosis, hepatitis and sexually transmitted diseases. Through this broad range of representation, the engagement process sought input on planning, implementation, monitoring and evaluation, which has greatly influenced planning efforts and resulted in a more coordinated approach to addressing HIV.

Historically, both VDH and the CHPG have actively identified stakeholders to engage in HIV prevention, care, and treatment planning and implementation activities, expanding these successful partnerships can increase VDH's impact on the reduction of HIV incidence and AIDS-related mortality for the Commonwealth. Expanded engagement may include input from more diverse and representative faith-based organizations, emergency management systems, crisis response services (e.g. sexual violence, intimate partner violence and other violence crisis,

mental health crisis, housing crisis, etc), health education departments in hospitals, recognized local and regional youth services (such as the Boys and Girls Club), and agencies providing services correlative to prevention and care efforts.

To ensure the planning process addresses the current and emergent needs of those most affected by HIV and AIDS, VDH and the CHPG have an active and diverse recruitment and retention process for new membership. Demographic factors utilized in the selection of new members include age, gender, sexual orientation, race, ethnicity, and geographic region. VDH and the CHPG also consider life experiences and ensure that individuals with relevant life histories are afforded opportunities for active participation in addition to those members who bring professional credentials or demographic representation. As a result of these identified priorities, the CHPG membership list is reflective of Virginia's PLWHA demographics as well as those who offer HIV-related services. In order to ensure a consistently evolving membership, CHPG approved a by-law revision in June of 2012 limiting membership to two consecutive terms. Recognizing that some extremely marginalized populations lack vocal and effective community voices, exceptions will be permitted for members who represent populations or life experiences that recruitment efforts fail to fill. Members who have cycled off the committee may reapply for membership after being off for one year. Current members will be cycled off the committee in a staggered yearly process to ensure continuity of planning and expanded engagement potential.

Multiple activities have been developed and implemented to engage stakeholders outside of the CHPG as well in a collaborative and coordinated approach to HIV prevention, care and treatment. VDH reaches out to the community via a monthly e-bulletin and its Facebook page and is currently exploring additional uses of social media to broaden the reach of public health messages, resources, and information. VDH and the CHPG currently conduct meetings, webinars, and conferences to provide stakeholders with updated epidemiological information and communicate efforts to address disease transmission. VDH and CHPG presence in community engagement activities ensures the latest updates in surveillance data and HIV planning strategies are delivered to community members. By improving upon community engagement strategies, communities also have an opportunity to ask questions and voice their concerns. Engagement is demonstrated as a two-way street ensuring both dissemination and collection of information to inform planning processes. Verbal and written feedback from community members is then incorporated into CHPG planning activities. Stakeholders are encouraged to support and inform integration services in communities wherever possible to address syndemics associated with HIV. Examples of service integration include addressing chronic and marginal homelessness, providing effective and accessible HIV treatment services to PLWHA, and providing treatment at CHCs for individuals who are co-infected with HIV and other morbidities.

VDH and the CHPG participate in public hearings with HIV Care Services and make presentations on CHPG activities at prevention and care contractor meetings. On-going discussions seek to identify growth opportunities with current partners to maximize HIV prevention, treatment and care services among high-risk populations in Virginia. The flow of

updated information may not filter to all areas where HIV services are provided as quickly as it is collected. Recognizing this as a gap, VDH and the CHPG plan to disseminate information more efficiently by utilizing content experts to help build capacity and ensure real-time dissemination of new information to communities. Racial and ethnic minorities, sexual minorities and faith-based communities each have particular cultures that can be better understood and utilized in prevention and care service delivery. Experts from these cultural communities serving as community “champions,” can address confounding factors associated with HIV prevention and treatment outcomes while simultaneously bolstering support for collaborator retention. Continued representation from these affected cultural communities can expand connections between stakeholders, address culturally-related issues of stigma associated with HIV, and generate greater interest in engagement activities through visible inclusion of marginalized representatives. VDH and the CHPG can utilize actively engaged stakeholders to focus expansion of collaborative efforts where access issues are most prevalent. Assuring representation may involve expanding collaboration with organizations focusing on issues related to homelessness, changing the environment of the conversation to areas where stakeholders feel more comfortable discussing and addressing HIV prevention and treatment, and ensuring integration of related services to maximize resources within jurisdictions. Additional strategies to address access may include conducting needs assessments and utilizing the results to better coordinate service delivery among related agencies.

Developing engagement strategies for new partnering agencies (prioritizing engagement activities)

VDH and CHPG are pursuing numerous avenues for engaging new partners in the planning process. One option, an integrated and aligned planning process for treatment and prevention, requires sustained networking, feedback loops, joint quality improvement projects, cross-training opportunities, and evaluation of efforts. Ad-hoc groups for engagement and expanded engagement projects can better support networking opportunities and more informed need prioritization activities. Additionally, directing outreach to key agencies such as healthcare and housing agencies, can enlist stakeholders that were previously unidentified and through engagement, connect them with already established partners to help improve continuity of service delivery.

Creating an implementation plan

To engage new partners, VDH and the CHPG have identified three core strategies for implementation. The first strategy involves the identification and engagement of relevant non-collaborating partners, which will include the formalization of collaboration through the development of written Memoranda of Agreement or Understanding if deemed necessary. The second strategy seeks to leverage existing resources to include newly identified partners in the expansion of services for those at highest risk. These new partners are being systematically identified through VDH website, social media, and HIV prevention, treatment and care venues

(forums, webinars, town halls, etc). By serving as a conduit for services in the community, they are directly connecting with PLWHAs and those who offer support services to build partnerships. The third strategy involves the solicitation of current and former community partners for ideas on how to improve current collaborative efforts. Through improved collaboration with previously identified stakeholders, VDH and the CHPG can identify community and organizational pockets that may extend beyond their direct reach.

Monitoring progress

The engagement process supports the Jurisdictional HIV Plan by highlighting current and future partners. By tracking the progress made towards meeting goals set forth in the Jurisdictional HIV Plan, collaboration efforts among current and new partners are also monitored. This ensures that gaps and lessons learned in engagement are identified and changes can be incorporated into future partnership-building strategies that support prevention efforts overall. DDP will continue to share its full grant applications, progress reports, and budgets with the CHPG to create a transparent process for monitoring implementation of the priorities in the jurisdictional plan.

Maintaining the partner relationships

Meaningful and timely communication is vital to obtaining buy-in, preserving relationships, and establishing trust with disenfranchised persons and communities. It is imperative to identify and systematically attempt to address root causes for individual and organizational success and investment in HIV prevention, treatment and care services. In order to develop and sustain effective collaborative partnerships that result in improved planning and service delivery, entities must ensure that all stakeholder needs are measured and included in all processes meant to support goal attainment. The “two-way” street mentality of information sharing and collection related to planning includes CHPG and VDH representatives serving on membership boards and other committees related to HIV services. VDH and the CHPG will identify and prioritize the most effective activities for expanding upon new and existent collaborative efforts in order to target resources where there is the greatest need. Through improved partnerships, collaborative efforts, and a renewed focus on outcome oriented processes, all partners will find value and importance to the engagement and maintenance of integrated planning and service delivery in communities and jurisdictions.

Overview of Epidemiological Data

With eight million residents, Virginia represents 2.6% of the total population of the United States. In 2009, the state comprised 2.2% of all HIV disease diagnoses in the country and ranked 10th among the 40 states with established confidential name-based reporting (CDC, 2011). Since 1999, the number of HIV disease diagnoses in Virginia has remained relatively stable, between 958 and 1,111 cases newly diagnosed each year.

On average, there were 1,036 persons diagnosed with HIV disease each year in Virginia for the past 10 years, at a rate of nearly 14 new cases per 100,000 population. In 2009, there were 958 reports of HIV disease diagnosis; though data for 2009 indicated a decrease in the number of diagnoses, caution must be exercised when evaluating this trend, as year-to-year fluctuations are expected based on data in recent years. In 2009, there were 498 cases of AIDS diagnosed in Virginia, the lowest since the decline began in the early 1990s.

As of December 31, 2009, there were 22,257 people known to be living with HIV disease (PLWHA) in Virginia, at a disease rate of 282 per 100,000 population. Approximately half of this population has progressed to the AIDS stage of the disease.

Although HIV rates have significantly decreased from earlier days of the epidemic due to activities such as HIV testing, behavioral interventions, screening the blood supply, and advances in HIV therapies, challenges still remain. Approximately 20% of those infected are unaware of their HIV status. This could be attributed to a number of factors and social determinants of health including, lack of access, stigma, poverty, and discrimination. Other significant epidemiological data includes:

- One in 354 Virginia residents were known to be living with HIV disease at the end of 2009. The majority of PLWHA were male (73%), Black (60%), men who have sex with men (MSM) or MSM with a history of injection drug use (MSM-IDU) (55%), and persons between the ages of 40 and 54 as of 2009 (52%).
- The rate of new HIV disease diagnoses has increased within the young adult population in recent years; specifically, the rate among those who were 25-34 at the time of diagnosis surpassed that of those aged 35-44.
- The greatest number of new HIV disease diagnoses in 2009 occurred among men aged 20-24 at the time of diagnosis (n=147). Males in this group were 8 times more likely to be diagnosed with HIV disease than their female counterparts.

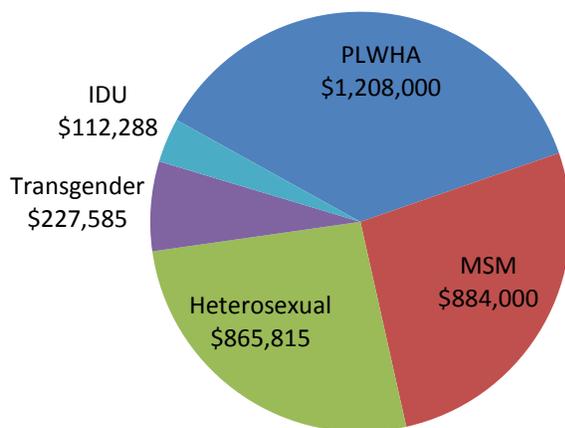
Steps to reduce HIV infections include intensifying HIV prevention efforts in communities with high prevalence, focusing on care as a prevention strategy, expanding targeted efforts using effective, evidence-based approaches, and increasing education efforts for all Americans.

Allocation of Existing Prevention Resources

VDH ensures prevention resource allocation to jurisdictions with the greatest demonstrated HIV incidence burden. This includes ongoing evaluation of funding to target populations engaging in the most prevalent risk behaviors associated with HIV incidence, as well as demographic sub-populations who experience disproportionate rates of HIV and AIDS morbidity as a result of specific risk conditions. Requests for Proposals are tailored to encourage agencies applying for funding to focus on populations identified through the community planning process which includes review of epidemiological and surveillance data validated by the Commonwealth and Federal agencies.

The following chart shows the allocation of 2012 State and Federal Funds for HIV Prevention Services (including targeted testing in non-clinical settings) by the priority populations identified in collaboration with CHPG. It does not include health department resources allocated for clinical/routine testing, partner services or administrative costs:

2012 State & Federal Funds Allocation for HIV Prevention Services by Priority Population



Overall, funding for services to PLWHA increased by approximately 97% over 2011. Total funding for programs targeting HIV negative MSM increased, but the percentage of funding remained about the same, as the overall budget increased. For the first time, however, funds targeting MSM exceeded funds targeting heterosexuals. Both the percentage and total funding targeting high risk heterosexuals decreased, reflecting a shift in service priorities for PLWHA and away from group and individual level interventions serving HIV negative persons. Funding for Transgender persons was stable while allocations for services to injection drug users declined.

Prioritization of Target Populations

In 2011, the CHPG began the process of prioritizing the target populations identified through the Community Services Assessment (CSA). Although prioritizing target populations is no longer required by the Centers for Disease Control and Prevention (CDC), the CHPG found the process to be useful in identifying and confirming priority populations. After reviewing and discussing the prioritization process utilized in 2008, the CHPG recommended the addition of an HIV disease incidence indicator to the evaluation and planning process. For the indicator, VDH included any person diagnosed with HIV in the measurement period (2005-2009) regardless of disease status at the time of the incidence report. This recommendation was made to align planning with the National HIV/AIDS Strategy which includes an increased focus on jurisdictions with the greatest incidence of new HIV infections. Considering the diverse and varied populations considered for measurement as part of the planning process, the CHPG recommended the exclusion of previous “risk” and “social” indicators as subjective and difficult to measure deeming them “less useful” in a data driven process to guide prioritization. A significant change in the process was the movement to categories of behavioral risk as the primary taxonomy with demographic subpopulations with demonstrated high HIV incidence as the secondary classification.

The Epidemiological Profile Coordinator prepared data worksheets for each behavioral risk category using the most recent and validated data available. The CDC requires that PLWHA be specified as the number one priority population. In order to maximize effort and improve efficiency, the time and effort of VDH staff was spent on populations requiring evaluation and no measurement or evaluation was conducted for PLWHA. The outcomes of the prioritization process were reviewed, discussed, and approved by a majority vote of CHPG membership. The final rankings are below with the completed worksheets included in Attachment A:

<u>Population</u>	<u>Score</u>	<u>Rank</u>
People Living with HIV/AIDS*	---	1
Men who have Sex with Men	42	2
High-Risk Heterosexuals	37	3
Injection Drug Users	23	4
Transgender	16	5

**At the time of this activity, PLWHA were mandated by CDC as the number one priority population so there is no worksheet for this population.*

To begin discussions of demographic sub-populations with demonstrated high incidence, the CHPG members were asked to respond to the following questions as experts in community experience based on observational and anecdotal data (this was to ensure that despite the lag in

reported and validated data, real-time community experience would be qualitatively measured and included in the process to ensure emergent and difficult to measure aspects of HIV incidence were not ignored):

Within each of the categories above:

- Where are most of the cases (by race, by age, by sex)?
- Who should we be targeting epidemiologically?
- Where are the most cases occurring and who are they?

The Epidemiological Profile Coordinator presented data on demographic sub-populations for each behavioral risk population (shown below) and provided insight related to systematic difficulties in obtaining valid data for certain populations (such as meaningful population estimates of transgender individuals to gauge disease burden for measurement in planning and resource allocation), and informed on perceived emerging trends in Virginia and nationally.

People Living With HIV/AIDS (Demographic Subpopulations: Undiagnosed, Diagnosed but not in Care, In Care without Viral Suppression)

The CHPG discussion around PLWHA subpopulation needs primarily concerned the need for continued and improved education for those living with HIV. HIV is a complex disease, particularly for those infected, and some assume that PLWHA have an advanced understanding of all things related to HIV/AIDS. This community identified need demonstrates the belief that just because someone has HIV/AIDS does not mean they have valid, relevant, and sufficient information on how to live with and prevent HIV and AIDS related morbidity and mortality. Committee membership identified that improved access to better education, demonstrated effective skills-building interventions, and external community stigma-reduction strategies are needed to further empower PLWHA towards the goal of engagement and retention to HIV care and reduction in new HIV and AIDS incidence.

Men who have Sex with Men (Demographic Subpopulations: Black MSM aged 16-24; Black, White, and Hispanic MSM)

MSM have been a focus of HIV prevention for decades; however, service needs have expanded beyond basic HIV prevention education. CHPG membership reported that MSM who feel isolated and/or experience low self-esteem in general are more likely to engage in high-risk behaviors associated with HIV transmission. Community strategies to address internalized homophobia, skills building interventions to support improved partner communication as well as safer sex negotiation skills, and information about the relationship between risk conditions, such as substance use and disease transmission, are part of a more comprehensive approach needed to further protect this population and build upon previous community efforts. While many sexually active MSM are tested for HIV once a year or so, only a small percentage report testing every

three to six months, per CDC recommendations, and thus opportunities to link newly-infected persons into care quickly are being lost.

High-Risk Heterosexuals (Demographic Subpopulations: Black Females, Black Males, and, in Northern Virginia specifically, Hispanics)

This behavioral category contains the greatest number of individuals. Due to the diversity of individuals who comprise this behavioral risk category, education and behavioral intervention needs are diverse and broad; however, access to culturally and demographically relevant education, access to appropriate and available testing, and perceived “safe spaces” to discuss HIV/AIDS are paramount to continued and improved efforts to reduce HIV incidence.

Injection Drug Users (Demographic Subpopulations: Black Males, Black Females, and White Males – including cross-representation with MSM risk categories)

The CHPG remains confident that access to clean needles and syringes is a necessary component for HIV prevention among IDUs; however, current Virginia paraphernalia laws prevent the implementation of syringe exchange programs. While unable to provide syringes, education regarding effective syringe and equipment cleaning and safe injection practices offered in tandem with access to affordable, available and culturally competent mental health and substance abuse resources can reduce the incidence of unsafe injection practices which pose the greatest risk of transmission of any identified risk category.

Transgender Individuals (Demographic Subpopulations: Male-to-Female)

The inability to rank Transgender individuals in relationship to other populations is due to two main challenges; (1) this population is demographically defined and may actually be engaging in any of the above behavioral risk categories and (2) no commonly accepted method of data collection or population estimation is agreed upon by national experts. Without valid data upon which to make a measured evaluation, the CHPG was unable to rank this population using the same methodology for other high incidence populations. Instead, this ranking is based upon input from knowledgeable and recognized key informants from this population as well as population service providers and advocates coupled with what data was available. The CHPG is committed to continued advocacy for and dissemination of meaningful, valid, and usable data as well as advocacy for increased and improved data collection processes and projects related to Transgender individuals. Similar to MSM, the CHPG membership believed that Transgender individuals are more likely to feel isolated which results in increased risk behavior. Education regarding the risks associated with unsafe injection practices for hormone replacement therapy, non-medically administered silicone, self-medication and unsafe injection practices are all needed in addition to traditional HIV sexual risk behavior information and interventions. In addition, specific capacity for providers is key to ensuring that Transgender individuals who seek care are appropriately treated by providers regarding specific needs and risks.

Needs Assessment & Gaps Analysis

The narrowing of 10 target populations (based on the 2008 Plan) into five provided a framework that allowed for a more measured, targeted, and appropriate planning process. The CHPG membership believed a focus on behaviors with demographic subpopulations with high and disproportionate incidence would align statewide planning efforts and subsequent program implementation with more recent evidence and literature related to behavioral indicators of disease morbidity rates.

Identifying Risks and Unmet Needs of Target Populations

The CHPG reviewed unmet needs from the 2008 Comprehensive Plan and the programmatic outcomes meant to address them. Membership then applied five categories utilized by the Michigan HIV/AIDS Council to identify and organize target population needs. The categories are defined as follows:

Knowledge: Individuals have a knowledge-related need when they have inadequate or incorrect information about HIV (e.g., routes of transmission or the importance of retention in care).

Persuasion: Individuals have a persuasion-related need when they have accurate and complete knowledge about HIV but do not or cannot act on that knowledge. Persuasion-related needs often refer to how someone feels about behaviors (e.g., I hate using condoms, they just don't feel good).

Skills: Individuals have skills-related needs when they are unable to discuss or implement risk reduction strategies (e.g., I don't know how to talk to my partner about safer sex or I am unsure how to disclose my positive status to a potential sexual partner).

Access: Individuals have access related needs when they have difficulty obtaining materials, tools and/or services. Access refers to the practical matter of obtaining materials (educational materials, sterile injection equipment), or supportive services HIV counseling and testing or Partner Services). Access also encompasses the cultural, linguistic, and developmental competence of prevention materials, tools, services, and providers.

Supportive

Norms: Individuals have the need for more supportive community norms when they are unable to initiate or sustain safer behaviors because other people in their community do not value those behaviors (e.g. stigma reduction across all communities).

These categories allowed the CHPG to group and categorize the core need behind statements documented during brainstorming activities. For example, a need that was initially stated as “some PLWHA don’t inform their partners of their status because they don’t know how to do so” would be categorized as a “Skills” need and labeled as “Disclosure Skills” during this process. The CHPG broke into small groups over several meetings to generate needs for each target population. Small groups presented their lists to the full CHPG for review and feedback on additional needs for inclusion or clarification on the needs identified. VDH staff then consolidated overlapping needs and attempted to standardize how the needs were expressed. Some needs were moved from one category or another to better fit the category description.

This process of filtering statements into comparable categories allowed for the subsequent qualitative evaluation of needs statements in order to accurately compare and report identified gaps in prevention services. These needs were then grouped and those needs which could be addressed through prevention services were presented for further analysis by the CHPG membership.

Assessing the Status of Needs and Ranking Unmet Needs

The CHPG reviewed three models to determine how best to prioritize needs and reached consensus on using a two-step process: 1) criteria-based scoring (completed in small groups) followed by 2) multiple-votes technique (completed individually). This process allowed the CHPG to perform a quantifiable and objective review of the needs.

Step One - Criteria-Based Scoring (completed in small groups)

The CHPG broke into small groups to rank the needs of each population. The results of the group work were compiled by CHPG membership facilitators and VDH staff and the highest-ranked needs were documented for each of the evaluated populations. The four criteria were:

- How *directly* does this need impact HIV transmission?
- To what extent is this need *currently* being addressed or met?
- Does this need address a specific subpopulation *at increased risk for HIV*?
- Does this need address the needs of *multiple populations*?

Step Two – Multiple-Votes Technique (completed individually)

Each CHPG member received one worksheet per evaluated population with the highest ranking needs from the Criteria-Based Scoring. Each member was given multiple votes per population to spread out amongst the needs they believed, based on the presented qualitative data, were the most important. Members could use as few or as many votes from their allotment as they desired on the list of needs.

The top unmet needs voted upon by the CHPG membership and organized by evaluated population, are listed below.

Ranked Unmet Needs by Evaluated Population

The CHPG membership identified two key needs that are applicable to all evaluated populations: (1) HIV education and (2) Culturally appropriate services – including linguistically appropriate services. The presented lists of unmet needs are not ranked in any particular order.

People Living With HIV/AIDS

- Linkage and Retention to HIV Care
- Strategies to Improve Adherence to Antiretroviral Therapy (ART)
- Disclosure Skills
- Basic HIV Disease Information and Terminology
- Condom Use and Negotiation Skills
- Stigma-Reducing Initiatives (internal and external to the population)
- Information about Available Services/Resources/Eligibility/Safe Places
- PLWHA Empowerment Strategies
- Knowledge and Experience of HIV as a Chronic/Manageable Disease

Men who have Sex with Men

- Improved Personal and Communal Responsibility for HIV Prevention and Transmission Relationship of Substance Use Risk Conditions to HIV and STI transmission
- Strategies to Address Internalized Homophobia
- Supportive Families and Institutions in Marginalized Communities to Combat Homophobia
- Negotiation and Communication Skills Pertaining to Condom Use, Sexual Risk Taking and Setting Limits
- Relationship of Low Self-Esteem, Isolation, and Marginalization to Sexual Risk Taking

High-Risk Heterosexuals

- Faith Community Involvement in Combating Stigma and Reorienting Community
- Norms for Testing, Disclosure and Support; Especially in Black/African-American Communities
- Adolescent Rights to Appropriate and Accessible HIV Education, Testing and Care
- Comprehensive HIV Prevention Education for Adolescents; Especially in Schools
- Stigma-Related Barriers in Relationship to HIV Transmission, Late Testing, and Poor Rural Access to Care
- Importance of HIV Testing for Pregnant Women and Continued Prevention of Perinatal Transmission

- Empowerment of Women in Order to Take Responsibility for Condom Use

Injection Drug Users

- Increased Availability of Publicly-Funded Substance Abuse and Mental Health Treatment Services
- Sterile Syringe and Injection Equipment Resources
- Harm Reduction Skills Including Safer Injection Practices and Appropriate Cleaning Methods for Syringes/Injection Equipment
- Work to Decriminalize Possession of Paraphernalia

Transgender Individuals

- Knowledge of Risks Associated with Non-Medically Monitored or Supervised Hormone Replacement, Silicone Usage, and Self-Medication
- Reorienting Internal Community Beliefs Affirming Gender Through Sexual Behavior
- Safe Injection Practices
- Improved Medical Provider Capacity to Screen and Treat for Prevalent HIV Risk Conditions in the Trans-Community (e.g. Lethal Industrial Grade Silicone Usage)

Existing Resources

VDH re-organized the Resource Inventory in 2011 in order to better reflect the National HIV/AIDS Strategy and the changes in CDC's grant program. The inventory (included as Attachment B) provides information about programs available in 2011 and 2012 and is separated into five spreadsheets:

1. HIV Testing
2. High-Risk Negatives
3. Comprehensive Prevention for Positives
4. Public Information
5. Community Mobilization/Condom Distribution

The inventory is then organized first regionally and then by agency listing the programs and services that are being offered, funded target populations, and related scale of intervention reach. The accuracy depends heavily on agencies submitting current and timely information. This inventory is not necessarily comprehensive; however, it is the belief of VDH that despite the incomplete scope of the information, it does provide an accurate snapshot of most available services. As an addition the Division of Disease Prevention's (DDP) online resource and referral database showing HIV services and organizations in Virginia is included as Attachment C. Together these two documents present the most accurate and available information on the location, scope, and availability of known HIV-related services in the Commonwealth.

Prevention Activities and Strategies

The CHPG membership convened to review current interventions (Attachment D) organized by target population (Attachment E) and to evaluate the efficacy of these interventions to reduce new HIV incidence and ensure that PLWHA receive optimal care. Discussions were guided by criteria established from the National HIV/AIDS Strategy and FOA PS 12-1201 including:

- Need to scale-up interventions for PLWHA.
- Ensure culturally appropriate interventions and services are available for HIV negative persons at highest risk for HIV including: including MSM, Blacks, Latinos, Injection Drug Users, and Transgender persons.
- Fund effective interventions that can reach a sufficient number of people in order for the diffusion of HIV prevention behaviors to occur in targeted populations. This will entail: 1) decreasing group and individual multi-session interventions, and 2) increasing community-level and single session interventions.
- Utilize a mix of individual and group level interventions to keep PLWHA engaged in care and adherent, and to retain disclosure skills.
- Ensure all Virginians have access to local HIV testing and treatment resources that are culturally acceptable, affordable and offer the highest standards of care.
- Reduce stigma and discrimination associated with HIV status and sexual orientation that serve as barriers to HIV testing and treatment.
- Increase number of PLWHA diagnosed early in the disease process, linked to, and retained in HIV care.
- Collaborate with HIV Care Services (HCS) to increase number of PLWHA receiving prevention and care services in supportive environments in order to achieve an undetectable viral load.

Recommended Interventions and Services by Population

Interventions and Services Recommended for People Living with HIV

- HIV Counseling, Testing and Referral (Undiagnosed)
- Partner Notification Services
- Referral and Linkage to Mental Health and Substance Abuse Assessment and Services
- Linkage and Retention in Care Strategies
 - Anti Retroviral Treatment and Access to Services (ARTAS)
 - Patient and Peer Navigation
 - Use of New Media (texting etc.) to assist with retention in care
- Medication and Treatment Adherence Counseling and Support
- Comprehensive Risk Counseling and Services (CRCS)

- Referral and Linkage to Housing Services
- Behavioral Interventions:
 - CLEAR
 - Healthy Living Project
 - Healthy Relationships
 - Together Learning Choices (TLC)
 - WILLOW
- Condom Distribution
- Use of Social Media to promote awareness of services
- Information and Referral Services (hotline, searchable resource and referral database)
- Social Marketing Campaigns to address HIV stigma and promote HIV care

Interventions and Services Recommended for HIV Negative Persons and Those with Unknown HIV Status by Population

Men Who Have Sex with Men

- HIV Counseling, Testing and Referral
 - More frequent testing needed for sexually active men
- Partner Services
- Behavioral Interventions
 - CLEAR
 - Community Promise*
 - D-Up! (young Black gay men)
 - Many Men, Many Voices (Black gay men)
 - MPowerment*
 - Popular Opinion Leader
 - RISE
 - Personalized Cognitive Counseling
- Condom Distribution
- Use of Social Media, Marketing Campaigns and Community Mobilization to
 - Promote HIV testing
 - Address HIV stigma and discrimination
 - Create community norms around holistic health care, condom use, etc.
- Information and Referral Services (hotline, searchable resource and referral database)
- Outreach
 - Both Traditional and On-line

*CHPG members noted that the community-level interventions Community Promise and MPowerment require a large investment of resources and staff. These interventions can be difficult for small agencies and/or agencies in rural areas to implement.

High Risk Heterosexuals*

- HIV Counseling, Testing and Referral
- Partner Services
- Behavioral Interventions
 - Community Promise
 - Nia
 - Popular Opinion Leader
 - Real AIDS Prevention Project
 - RESPECT (single session)
 - Safe in the City
 - SISTA
 - VOICES/VOCES
- Condom Distribution
- Use of Social Media, Marketing Campaigns
 - to promote HIV testing
 - to address HIV stigma and discrimination
- Community Mobilization
 - to engage African Americans
 - to encourage African American clergy and congregations to combat HIV stigma
- Information and Referral Services (hotline, searchable resource and referral database)
- Outreach

*CHPG members noted the lack of effective behavioral interventions for older adults (50+); however, this population was not selected as a priority population within the jurisdictional plan. The CHPG also noted a lack of culturally competent interventions for Latinos. The CHPG and HIV prevention contractors discussed that while SISTA and Nia are group-level, multiple session interventions, they offer opportunities to recruit individuals for HIV testing. SISTA remains in demand among African American women, and Nia is the only group-level intervention available for African American men who have sex with women. Given the disproportionate burden of HIV among these populations, DDP will continue to support these interventions; however, funds for these interventions have been reduced. Both criticism and praise were expressed by the CHPG for the single session interventions Safe in the City and VOICES/VOCES. HIV Prevention contractors report that these interventions are essential recruitment strategies for their HIV testing.

Injection Drug Users*

- HIV Counseling, Testing and Referral
- Partner Services
- Information and Referral Services (hotline, searchable resource and referral database)
- Outreach
- Condom Distribution
- Referral and Linkage to Mental Health and Substance Abuse Assessment and Services especially among PLWHA and individuals being released from incarceration
- Hepatitis B and C screening

*No specific behavioral interventions were recommended by the CHPG. CHPG members noted an ever shifting landscape related to types of substances being used, how drugs are used, use versus abuse, population and geographic differences etc. These factors create challenges for making recommendations or critiquing a menu of interventions that may or may not be relevant to injection drug users and other substance users at risk for HIV infection. There is great variability in the capacity of peers and outreach workers in the areas of harm reduction (safe injection practices, accessing clean needles without syringe exchange programs, motivational interviewing, stages of change etc.) The group recommended that a more in-depth needs assessment and analysis of services be conducted before measured recommendations can be made.

Transgender Persons

- HIV Counseling, Testing and Referral
- Partner Services
- Information and Referral Services (hotline, searchable resource and referral database)
- Outreach
- Referral and Linkage to Mental Health and Substance Abuse Assessment
- Condom Distribution
- Behavioral Interventions*
 - SISTA Adaptation
 - Voices Adaptation
 - Trans Academy (POL Adaptation)
 - RISE Adaption (proposed)
- Transgender Service Navigation**
 - Work with Transgender communities and service providers to link HIV, health, mental health, employment, housing and other services and assist clients in accessing these services, regardless of HIV status.
- Transgender Cultural Competency Training**

- For HIV prevention and care providers, primary care providers, shelters, mental health and substance abuse service providers, law enforcement and other agencies that may interface with transgender persons.

*CHPG members noted an ongoing concern that there are no effective behavioral interventions developed for transgender persons. All behavioral interventions are adaptations of interventions developed for other populations.

**Transgender persons report pervasive discrimination in many areas that affect health equity including education, housing and employment that negatively impact HIV-related risk taking, prevention, access to health care, HIV testing, linkage to HIV care and retention in HIV care. CHPG also discussed syndemic issues, such as Substance Abuse-Violence-AIDS (SAVA), particularly noting that transgender persons, or persons perceived to have gender variance, are very disproportionately victimized by violence, with few or no services for transgender survivors of violence, that impact mental health and substance use/abuse.

Scalability of Activities

Through HIV Prevention contracts, VDH is ensuring delivery of high-impact HIV prevention services. Each Contractor is assigned a Contract Monitor who offers guidance, ensures fidelity to model implementation, and provides oversight to the programs. Although ultimate responsibility for program outcomes lies with the Contractor, Contract Monitors are charged with ensuring that each agency receives the technical assistance and guidance necessary to succeed and that state resources are effectively and appropriately utilized at the local level in accordance with the CHPG planning priorities. Each Contractor is required to collect and report on outcomes for every intervention they implement.

Division of Disease Prevention 2013 projected scale*	
	Number of individuals to be reached
Interventions	
MSM	14,697
High Risk Heterosexuals	52,281
Injection Drug Users	1,400
Transgender Individuals	1,275
Incarcerated	494
Post-Incarcerated	166
LGBTQ Youth	3,690
Homeless	452
Non-specific negatives	250
Prevention for Positives (PLWHA)	4,134
Total	78,839
HIV Testing	
HIV Tests Projected in 2013-2014	66,250
Number of tests by key population**	
MSM	4,607
High Risk Heterosexuals	54,091
Injection Drug Users	928
Transgender Individuals	137
Incarcerated Testing	2,241
Projected condoms to be distributed in 2013-2014	1,750,000
*Numbers may be duplicated as individuals may receive services from multiple reporting agencies.	
** Tests broken out by key population will not account for the total of tests to be performed.	
Numbers may also be duplicated as individuals may fit under more than one category.	

Relevant Goals & Timelines

VDH developed the following HIV prevention goals to be responsive to priorities and needs identified in conjunction with the CHPG and other stakeholders, and to support Virginia's response to the National HIV/AIDS Strategy (NHAS). These strategies will be implemented over the grant period (2012-2016) and will be monitored and updated no less than annually. Specific measurable objectives are included in the Comprehensive Program Plan that is submitted to CDC as a part of the Virginia PS12-1201 annual grant application and are available by contacting Elaine Martin at Elaine.Martin@vdh.virginia.gov.

National HIV/AIDS Strategy Goal 1 - Reduce new HIV infections

- Lower the annual number of new infections by 25%
- Reduce HIV transmission by 30%
- Increase the percentage of PLWHA who know their serostatus from 79% to 90%

NHAS Goal 1, Step 1: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated.

Virginia Strategies:

- Increase the availability of Counseling, Testing, and Referral Services to demographic populations with disproportionate HIV incidence and those known to be at highest risk (Transgender Male-to-Female, MSM, IDUs, African Americans, and Hispanics)
- Increase opportunities to provide Partner Services through enhanced collaboration with community-based partners.
- Increase the number of STI patients who are screened for HIV and notified of results.
- Increase number of HIV tests conducted through the Expanded Testing Program sites (both clinical and non-clinical settings).
- Expand availability of prevention services in Northern Virginia to better align with burden of the HIV epidemic in Virginia.
- Expand testing opportunities for Latinos in order to facilitate earlier diagnosis and linkage to care.
- Expand HIV prevention services for PLWHA including adherence counseling for ART and other approaches that support clients in retention to clinical care with the goal of achieving sustained viral load suppression.
- Increase the availability of condoms for PLWHA and populations and jurisdictions at increased risk of infection.
- Provide access to resources for HIV post-exposure prophylaxis medications for individuals who experience an unprotected sexual act and cannot otherwise afford the medications.

NHAS Goal 1, Step 2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches.

Virginia Strategies:

- Address the lack of long-term sustained HIV prevention service infrastructure in the Northern Virginia region through the provision of capacity building and guidance on resource allocation to ensure high impact outcomes.
- Conduct a review of current efforts to address risk behaviors and conditions in IDU populations to inform intervention selection.
- Provide clinical training for physicians on pre-exposure prophylaxis (PrEP) for MSM at high risk of contracting HIV/AIDS as well as non-occupational post-exposure prophylaxis (nPEP).
- Increase funding for, and enhance existing, HIV prevention services for young Black MSM including behavioral interventions, expanded access to condoms, and improved collaboration among providers to ensure retention in care.

NHAS Goal 1, Step 3: Educate all Americans about the threat of HIV and how to prevent it.

Virginia Strategies:

- Educate all Virginians about the threat of HIV, the ways it is transmitted, and how to prevent it using culturally-appropriate methods.
- Utilize social media to provide education and service availability information to Virginians about HIV to normalize and promote HIV testing.
- Provide HIV information specifically to youth utilizing communication styles to which they are most responsive (social media, text messaging, etc.).
- Use trained PLWHA as speakers to engage and inform communities on the real world impact of living with HIV.

National HIV/AIDS Strategy Goal 2 - Increase access to care and improve health outcomes for people living with HIV

- Increase the proportion of newly diagnosed patients linked to clinical care from 65% to 85%
- Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care from 73% to 80%
- Increase the number of Ryan White clients with permanent housing from 82% to 86%

NHAS Goal 2, Step 1: Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.

Virginia Strategies:

- Build the capacity of Disease Intervention Specialists to facilitate active linkages to care and other services
- Improve linkages of newly diagnosed and/or lost to care HIV-positive individuals to HIV care services.
- Utilize new HIV testing protocols to immediately link HIV-infected individuals to HIV care (i.e. rapid-rapid testing algorithms).
- Utilize surveillance reporting to better identify individuals who are lapsing in their care.
- Expand and increase use of health system navigation services and Anti-Retroviral Treatment and Access to Services (ARTAS) to improve retention efforts.
- Ensure data collection and security measures are in place to accommodate increased data tracking and reporting needs for tracking linkages to care.

NHAS Goal 2, Step 2: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.

Virginia Strategies:

- Increase testing in both clinical sites and non-clinical settings.
- Identify opportunities such as scholarships, grants, and financial incentives that will allow providers who are not infectious disease specialists, e.g., primary care, substance abuse, mental health, and oral health providers, to be trained to provide HIV prevention services to their patients.
- Expand opportunities for healthcare provider trainings on the provision of care to sexual and behavioral minorities at risk for HIV (e.g., Transgender, MSM, and IDU) to increase the likelihood that patients will have open, honest communications with providers and be retained in care.
- Through the CHPG, collaborate with HIV Care Services to identify barriers and solutions to increasing the number of culturally competent providers in both urban and rural areas.
- Work to reduce barriers for CHCs to facilitate additional primary care and HIV medical care for PLWHA.

NHAS Goal 2, Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.

Virginia Strategies:

- Continue supporting medication access through PAPs, ADAP, PCIP, etc. to ensure clients do not go without medications due to lack of funds.
- In collaboration with HIV Care Services expand state-funded housing resources for PLWHA.

- Promote the Virginia HIV/STD/Viral Hepatitis Hotline to the community as resource for the identification of health and support service resources.
- In collaboration with HIV Care Services, provide education, training, and support to PLWHA (and the agencies providing them with services) to enable them to obtain health insurance and to utilize expanded preventive care options as a whole as they become available through the Affordable Care Act.
- Collaborate with HCS and state agency partners to make substance abuse and mental health services more available and accessible to PLWHA.

<p>National HIV/AIDS Strategy Goal 3 - Reduce HIV-related health disparities</p> <ul style="list-style-type: none"> • Improve access to prevention and care services for all Americans • Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20% • Increase the proportion of HIV-diagnosed Blacks with undetectable viral load by 20% • Increase the proportion of HIV-diagnosed Latinos with undetectable viral load by 20%
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NHAS Goal 3, Step 1: Reduce HIV-related mortality in communities at high risk for HIV infection.

Virginia Strategies:

- Increase the number of persons who know their HIV status by increasing the availability, accessibility and acceptability of HIV testing to all Virginian’s who engage in high risk behaviors.
- Increase access to HIV, STI and viral hepatitis testing, treatment, care and support services in Virginia.
- Support integration of HIV testing and prevention services for Hepatitis, STIs, and TB in non-healthcare settings by seeking opportunities for collaboration on large and small scales.
- Continue to support and expand re-entry programs to ensure linkages to care and services for individuals newly released from incarceration and other state custody and support public health solutions to reduce recidivism.
- Increase the capacity of CBO’s to implement interventions and strategies (such as ARTAS) that encourage engagement and retention in care.
- Working with HIV Care Services, seek innovative methods to improve HIV primary care service delivery in areas that are medically underserved, by implementing techniques such as tele-medicine, mobile testing and care units, and expanding medical providers skilled in HIV treatment in those areas.
- Collaborate with agencies that provide socio-economic, educational, developmental, parenting and other skill development to improve the lives of persons living with HIV.

NHAS Goal 3, Step 2: Adopt community-level approaches to reduce HIV infection in high-risk communities.

Virginia Strategies:

- Encourage the broadening of programs for incarcerated individuals to include those on probation and parole through partnerships with probation and parole districts
- Utilize improvements in electronic laboratory reporting and electronic medical record transmission to assess community viral load for utilization in prevention planning efforts.
- Increase community mobilization amongst disproportionately impacted populations.

NHAS Goal 3, Step 3: Reduce stigma and discrimination against people living with HIV.

Virginia Strategies:

- Require HIV prevention contractors to include stigma reduction strategies in their work plans.
- Provide training to prevention and care providers on how to incorporate stigma reduction in all aspects of their programs and services.
- Deliver HIV/STI prevention messages through a variety of media to encourage/normalize HIV testing and treatment; reduce HIV risk among high risk populations; and to promote availability of services.
- Improve and expand public education and stigma reduction activities, such as HIV Stops with Me, in rural areas.

MEN WHO HAVE SEX WITH MEN

Indicator	Indicator Definition	Value	Scale	Scale Rating	Indicator Weight	Score (Scale Rating x Indicator Weight)
HIV/AIDS Prevalence in Virginia	The number of people living with HIV/AIDS as of December, 2009	12,132 ¹	1: 0-2,500 2: 2,501-5,000 3: >5,000	3	5	15
HIV disease* Incidence in Virginia	The average number of HIV disease cases diagnosed from 2005-2009	610 ¹	1: 0-200 2: 201-500 3: >500	3	4	12
HIV Only Incidence in Virginia	The average number of HIV (only) cases diagnosed from 2005-2009	413 ¹				
AIDS Only Incidence in Virginia	The average number of AIDS cases diagnosed from 2005-2009	197 ¹				
Population Size	Estimated size of the 2009 target population in Virginia	179,330 ²	1: 0-500,000 2: 500,001-1,000,000 3: >1,000,000	1	2	2
Risk Distribution	Percentage of target population representing people living with HIV/AIDS as of 2009	54.8% of total PLWHAs ¹	1: 0%-20% 2: 21%-40% 3: >40%	3	3	9
Resources Available to Meet Population Needs	Ability to meet needs of target population based on VDH funded resources. (Value is % of VDH funding allocated to population.) The percentage of funding available is compared to the hazard distribution to determine the availability of resources.	27%	1: Resources Available 2: Partially Available 3: Resources Not Available	2	2	4
Score						42

Data for 2009 is preliminary and may be incomplete due to reporting delays.

***HIV disease:** refers to anyone who is newly reported with HIV in the given time period, regardless of disease progression status

1. Data from the HIV/AIDS Reporting System (eHARS). Note: MSM/IDU are included on both MSM and IDU worksheets.

2. Lieb, S. *et al.* Statewide estimation of racial/ethnic population of men who have sex with men in the US. *Public Health Reports*, 2011 (126); 60-72. MSM is defined as “adult males aged 18 years with a lifetime history of any male-male sexual contact.”

INJECTION DRUG USERS

Indicator	Indicator Definition	Value	Scale	Scale Rating	Indicator Weight	Score (Scale Rating x Indicator Weight)
HIV/AIDS Prevalence in Virginia	The number of people living with HIV/AIDS as of December, 2009	4,520 ¹	1: 0-2,500 2: 2,501-5,000 3: >5,000	2	5	10
HIV disease* Incidence in Virginia	The average number of HIV disease cases diagnosed from 2005-2009	107 ¹	1: 0-200 2: 201-500 3: >500	1	4	4
HIV Only Incidence in Virginia	The average number of HIV (only) cases diagnosed from 2005-2009	63 ¹				
AIDS Only Incidence in Virginia	The average number of AIDS cases diagnosed from 2005-2009	44 ¹				
Population Size	Estimated size of the 2009 target population in Virginia	11,020 ²	1: 0-500,000 2: 500,001-1,000,000 3: >1,000,000	1	2	2
Hazard Distribution	Percentage of target population representing people living with HIV/AIDS as of 2009	20.4% of total PLWHAs ¹	1: 0%-20% 2: 21%-40% 3: >40%	1	3	3
Resources Available to Meet Population Needs	Ability to meet needs of target population based on VDH funded resources. (Value is % of VDH funding allocated to population.) The percentage of funding available is compared to the hazard distribution to determine the availability of resources.	10%	1: Resources Available 2: Partially Available 3: Resources Not Available	2	2	4
					Score	23

Data for 2009 is preliminary and may be incomplete due to reporting delays.

***HIV disease:** refers to anyone who is newly reported with HIV in the given time period, regardless of disease progression status

1. Data from the HIV/AIDS Reporting System (eHARS). Note: MSM/IDU are included on both MSM and IDU worksheets.

2. “Injection Drug Use and Related Risk Behaviors.” The National Survey on Drug Use and Health Report, October 29, 2009. Estimation is calculated among Virginian population aged 18 or over.

HETEROSEXUAL

Indicator	Indicator Definition	Value	Scale	Scale Rating	Indicator Weight	Score (Scale Rating x Indicator Weight)
HIV/AIDS Prevalence in Virginia	The number of people living with HIV/AIDS as of December, 2009	6,223 ¹	1: 0-2,500 2: 2,501-5,000 3: >5,000	3	5	15
HIV disease* Incidence in Virginia	The average number of HIV disease cases diagnosed from 2005-2009	326 ¹	1: 0-200 2: 201-500 3: >500	2	4	8
HIV Only Incidence in Virginia	The average number of HIV (only) cases diagnosed from 2005-2009	210 ¹				
AIDS Only Incidence in Virginia	The average number of AIDS cases diagnosed from 2005-2009	116 ¹				
Population Size	Estimated size of the 2009 target population in Virginia	5,793,992 ²	1: 0-500,000 2: 500,001-1,000,000 3: >1,000,000	3	2	6
Hazard Distribution	Percentage of target population representing people living with HIV/AIDS as of 2009	28.1% of total PLWHAs ¹	1: 0%-20% 2: 21%-40% 3: >40%	2	3	6
Resources Available to Meet Population Needs	Ability to meet needs of target population based on VDH funded resources. (Value is % of VDH funding allocated to population.) The percentage of funding available is compared to the hazard distribution to determine the availability of resources.	53%	1: Resources Available 2: Partially Available 3: Resources Not Available	1	2	2
					Score	37

Data for 2009 is preliminary and may be incomplete due to reporting delays.

***HIV disease:** refers to anyone who is newly reported with HIV in the given time period, regardless of disease progression status

1. Data from the HIV/AIDS Reporting System (eHARS).

2. Smith, T.W. American sexual behavior: trends, socio-demographic differences, and risk behavior. National Opinion Research Center, University of Chicago: March 2006. Estimation is calculated among Virginian population aged 18 or over. Heterosexual population is estimated to be ~96% of total population.

TRANSGENDER

Indicator	Indicator Definition	Value	Scale	Scale Rating	Indicator Weight	Score (Scale Rating x Indicator Weight)
HIV/AIDS Prevalence in Virginia	The number of people living with HIV/AIDS as of December 2009	1,901 ¹	1: 0-2,500 2: 2,501-5,000 3: >5,000	1	5	5
HIV disease* Incidence in Virginia	The average number of HIV disease cases diagnosed from 2009-2010	5 ²	1: 0-200 2: 201-500 3: >500	1	4	4
HIV Only Incidence in Virginia	The average number of HIV (only) cases diagnosed from 2009-2010	N/A				
AIDS Only Incidence in Virginia	The average number of AIDS cases diagnosed from 2009-2010	N/A				
Population Size	Estimated size of the 2009 target population in Virginia	18,106 ³	1: 0-500,000 2: 500,001-1,000,000 3: >1,000,000	1	2	2
Hazard Distribution	Percentage of target population representing people in VA living with HIV/AIDS as of 2009	8.6% of total PLWHAs	1: 0%-20% 2: 21%-40% 3: >40%	1	3	3
Resources Available to Meet Population Needs	Ability to meet needs of target population based on VDH funded resources. (Value is % of VDH funding allocated to population.) The percentage of funding available is compared to the hazard distribution to determine the availability of resources.	10%	1: Resources Available 2: Partially Available 3: Resources Not Available	1	2	2
Score						16

Data for 2009 and 2010 are preliminary and may be incomplete due to reporting delays.

***HIV disease:** refers to anyone who is newly reported with HIV in the given time period, regardless of disease progression status

1. Data for this population is not comprehensive. This is an estimation utilizing data from the Fan Free Clinic’s Transgender Health Clinic in Richmond, VA from 2004-2009 showing an HIV prevalence ratio of 10.5%.

2. Data from the Counseling, Testing, and Referral Database (CTR) which did not being collecting “Transgender” as a data field until 2009. This is the only data available, but the CHPG believes this to under-represent the actual number of cases in part due to all data collection tools not capturing “transgender” as a gender option.

3. Gates, GJ (2011). How many people are lesbian, gay, bisexual, and transgender? UCLA School of Law: The Williams Institute.

Population size is calculated using 0.3% as estimation of transgender population among those in Virginia aged 18 or over.

HIV Testing**Central Region**

Agency	Intervention Name	Target Populations
Crossover Health Care Ministry	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 500 individuals will be tested annually.</i>	
Fan Free Clinic	Expanded HIV Testing	Incarcerated
	<i>Scale: Approximately 250 individuals will be tested annually.</i>	
	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 196 individuals will be tested annually.</i>	
	Rapid Community HIV Testing	IDU, IDU Partners, M2F Transgender, MSM, Female Partners of MSM, high risk heterosexuals
	<i>Scale: 300 MSM will be tested annually, with 100 of those MSM accessing testing through community outreach; 200 IDUs will be tested annually, 140 Partners of IDU will be tested annually, 60 female sex partners of MSM will access HIV testing, 560 high-risk heterosexuals will be tested annually, 105 M2F Transgender individuals will be tested annually. 25 M2F will access testing through community outreach and 80 will be tested through the transgender clinic.</i>	
Minority Health Consortium	Expanded HIV Testing	Blacks, Latinos, and Black and Latino MSM
	<i>Scale: Approximately 1,000 individuals will be tested annually.</i>	
Richmond Community Hospital	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 1,500 individuals will be tested annually.</i>	
VCU Health System (Medical College of Virginia)	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 1,500 individuals will be tested annually.</i>	
VCU HIV/AIDS Center - Vernon J. Harris	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	
VDH Family Planning	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 4,000 individuals will be tested annually.</i>	
VDH STD Clinics	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 10,000 individuals will be tested annually.</i>	

Eastern Region

Agency	Intervention Name	Target Populations
ACCESS AIDS Care	Rapid Community HIV Testing	African American Men who have sex with other men, African American Transgender Women, Homeless Persons
	<i>Scale: 1,400 people (600 of whom will be MSM of color) will be tested for HIV annually. Many are also tested for syphilis.</i>	
Eastern Shore Community Health Center	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	
Eastern Virginia AIDS Network (EVAN)	Rapid Community HIV Testing	MSM
	<i>Scale: 560 people will be tested from this target population of whom at least 50 will be Transgender</i>	
Hampton University	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	

HIV Testing**Eastern Region cont.**

Agency	Intervention Name	Target Populations
International Black Women's Congress	Rapid Community HIV Testing	Sex workers and High-Risk Individuals
	<i>Scale: 200 individuals will be tested annually</i>	
Minority AIDS Support Services	Rapid Community HIV Testing	African American and minority inmates
	<i>Scale: Approximately 150 people will be tested annually</i>	
	Rapid Community HIV Testing	MSM, High-Risk populations including migrant workers
	<i>Scale: Approximately 500 individuals from these populations will be tested annually</i>	
	Expanded HIV Testing	Incarcerated
	<i>Scale: Approximately 225 individuals will be tested annually.</i>	
Peninsula Institute for Community Health (PICH)	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	
Sentara/Norfolk General	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	

Northern Region

Agency	Intervention Name	Target Populations
Inova Juniper Program	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: 3,000 individuals will be tested annually</i>	
KI Services	Rapid Community HIV Testing	Homeless, MSM, High-Risk Heterosexuals, Sex Workers
	<i>Scale: 930 individuals will be tested annually</i>	
Northern Virginia AIDS Ministry	Rapid Community HIV Testing	Young MSM of Color (under 24)
	<i>Scale: 438 individuals will be tested from this population annually</i>	
Nova Salud	Rapid Community HIV Testing	Latinos, MSM, High-Risk Heterosexuals
	<i>Scale: 650 individuals will be tested annually</i>	
	Expanded HIV Testing	Blacks, Latinos, and Black and Latino MSM
	<i>Scale: 300 individuals will be tested annually</i>	

Northwest Region

Agency	Intervention Name	Target Populations
AIDS Response Effort (ARE)	Rapid Community HIV Testing	MSM, High-Risk individuals
	<i>Scale: 175 individuals from these populations will be tested annually</i>	
AIDS Services Group (ASG)	Rapid Community HIV Testing	MSM, High-Risk individuals
	<i>Scale: 790 individuals from these populations will be tested annually</i>	
	Expanded HIV Testing	Incarcerated Individuals
	<i>Scale: 175 individuals completing the CHARLI curriculum will be tested annually</i>	
Crossroads CSB	Expanded HIV Testing	Substance Abuse and Mental Health Services Clients
	<i>Scale: Approximately 250 individuals will be tested annually.</i>	
Fredericksburg Area HIV/AIDS Support Services (FAHASS)	Rapid Community HIV Testing	MSM, High-Risk individuals
	<i>Scale: 366 individuals from these populations will be tested annually</i>	

HIV Testing

Southwest Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Council of Community Services	Routine Testing of Inmates	Youth in detention centers
	<i>Scale: 90 youth will be tested annually</i>	
	Rapid Community HIV Testing	Injection and Non-Injection Drug users who share equipment
	<i>Scale: 250 individuals will be tested from this target population annually</i>	
	Rapid Community HIV Testing	MSM (all race & age)
	<i>Scale: 600 individuals will be tested from the population annually</i>	
	Rapid Community HIV Testing	Heterosexual (all race, gender and age)
	<i>Scale: 1,000 individuals will be tested from the population annually</i>	
	Rapid Community HIV Testing	Homeless
	<i>Scale: 80 individuals will be tested annually</i>	
	Expanded HIV Testing	Incarcerated
	<i>Scale: 250 individuals will be tested annually</i>	
Lynchburg/Courtland CSB	Expanded HIV Testing	Substance Abuse and Mental Health Services Clients
	<i>Scale: Approximately 300 individuals will be tested annually.</i>	
Piedmont Access to Health Services, Inc. (PATHS)	Expanded HIV Testing	General Population with an Emphasis on Reaching Blacks and Latinos.
	<i>Scale: Approximately 150 individuals will be tested annually.</i>	

High-Risk Negatives

Central Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Faith Community Baptist Church	SISTA	Heterosexual African American women
	<i>Scale: 20 will be reached through this program annually</i>	
	Keeping it Real!	African American Youth
	<i>Scale: 20 will be reached through this program annually</i>	
	PT 655 HIV Prevention Education for the African American Church	African American clergy
	<i>Scale: 20 will be reached through this program annually</i>	
	One Day Peer Educator Training	African American church and community men and women
	<i>Scale: 25 will be reached through this program annually</i>	
	HIV Wellness Event	African American Senior Adults
	<i>Scale: 30 will be reached through this event annually</i>	
	Citywide Sexuality Conference	African American churches, religious institutions and community organizations
	<i>Scale: 100 will be reached through this conference annually</i>	
	BART	African American youth
	<i>Scale: 80 will be reached through this program annually</i>	
	NIA	Men
	<i>Scale: 40 will be reached through this program annually</i>	
	Social Skills	African American women
	<i>Scale: 60 will be reached through this program annually</i>	
	Social Skills	Incarcerated women, approaching release
	<i>Scale: 300 will be reached through this program annually</i>	
Fan Free Clinic	MSM Basic Street/Community Outreach	Young African American MSM
	<i>Scale: 900 will be reached through this program annually</i>	
	Transgender Basic Street/Community Outreach	M2F Transgender
	<i>Scale: 250 clients will access this program annually</i>	
	MSM Online Outreach	Young African American MSM
	<i>Scale: 1800 clients will access this program annually</i>	
	Transgender Online Outreach: Basic Outreach	M2F Transgender
	<i>Scale: 500 individuals will be reached annually</i>	
	MSM Intensive Outreach	Young African American MSM
	<i>Scale: 225 will be reached through this program annually</i>	
	Transgender Intensive Outreach	M2F Transgender
	<i>Scale: 80 individuals will be reached through this program annually</i>	
	MSM Syphilis Elimination Basic Outreach	Young African American MSM
	<i>Scale: 900 MSM individuals will participate in Community Outreach programs</i>	
	Transgender Syphilis Elimination Basic Outreach	M2F Transgender
	<i>Scale: 250 MSM individuals will participate in Community Outreach programs</i>	
	MSM Syphilis Elimination Online Outreach	Young African American MSM
	<i>Scale: 1800 clients will participate annually</i>	
	Transgender Syphilis Elimination Online Outreach	M2F Transgender
	<i>Scale: 500 clients will participate annually</i>	

High-Risk Negatives

Central Region cont.

Agency	Intervention Name	Target Populations
	Transgender VOICES	Transgender
	<i>Scale: 80 new clinic patients will participate throughout the year</i>	
	MSM Mpowerment	African American MSM
	<i>Scale: 12-20 Individuals will serve as Core Group</i>	
	MSM Syphilis Testing	African American MSM
	<i>Scale: 60 MSMs will participate in testing</i>	
	Transgender Syphilis Testing	M2F Transgender
	<i>Scale: 20 M2Fs will participate in testing</i>	
	MSM Social Networking Program	African American MSM
	<i>Scale: 60 MSMs will be identified to participate in the program</i>	
	Street Smart	Incarcerated High Risk Heterosexuals
	<i>Scale: 100 people will be reached by this intervention annually</i>	
Minority Health Consortium	VOICES/VOCES	Adults post-release
	<i>Scale: 160 individuals will participate in intervention annually</i>	
	The Talking Drums	Adults post-release
	<i>Scale: 40 individuals will participate in intervention annually</i>	
	VOICES/VOCES adaptation	Incarcerated adult women
Nia	<i>Scale: 300 individual will participate in intervention annually</i>	
	SISTA	African-American Females
	<i>Scale: 12 people will complete the intervention annually</i>	
	Keeping it Real!	African American Youth
	<i>Scale: 24 youth will complete the intervention annually</i>	
	The Landscape of Our Spiritual Warfare: Ministering in the Face of HIV/AIDS - Face to Face Training	African American Faith Community
	<i>Scale: 16 Ministers, ministers in training, diaconate, and health care workers.</i>	
	The Landscape of Our Spiritual Warfare: Ministering in the Face of HIV/AIDS - On-Line Course	African American Faith Community
	<i>Scale: 10 Ministers, ministers in training</i>	
	Nia	African American men who have sex with women
	<i>Scale: 20 people will complete the intervention annually</i>	
Access AIDS Care	Community PROMISE	African American Transgender Women
	<i>Scale: 450 role model stories distributed</i>	
	D-UP	African American Men who have sex with other men
	<i>Scale: 20 trained opinion leaders conduct 300 risk reduction conversations annually</i>	
	PCRS	Newly diagnosed PLWHA
	<i>Scale: 10 newly diagnosed PLWHA will receive these services annually</i>	
	VOICES/VOCES	Homeless Persons
	<i>Scale: 100 people will complete intervention annually</i>	

High-Risk Negatives

Eastern Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Eastern Virginia AIDS Network (EVAN)	Mpowerment (M-group)	Caucasian, African American, Hispanic MSM
	<i>Scale: 40 people will complete the intervention annually</i>	
	Mpowerment (Core-group)	Caucasian, African American, Hispanic MSM
	<i>Scale: 25 volunteers will participate by creating social events for the target population</i>	
	Mpowerment	Caucasian, African American, Hispanic MSM
	<i>Scale: 80 people (annually) will attend social events arranged by Core group volunteers</i>	
	Community PROMISE	African American Women who engage in sex trade
	<i>Scale: 95 women will complete this intervention in 8 month period</i>	
	Street and Community Outreach	African American Women who engage in sex trade
	<i>Scale: 1,300 women will complete this intervention in 8 month period</i>	
International Black Women's Congress	TransAcademy	Transgender individuals
	<i>Scale: 50 Transgender individuals will participate in TransAcademy annually</i>	
	Basic Outreach	Caucasian, African American, and Hispanic MSM
	<i>Scale: 2,000 MSM will be reached annually</i>	
	VOICES/VOCES	Any willing participants
	<i>Scale: 200 people will complete the intervention annually</i>	
	BART	(Adolescent female & Male) Community Centers, Schools, Youth Groups
	<i>Scale: 200 youth will complete the intervention annually</i>	
	Project RESPECT	Any willing participants
	<i>Scale: 40 individuals will complete the intervention annually</i>	
Minority AIDS Support Services	Healthy Relationships (P4P)	Any willing participant that is living with HIV/AIDS that will
	<i>Scale: 30 people living with HIV/AIDS will complete the intervention annually</i>	
	Basic Street Outreach	Any willing participants
	<i>Scale: 46,500 people will be reached annually</i>	
	CRCS	Any willing participants
	<i>Scale: 40 people will complete the intervention annually</i>	
	Time Out for Men and HIV/AIDS 101	African American and minority inmates
	<i>Scale: Approximately 100 people will complete the interventions annually</i>	

Northern Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
HOME	Focus on Youth w/ Impact	all youth 12-16 w/ emphasis on African Americans and parent/guardian
Inova Juniper Program	<i>Scale: 48 will be reached through this intervention annually</i>	
	Healthy Relationships	HIV+ Men and Women
	<i>Scale: Approximately 50-75 individuals will be reached through this intervention annually</i>	
KI Services	Patient Navigators	Newly diagnosed and lost to care African Americans and Hispanics
	<i>Scale: Approximately 200 clients will be linked to care and /or medication services</i>	
	3MV	Latinos and African Americans
	<i>Scale: 15 unduplicated individuals annually</i>	
	VOICES/VOCES	African American and Latinos
	<i>Scale: 350 unduplicated individuals annually</i>	
	SISTA	African American Females
	<i>Scale: 100 women will participate in intervention annually</i>	

High-Risk Negatives**Northern Region cont.**

Agency	Intervention Name	Target Populations
KI Services	Intensive Outreach	African American and Latinos
	<i>Scale: 90 unduplicated individuals will be reached annually</i>	
	3MV	Latinos and African Americans
Northern Virginia AIDS Ministry	<i>Scale: 15 unduplicated annually</i>	
	ORION Peer Educator Training	LGBTQ youth ages 14-24, all ethnic and racial groups
	<i>Scale: 15 youth will receive training</i>	
	ORION Street and Community Outreach	LGBTQ youth ages 14-24, all ethnic and racial groups
	<i>Scale: 1,500 youth will be reached in 8-month period</i>	
	ORION Individual-Level Intervention	LGBTQ youth ages 14-24, all ethnic and racial groups
	<i>Scale: 8 youth will participate in intervention in 8-month period</i>	
	MAP/Internet Outreach	Latino MSM
	<i>Scale: 510 Latino MSM educated through internet outreach; 25 Latino MSM tested. 260 African American MSM educated through internet outreach</i>	
	Health Education Alternatives for Teens	Youth 13-24, MSM, all racial and ethnic groups
	<i>Scale: 1,000 MSM youth will be educated about HIV; 100 will be tested</i>	
Nova Salud	CRCS/HEARTS	African American adolescent MSM
	<i>Scale: 35 African American MSM will enroll in CRCS; 85% will complete program</i>	
	Rap it Up	Youth ages 13-24, all races and ethnic groups
	<i>Scale: 900 youth complete 6 session program</i>	
	SISTA/SIHLE	African American females ages 14-30
	<i>Scale: 18 women complete SISTA; 30 complete SIHLE; 500 women reached through outreach</i>	
	Intensive Outreach	Latinos, MSM, High-Risk Heterosexuals
	<i>Scale: 1,000 individuals will be reached annually</i>	
	VOICES/VOCES	Latinos, MSM, High-Risk Heterosexuals
	<i>Scale: 100 individuals will be reached annually</i>	
	RISE	Latinos, MSM
<i>Scale: 40 individuals will be reached annually</i>		
	Street & Community Outreach	Latinos, High-Risk Heterosexuals
<i>Scale: 2,000 individuals will be reached annually</i>		

Northwest Region

Agency	Intervention Name	Target Populations
AIDS Services Group (ASG)	Comprehensive HIV/AIDS Referral and Linkages for Inmates (CHARLI)	Incarcerated High-Risk Negatives
	<i>Scale: 350 individuals will be reached annually</i>	
	SISTA	African American Women ages 18-55
	<i>Scale: 24 individuals will complete intervention annually</i>	
	CLEAR	Currently and/or Recently (past 12 months) Incarcerated African American Women ages 18-55
FAHASS	<i>Scale: 24 individuals will complete intervention annually</i>	
	Thrive Program	MSM
	<i>Scale: 72 individuals will participate in intervention annually</i>	
	Community Promise	Young African American & White MSM
<i>Scale: 30 people will complete the intervention annually</i>		

High-Risk Negatives

Southwest Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Council of Community Services	3MV	MSM of color, 16 - 29
	<i>Scale: 24 MSM will be reached annually</i>	
	Personal Cognitive Counseling (PCC)	MSM who are high risk and regular testers
	<i>Scale: 60 MSM will be reached annually</i>	
	Basic Outreach	MSM, IDU, and High-Risk Individuals
	<i>Scale: Approximately 3,200 MSM will be reached annually</i>	
	Condom Skills Education	Homeless and Injection and Non-Injection Drug users who share equipment
	<i>Scale: 160 individuals will be reached annually</i>	
	Project RESPECT	High-risk MSM, Transgender, and Injection Drug Users
	<i>Scale: 200 individuals will be reached annually</i>	
	Be Proud Be Responsible	Incarcerated Youth
	<i>Scale: 50 individuals will be reached in 8-month period</i>	

Attachment B - Virginia's Resource Inventory
Comprehensive Prevention for Positives

Statewide, in 2010, DIS provided Partner Services to 458 partners of individuals testing positive for HIV.

Central Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Fan Free Clinic	Transitional Case Management Services for HIV-positive Inmates	Incarcerated PLWHA, African Americans, and High-Risk Heterosexuals
	<i>Scale: 25 persons will access these services (pre and post-release) annually</i>	
	Comprehensive Risk Counseling and Services	Previously incarcerated PLWHA, Blacks, High-Risk Heterosexuals
	<i>Scale: 5 persons will access these services annually</i>	
	Partner Services	Partners of PLWHA
	<i>Scale: Approximately 40 partners will be reached annually</i>	
Minority Health Consortium	HIV-positive support group	PLWHA
	<i>Scale: 15 individuals will participate in the group regularly</i>	
	HIV-positive support group for Spanish-speakers	Spanish-speaking PLWHA
	<i>Scale: 10 individuals will participate in the group regularly</i>	
	WILLOW	HIV-positive women (ages 18-50)
	<i>Scale: 24 women will participate in this intervention annually</i>	
VCU - The Bridge Program	Special Projects of National Significance (Mental Health)	HIV-positive individuals being released from Department of Corrections
	<i>Scale: 200-250 mental health assessments will be provided to improve linkage to care and retention in care to ex-offenders released from Department of Corrections.</i>	
VCU Family AIDS Program	Special Projects of National Significance (Patient Navigation)	Newly diagnosed and HIV-positive partners of those newly diagnosed
	<i>Scale: This is year one of this project so the scale has not yet been determined.</i>	
VCU Family AIDS Program	Linkage to Care	Newly diagnosed PLWHA
	<i>Scale: 30 newly diagnosed PLWHA will be engaged in primary HIV care and referred to ADAP/PAP or other medication services</i>	
VCU Family AIDS Program	Linkage to Care	PLWHA who are lost to care
	<i>Scale: 70 PLWHA who are lost to care (no medical visit within 6 months) will be re-engaged into care.</i>	

Eastern Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
ACCESS AIDS Care	CLEAR	African American HIV+ Heterosexual Men and Women
	<i>Scale: 6 individuals to complete annually</i>	
	CLEAR	African American HIV+ MSM
	<i>Scale: 30 individuals to complete annually</i>	
	Healthy Relationships	HIV + Heterosexual Women, HIV+ Heterosexual Men, & HIV+ MSMs
	<i>Scale: 15 individuals to complete annually</i>	
	Healthy Living	HIV+ Men and women
	<i>Scale: 18 individuals to complete annually</i>	
Eastern Virginia AIDS Network (EVAN)	Partner Services	Newly diagnosed PLWHA
	<i>Scale: 7 newly diagnosed PLWHA will receive services annually</i>	

Attachment B - Virginia's Resource Inventory
Comprehensive Prevention for Positives

Eastern Region cont.

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
International Black Women's Congress	Healthy Relationships (P4P)	Any willing participant that is living with HIV/AIDS that will benefit from Healthy Relationship groups sessions
	Linkage to Care	PLWHA who are not in care
	CRCS (P4P)	Any willing participant that is living with HIV/AIDS that will benefit from Healthy Relationship group sessions
	Medical Case Management	PLWHA
Minority AIDS Support Services	Healthy Relationships	PLWHA
	Pre-Release Case Management	Incarcerated individuals
	Post-Release Case Management	Incarcerated individuals

Southwest Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Carilion	Special Projects of National Significance (Patient Navigation & Mental Health)	Newly diagnosed and HIV-positive partners of those newly diagnosed
Centra	SHOW - Supporting Healthier Outcomes for Women	HIV+ women of color in the non-urban area that includes Lynchburg and Danville, and the corridor between those two cities
Council of Community Services	Pre-Release Case Management	Incarcerated individuals
	Post - Release Case Management	Incarcerated individuals
	Partner Services	MSM, Heterosexuals, Injection and Non-Injection Drug users who share equipment (all race & age)

Northern Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
K.I. Services	Linkage to Care	PLWHA who are not in care
Northern Virginia AIDS Ministry	CRCS - HEARTS Program	African American adolescent MSM 13-24 who are HIV+
	HEAT	Youth 13-24, all races/ethnic groups, who are HIV+

Attachment B - Virginia's Resource Inventory
Comprehensive Prevention for Positives

Northwest Region

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
AIDS Services Group (ASG)	Pre-Release Case Management	Incarcerated individuals
		<i>Scale: 15 individuals will receive services annually</i>
	Post-Release Case Management	Incarcerated individuals
		<i>Scale: 25 individuals will receive services annually</i>
	CRCS/CLEAR	Previously incarcerated individuals
		<i>Scale: 10 individuals will receive services annually</i>

Statewide

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
State Health Departments (including DIS, VERT, and nurse supervisors) and CBOs Statewide	Partner Services	Partners of PLWHA
		<i>Scale: Of partners named and contacted, approximately 4% will be tested and determined to be "new positives"</i>

Public Information/Social Marketing Campaigns

Statewide

<i>Agency</i>	<i>Intervention Name</i>	<i>Target Populations</i>
Better World Advertising	HIV Stops With Me	Multiple
<i>Scale: Recruit 4 HIV positive spokesmodels</i>		
Virginia Department of Health, Division of Disease Prevention (DDP)	DDP Hotline	Multiple
<i>Scale: Answer approximately 4,000 calls from community members seeking information, provide legislative tracking and basic administrative support for VDH</i>		
Virginia Department of Health, Division of Disease Prevention (DDP)	Facebook Advertising	Multiple
<i>Scale: Reach targeted populations with informational ads on Facebook linking back to VDH DDP informational websites</i>		
Virginia Department of Health, Division of Disease Prevention (DDP)	Awareness Day Campaigns	Multiple
<i>Scale: Reach targeted population through tens of millions of "impressions" leading to follow-through actions such as visiting VDH DDP informational website or contacting the hotline.</i>		
Virginia Department of Health, Division of Disease Prevention (DDP)	Social Media Presence	Multiple
<i>Scale: Increase DDP presence through use of Twitter and other platforms to provide information in new and innovative ways.</i>		

Condom Distribution Statement

Approximately 750,000 condoms were distributed statewide in 2011.

A new distribution plan was put into place in 2012 and VDH anticipates distributing 1.75 million condoms in 2013.

Community Mobilization

A number of activities supporting Community Mobilization are taking place in Virginia including, but not limited to, the following:

Minority Health Consortium has established a drop-in center (the Help Center) offered HIV testing and other prevention services largely focused on reaching young black MSM. In addition to service provision, they have established an advisory group to address issues faced by MSM.

ACCESS AIDS Care received funding from the Elton John Foundation to establish a drop-in center focusing on Black MSM in the House/Ball community. HIV testing and additional prevention and social activities are offered through the center.

DDP has initiated several efforts to engage and mobilize the Black community, including development of the African American Faith Initiative Grant program, delivery of more directed technical assistance and capacity building for funded and non-funded CBOs, faith institutions, and universities, and the use of social media. DDP's most recent initiatives are the Gay and Bisexual Men of Color advisory committee, self-named THU FAM (Tenacity, Health, Unity, Family, Action, and Mentoring), targeting gay men of color, and Sisters Promoting H.O.P.E. (Honoring Ourselves with Perseverance and Empowerment) which targets heterosexual African-American women.

If funded under the Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) grant, VDH will implement social marketing activities to reduce HIV stigma and discrimination, among other activities.

The Richmond City STI Coalition was formed as a result of grant funding to study ways to reduce STDs and HIV rates. Richmond is one of four cities nationally, working under this grant.

The Rainbow Tuesdays Clinic, a clinic designed to meet the needs of gay, bisexual and transgendered persons, provides services that include STI screening, HIV rapid testing, and Hepatitis A/B immunization at the Alexandria Health Department. Alexandria Health Department, KI Services, NOVAM, and individual volunteers provide personnel for Rainbow Tuesdays and the Virginia Department of Health pays for the cost of the testing and immunizations.

Northern Virginia has established a taskforce to address the increase of syphilis cases in Northern Virginia. Members meet quarterly and are largely focused on reaching out to the MSM community.

Attachment C – Virginia’s Resource & Referral

For the most recent information, call the Division of Disease Prevention Hotline at 1-800-533-4148 or access the Virginia HIV/AIDS and STD Resource and Referral Database online at <http://bit.ly/vdhrrg>.

Agency Name	Address	City	State	Zip Code	Phone	Service
AAA Taxi Service	112 North Crater Road	Petersburg	VA	23804	(804) 862-8111	Medical Transportation
ACCESS AIDS Care	248 W. 24th Street	Norfolk	VA	23517	(757) 640-0929	Childcare Services, Case Management, Counseling, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Medical Transportation, Outreach, and Treatment Adherence
ACCESS AIDS Care: Granby Street Location	3309 Granby Street	Norfolk	VA	23504	(757) 625-6992	Childcare Services, Case Management, Counseling, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Medical Transportation, Outreach, and Treatment Adherence
ACCESS AIDS Care: Hampton Office	218 South Armistead Avenue	Hampton	VA	23669	(757) 222-5511	Childcare Services, Case Management, Counseling, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Medical Transportation, Outreach, and Treatment Adherence
Access Now	2201 W Broad Street, Suite 205	Richmond	VA	23220	(804) 622-8145	Outpatient Health Facilities and Services
Accomack County Health Department	P.O. Box 177	Accomack	VA	23301	(757) 787-5880	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Action in Community Through Service	3900 Acts Lane	Dumfries	VA	22026	(703) 221-5983	Food Pantry
Adolescent Health Center	3701 W. Braddock Road	Alexandria	VA	22304	(703) 519-6006	Counseling, Health Education/Risk Reduction, Health Insurance Premium Assistance, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, Substance Abuse, and Treatment Adherence

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AIDS Response Effort	333 West Cork Street, Suite 740	Winchester	VA	22601	(540) 536-5293	Case Management, Counseling, Dental, Emergency Financial Assistance, Health Education/Risk Reduction, Health Insurance Premium Assistance, HOPWA, Inmate Pre/Post Release, Interpretation/Translation, Medical Transportation, Mental Health, Substance Abuse, and Treatment Adherence
AIDS/HIV Services Group	P.O. Box 2322	Charlottesville	VA	22902	(434) 979-7714	HIV Testing, Case Management, Counseling, Health Education/Risk Reduction, HOPWA, Inmate Pre/Post Release, Life Coaching, Mental Health, Outreach, Psychosocial Support, Substance Abuse, and Treatment Adherence
Alexandria City Health Department	4480 King Street	Alexandria	VA	22302	(703) 838-4400	Dental, Early Intervention Services, Health Education/Risk Reduction, Health Insurance Premium Assistance, HIV Testing, Immunizations, Outpatient Health Facilities, Prescription Medication Services, Reproductive Health, and STD Screening/Treatment
Alexandria Community Services Board	720 N. Saint Asaph Street, 4th Floor	Alexandria	VA	22314	(703) 746-3400	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, Mental Health, Substance Abuse, and Treatment Adherence
Alexandria Neighborhood Health Services, Inc.	2 E. Glebe Road	Alexandria	VA	22305	(703) 535-5568	Case Management, Counseling, Dental, Emergency Financial Assistance, HIV Testing, Mental Health, Outreach, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Alleghany Highlands Community Services Board	205 E. Hawthorne Street	Covington	VA	24426	(540) 965-1180	Case Management, Counseling, Health Insurance Premium Assistance, Mental Health, Reproductive Health, Respite Care, Substance Abuse, and Treatment Adherence
Alleghany Highlands Free Clinic	P.O. Box 216	Low Moor	VA	24457	(540) 862-6673	Case Management, Counseling, Health Education/Risk Reduction, Mental Health, Outpatient Health Facilities/Services, STD Screening/Treatment, and Substance Abuse
Alleghany/Covington Health Department	P.O. Box 747	Covington	VA	24426	(540) 962-2173	Case Management, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment

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Amelia County Health Department	P.O. Box 392	Amelia	VA	23002	(804) 561-2711	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, STD Treatment, and Treatment Adherence
Amelia Healthcare Center	8920 Otterburn Road	Amelia Court House	VA	23002	(804) 561-5150	Counseling, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Base Services, Interpretation/Translation, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Treatment, and Substance Abuse
American Civil Liberties Union-AIDS Project	125 Broad Street, 18th Floor	New York	NY	10004	(212) 549-2627	Counseling
Americare In Home Nursing	6800 Backlick Road	Falls Church	VA	22041	(703) 912-2080	Home Health
Amherst County Health Department	P.O. Box 250	Amherst	VA	24521	(434) 946-9408	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, Health Insurance Premium Assistance, Immunizations, and STD Screening/Treatment
Appalachia Family Health Center	507 W. Main Street	Appalachia	VA	24216	(276) 565-2760	Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities/Services, Reproductive Health, and STD Screening/Treatment
Appomattox County Health Department	P.O. Box 355	Appomattox	VA	24522	(434) 352-2313	Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment
Arlington County Community Services Board	1725 N. George Mason Drive	Arlington	VA	22205	(703) 228-5150	Counseling, Health Insurance Premium Assistance, Mental Health, and Substance Abuse
Arlington County Health Department	2100 Washington Boulevard, 2nd Floor	Arlington	VA	22201	(703) 228-1300	Anonymous HIV Testing, Health Education/Risk Reduction, Immunizations, and STD Screening/Treatment
Arlington Department of Human Services	3033 Wilson Boulevard	Arlington	VA	22201	(703) 228-1200	HIV Testing and STD Screening/Treatment
Ashland Christian-Disciples of Christ Mental Health Clinic	302 S. James Street	Ashland	VA	23005	(804) 752-3456	Case Management, Mental Health, Nutrition Therapy, Outpatient Health Facilities, Outreach, Substance Abuse, and Treatment Adherence
Atlantic Community Health Center	8034 Lankford Highway	Oak Hall	VA	23416	(757) 414-0569	Dental, Early Intervention Services, HIV Testing, Outpatient Health Facilities, Prescription Medication Services, and STD Screening/Treatment

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Augusta Regional Free Clinic	P.O. Box 153	Fishersville	VA	22939	(540) 332-5606	Case Management, Dental, HIV Testing, Mental Health, Outpatient Health Facilities, Outreach, Prescription Medication Services, and Substance Abuse
Augusta/Staunton Health Department	P.O. Box 2126	Staunton	VA	24402	(540) 332-7830	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Outreach, Reproductive Health, and STD Screening/Treatment
Baileys Health Center	6196 Arlington Boulevard	Falls Church	VA	22044	(703) 327-3446	Case Management, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Bath County Health Department	P.O. Box 120	Warm Springs	VA	24484	(540) 839-7246	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Bayview Community Health Center	22214 South Bayside Road	Cheriton	VA	23316	(757) 331-1086	Health Education/Risk Reduction, HIV Testing, Prescription Medication Services, and STD Screening/Treatment
Beach Health Clinic	3396 Holland Road, Suite 102	Virginia Beach	VA	23452	(757) 428-5601	Outpatient Health Facilities
Bedford County Health Department	P.O. Box 148	Bedford	VA	24523	(540) 586-7952	Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Behavior and Stress Management	3236 Boulevard Street, Suite B	Colonial Heights	VA	23834	(804) 520-7500	Counseling, Health Education/Risk Reduction, Interpretation/Translation, Mental Health, Substance Abuse, and Treatment Adherence
Bland County Health Department	P.O. Box 176	Bland	VA	24315	(276) 688-4651	Dental, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Bland County Medical Clinic	12301 Grapefield Road	Bastian	VA	24314	(276) 688-4331	Case Management, HIV Testing, Nutrition Therapy, Outpatient Health Facilities/Services, and STD Screening/Treatment
Blue Ridge Behavioral Healthcare	301 Elm Avenue, SW	Roanoke	VA	24016	(540) 345-6891	Case Management, Counseling, Mental Health, and Substance Abuse

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Blue Ridge Medical Center, Inc.	4038 Thomas Nelson Highway	Arrington	VA	22922	(434) 263-4000	HIV Testing, Home/Community Based Services, Mental Health, Outpatient Health Facilities, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Bon Secours Home Care	8580 Magellan Parkway	Richmond	VA	23227-1149	(804) 627-5200	Home Health
Bon Secours Home Health and Hospice	485 Rodman Avenue	Portsmouth	VA	23703	(757) 391-6000	Home Health, Home/Community Based Services, Hospice, and Respite Care
Botetourt County Health Department	P.O. Box 220	Fincastle	VA	24090	(540) 473-8240	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Boydton Community Health Facility, Inc.	P.O. Box 540	Boydton	VA	23917	(434) 738-6102	Dental, HIV Testing, STD Screening/Treatment, and Substance Abuse
Bristol City Health Department	205 Piedmont Avenue	Bristol	VA	24201	(276) 642-7335	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Brock Hughes Free Clinic	PO Box 392	Wytheville	VA	24382	(276) 233-0558	Counseling, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Base Services, and Rehabilitation/Habilitation Services
Brunswick County Health Department	1632 Lawrenceville Plank Road	Lawrenceville	VA	23868	(434) 848-2525	Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment
Buchanan County Health Department	P.O. Box 618	Grundy	VA	24614	(276) 935-4591	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Outpatient Health Facilities, Outreach, Reproductive Health, and STD Screening/Treatment
Buckingham County Health Department	P.O. Box 198	Buckingham	VA	23921	(434) 969-4244	Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment
Buena Vista City Health Department	2270 Magnolia Avenue	Buena Vista	VA	24416	(540) 261-2149	Dental, Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment

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Campbell County Health Department	P.O. Box 160	Rustburg	VA	24588	(434) 592-9550	Early Intervention Services, Health Education/Risk Reduction, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Carilion Hospice Services of Franklin County	180 Floyd Avenue	Rocky Mount	VA	24151	(540) 489-6503	Case Management, Counseling, Emergency Financial Assistance, Home Health, Home Nursing, Home/Community Based Services, Hospice, Medical Transportation, Nutrition Therapy, Outpatient Health Facilities/Services, Outreach, Rehabilitation/Habilitation Services, and Respite Care
Caroline County Health Department	P.O. Box 6	Bowling Green	VA	22427	(804) 633-5465	Dental, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Immunizations, Reproductive Health, and STD Screening/Treatment
Caroline Family Practice	P.O. Box 1596	Bowling Green	VA	22427	(804) 632-1030	Case Management, Early Intervention Services, Health Education/Risk Reduction, Health Insurance Premium Assistance, Interpretation/Translation, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Carroll County Health Department	605-15 Pine Street	Hillsville	VA	24343	(276) 728-2166	Dental, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Carroll County Health Department	605-15 Pine Street	Hillsville	VA	24343	(276) 728-2166	Hepatitis
Center for Comprehensive Care of Immune Deficiency	825 Fairfax Avenue, Suite 205	Norfolk	VA	23508	(757) 446-8999	Outpatient Health Services
Centra Health: SHOW Virginia Grant	2010 Atherholt Road	Lynchburg	VA	24501	(434) 200-5001	Case Management, Dental, Early Intervention Services, Health Education/Risk Reduction, Health Insurance Premium Assistance, HIV Testing, Home Health, Home Nursing, Home/Community Based Services, Hospice, Medical Transportation, Nutrition Therapy, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, Substance Abuse, and Treatment Adherence
Central Virginia Community Health Center	25892 N. James Madison Hwy	New Canton	VA	23123	(434) 581-3271	Dental, Early Intervention Services, HIV Testing, Outpatient Health Facilities/Services, STD Screening/Treatment, and Substance Abuse

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Central Virginia Community Services Board	620 Court Street	Lynchburg	VA	24501	(434) 847-8035	Case Management, Early Intervention Services, Health Education/Risk Reduction, Interpretation/Translation, Mental Health, Rehabilitation/Habilitation Services, and Substance Abuse
Central Virginia Legal Aid Society	101 W. Broad Street, Suite 101	Richmond	VA	23220	1-866-534-5243	Counseling
Central Virginia Legal Aid Society-Charlottesville	1000 Preston Avenue, Suite B	Charlottesville	VA	22903	(804) 862-1100	Counseling
Central Virginia Legal Aid Society-Petersburg	2006 Wakefield Street	Petersburg	VA	23805	(804) 862-1100	Counseling
Charles City County Health Department	7501 Adkins Road	Charles City	VA	23030	(804) 829-2490	Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Reproductive Health, and STD Screening/Treatment
Charlotte County Health Department	P.O. Box 670	Charlotte Court House	VA	23923	(434) 542-5251	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Charlottesville/Albemarle Health Department	P.O. Box 7546	Charlottesville	VA	22906	(434) 972-6289	Health Education/Risk Reduction, HIV Testing, Immunizations, Outpatient Health Facilities, Outreach, Reproductive Health, and STD Screening/Treatment
Chesapeake Care Free Clinic	2145 Military Highway South	Chesapeake	VA	23320	(757) 545-5700	Case Management, Counseling, Dental, Health Insurance Premium Assistance, Mental Health, and Substance Abuse
Chesapeake Community Services Board	224 Great Bridge	Chesapeake	VA	23320	(757) 547-9334	Counseling, Early Intervention Services, Mental Health, and Substance Abuse
Chesapeake Health Department	748 Battlefield Boulevard North	Chesapeake	VA	23320	(757) 382-8600	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Chesterfield Community Services Board	P.O. Box 92	Chesterfield	VA	23832	(804) 745-1227	Case Management
Chesterfield County Health Department	P.O. Box 100	Chesterfield	VA	23832	(804) 748-1691	Dental, Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment
Chincoteague Island Community Health Center	4049 Main Street	Chincoteague Island	VA	23336	(757) 336-3682	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment

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City of Chesapeake, Department of Human Services/Social Services	P.O. Box 15098	Chesapeake	VA	23328	(757) 382-2000	Emergency Financial Assistance, Food Pantry, Home Health, Home Nursing, and Home/Community Based Services
City of Virginia Beach, Department of Housing & Neighborhood Preservation	2424 Courthouse Drive	Virginia Beach	VA	23456	(757) 385-5754	HOPWA
Clarke County Health Department	100 North Buckmarsh Street	Berryville	VA	22611	(540) 955-1033	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Immunizations, Outpatient Health Facilities/Services, Reproductive Health, and STD Screening/Treatment
Clifton Forge Health Department	P.O. Box 15	Clifton Forge	VA	24422	(540) 862-4131	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Clinch River Health Services, Inc.	17633 Veterans Memorial Highway	Dungannon	VA	24245	(276) 467-2201	HIV Testing, Mental Health, Outpatient Health Facilities, STD Screening, and Substance Abuse
Coinfection Clinic-Gastroenterology Hepatology Section	P.O. Box 980341	Richmond	VA	23298	(804) 828-4060	Outpatient Health Facilities/Services
Colonial Community Services Board	921 Capitol Landing Road	Williamsburg	VA	23185	(757) 253-4061	Case Management, Counseling, Mental Health, and Substance Abuse
Colonial Heights Health Department	P.O. Box 3401	Colonial Heights	VA	23834	(804) 520-9380	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Commonwealth Catholic Charities	P.O. Box 6565	Richmond	VA	23220	(804) 285-9130	Case Management, Emergency Financial Assistance, Food Pantry, Home/Community Based Services, Interpretation/Translation, Respite Care, and Treatment Adherence
Community Dental Services	1033 28th Street	Newport News	VA	23607	(757) 928-3810	Dental and Interpretation/Translation
Community Health Center of the Rappahannock Region	2217 Princess Anne Street, Suite 110	Fredericksburg	VA	22401	(540) 735-0567	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Community Psychological Resources	249 W. York Street	Norfolk	VA	23510	(757) 662-6794	Mental Health and Substance Abuse
Comprehensive Counseling Services	115 First Street, SW	Roanoke	VA	24016	(540) 343-0004	Mental Health and Substance Abuse

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Council of Community Services	1502 Williamson Road, Suite B	Roanoke	VA	24012	(540) 266-7554	HOPWA
Craig County Health Center	226 Market Street	New Castle	VA	24127	(540) 864-6390	Early Intervention Services, HIV Testing, Mental Health, Nutrition Therapy, Outreach, STD Screening, and Substance Abuse
Craig County Health Department	P.O. Box 6	New Castle	VA	24127	(540) 864-5136	Case Management, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Treatment
Crater Community Hospice, Inc	3916 S. Crater Road	Petersburg	VA	23805	(804) 526-4300	Home Health and Home/Community Based Services
Cross Over Ministry	108 Cowardin Avenue	Richmond	VA	23224	(804) 233-5016	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Crossroads Community Services Board	P.O. Drawer 248	Farmville	VA	23901	(434) 392-7049	Case Management, Counseling, Health Education/Risk Reduction, Mental Health, and Substance Abuse
Culpeper County Health Department	640 Laurel Street	Culpeper	VA	22701	(540) 829-7350	Case Management, Health Education/Risk Reduction, HIV Testing, Immunization, Reproductive Health, STD Treatment, and Treatment Adherence
Cumberland County Health Department	P.O. Box 107	Cumberland	VA	23040	(804) 492-4661	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Cumberland Mountain Community Services Board	P.O. Box 810	Cedar Bluff	VA	24609	(276) 964-6702	Case Management, Counseling, Mental Health, and Substance Abuse
Daily Planet, Inc.	517 West Grace Street	Richmond	VA	23220	(804) 237-7690	Dental, Mental Health, Respite Care, and Substance Abuse
Danville City Health Department	326 Taylor Drive	Danville	VA	24541	(434) 799-5190	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Treatment
Danville-Pittsylvania Community Services Board	245 Hairston Street	Danville	VA	24540	(434) 799-0456	Case Management, Counseling, Mental Health, and Substance Abuse

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Davenport Clinic	P.O. Box 309	Davenport	VA	24239	(276) 859-0859	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Dickenson County Behavioral Health Services	P.O. Box 309	Clintwood	VA	24228	(276) 926-1682	Case Management, Counseling, Mental Health, and Substance Abuse
Dickenson County Health Department	P.O. Box 768	Clintwood	VA	24228	(276) 926-4979	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Outpatient Health Facilities, Outreach, Reproductive Health, and STD Screening/Treatment
Dinwiddie County Health Department	P.O. Box 185	Dinwiddie	VA	23841	(804) 469-3771	Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment
Dinwiddie Medical Center	P.O. Box 307	Dinwiddie	VA	23841	(804) 469-3731	Dental, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Mental Health, Outpatient Health Facilities, STD Screening/Treatment, and Substance Abuse
District 19 Community Services Board	20 W. Bank Street, Suite 2	Petersburg	VA	23803	(804) 862-8054	Case Management, Counseling, Mental Health, and Substance Abuse
East End Physicians	1033 28th Street	Newport News	VA	23607	(757) 952-2160	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Interpretation/Translation, Outreach, and STD Screening/Treatment
Eastern Shore Community Services Board	10129 Rogers Drive	Nassawadox	VA	23413	(757) 442-3636	Case Management, Medical Transportation, Mental Health, and Substance Abuse
Eastern Shore Health District	23191 Front Street	Accomack	VA	23301	(757) 787-5880	HOPWA
ECDC African Community Center	901 S. Highland Street	Arlington	VA	22204	(703) 685-0510	Counseling, Health Education/Risk Reduction, Health Insurance Premium Assistance, and Outreach
Edmarc Hospice for Children	516 London Street	Portsmouth	VA	23704	(757) 967-9251	Case Management, Counseling, Health Insurance Premium Assistance, Home Health, Hospice, Mental Health, Outreach, and Substance Abuse

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Emporia Medical Center	702 N Main Street	Emporia	VA	23847	(434) 634-7725	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Essex County Health Department	P.O. Box 206	Tappahannock	VA	22560	(804) 443-3396	Case Management, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Prescription Medication Services, Reproductive Health, and STD Screening/Treatment
Essex Village Apartments	3901 Pilots Lane	Richmond	VA	23222	(804) 329-5820	Outpatient Health Facilities
EVAN in Newport News	813 Forest Drive	Newport News	VA	23606	(757) 591-2012	Case Management, Early Intervention Services, Health Education/Risk Reduction, and Outreach
EVAN in Norfolk	9229 Granby Street, 2nd Floor	Norfolk	VA	23503	(757) 583-1317	Case Management, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, HIV Testing, Medical Transportation, and Treatment Adherence
EVAN in Williamsburg	479 McLaws Circle, Suite 2	Williamsburg	VA	23185	(757) 220-4606	Case Management, Emergency Financial Assistance, Health Education/Risk Reduction, and Medical Transportation
Evans-Yosief Law Firm, LLC	1517 Hardy Cash Drive	Hampton	VA	23666	(757) 827-3588	Legal Services
Fairfax County Health Department -Falls Church District Office	6245 Leesburg Pike, Suite 500	Falls Church	VA	22044-2106	(703) 534-8343	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment
Fairfax County Health Department-Herndon-Reston District Office	1850 Cameron Glen Drive	Reston	VA	20190-3310	(703) 481-4242	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment
Fairfax County Health Department-Mount Vernon District Office	8350 Richmond Highway	Alexandria	VA	22309-2344	(703) 704-5203	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment
Fairfax County Health Department-Springfield Office District	8136 Old Keen Mill Road	Springfield	VA	22152-1850	(703) 588-1031	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunization, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment

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Fairfax-Falls Church Community Services Board	12011 Government Center Pkwy, Suite 836	Fairfax	VA	22035	(703) 324-7000	Case Management, Mental Health, Outreach, Substance Abuse, and Treatment Adherence
Faith Community Baptist Church	P.O. Box 25538	Richmond	VA	23260	(804) 649-7225	Health Education/Risk Reduction
Family Health Clinic	3033 Wilson Blvd	Arlington	VA	22201	(703) 228-1200	Health Education/Risk Reduction, Reproductive Health, and STD Screening/Treatment
Fan Free Clinic	P.O. Box 6477	Richmond	VA	23230	(804) 358-6343	Case Management, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Health Insurance Premium Assistance, HIV Testing, HOPWA, Inmate Pre/Post Release, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Fauquier County Health Department	330 Hospital Drive	Warrenton	VA	20186	(540) 347-6400	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
First Church of the Brethren Clinic	2001 Carroll Ave, NW	Roanoke	VA	24017	(540) 857-6473	STD Screening
Flora Krause Casey Health Center	1200 North Howard Street	Alexandria	VA	22304	(703) 838-4400	Outpatient Health Facilities/Services, Reproductive Health, and STD Screening/Treatment
Floyd County Health Department	P.O. Box 157	Floyd	VA	24091	(540) 745-2141	Case Management, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Prescription Medication Services, STD Screening/Treatment, and Treatment Adherence
Fluvanna County Health Department	P.O. Box 136	Palmyra	VA	22963	(434) 591-1960	Health Education/Risk Reductions, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Food and Friends	219 Riggs Road, NE	Washington	DC	20011	(202) 269-2277	Food Pantry
Food for Others	2938 Prosperity Avenue	Fairfax	VA	22031	(703) 207-9173	Food Pantry
Franklin City Health Department	P.O. Box 595	Franklin	VA	23851	(757) 562-6109	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Franklin County Health Department	P.O. Box 249	Rocky Mount	VA	24151	(540) 484-0292	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Franktown Community Health Center	9159 Franktown Road	Franktown	VA	23354	(757) 442-4819	Dental and STD Treatment
Franktown Dental	P.O. Box 9	Franktown	VA	23354	(757) 442-4819	Dental

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Frederick/Winchester Health Department	10 Baker Street	Winchester	VA	22601	(540) 722-3470	Case Management, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Fredericksburg Area HIV / AIDS Support Services, Inc	415 Elm Street	Fredericksburg	VA	22401	(540) 371-7532	Case Management, Counseling, Dental, Emergency Financial Assistance, Health Education/Risk Reduction, Health Insurance Premium Assistance, HOPWA, Interpretation/Translation, Medical Transportation, Mental Health, Outpatient Health Facilities/Services, Outreach, Substance Abuse, and Treatment Adherence
Fredericksburg City Health Department	608 Jackson Street	Fredericksburg	VA	22401	(540) 899-4142	Case Management, Counseling, Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, Respite Care, and STD Screening/Treatment
Free Clinic of Danville	133 South Ridge Street	Danville	VA	24541	(434) 799-1223	Outpatient Health Facilities
Free Clinic of Central Virginia	P.O. Box 38	Lynchburg	VA	24505	(434) 847-5866	Dental, Health Education/Risk Reduction, Outpatient Health Facilities/Services, Prescription Medication Services, and Rehabilitation/Habilitation Services
Free Clinic of Franklin County	PO Box 764	Rocky Mount	VA	24151	(540) 489-7500	Case Management, Health Education/Risk Reduction, Home/Community Based Services, Mental Health, Outpatient Health Facilities, STD Screening/Treatment, and Substance Abuse
Free Clinic of Pulaski County, Inc	412 North Jefferson Avenue	Pulaski	VA	24301	(540) 980-0922	Counseling, Dental, Health Education/Risk Reduction, Medical Transportation, Mental Health, Outpatient Health Facilities/Services, Prescription Medication Services, and Substance Abuse
Free Medical Clinic of the Northern Shenandoah Valley	301 North Cameron Suite, Suite 100	Winchester	VA	22601	(540) 536-1680	Dental, HIV Testing, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Friendship Health and Rehab Center	327 Hershberger Road, NW	Roanoke	VA	24012	(540) 265-2100	Hospice, Rehabilitation/Habilitation Services, and Respite Care
Galax City Health Department	P.O. Box 926	Galax	VA	24333	(276) 236-6127	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment

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Gentiva Health Services- Roanoke	5320 E. Peters Creek Road	Roanoke	VA	24019	(540) 362-7578	Home Health and Home Nursing
Gentiva Health Services- Virginia Beach	230 Clearfield Avenue, Suite 106	Virginia Beach	VA	23462	(757) 499-2303	Home Health and Home Nursing
Gentiva Health Services- Christiansburg	1097 North Franklin Street	Christiansburg	VA	24073-1421	(540) 382-9311	Home Nursing
Gentiva Health Services- Lynchburg	1928 Thomson Drive	Lynchburg	VA	24501	(434) 846-5219	Home Health and Home Nursing
Gentiva Health Services-Richmond	2601 Willard Road, Suite 101	Richmond	VA	23294	(804) 675-7500	Home Health and Home Nursing
Ghent Family Practice	825 Fairfax Avenue	Norfolk	VA	23507	(757) 446-5955	Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Interpretation/Translation, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Giles County Health Department	120 North Main Street	Pearisburg	VA	24134	(540) 921-2891	Hepatitis Treatment, Health Education/Risk Reduction, Immunizations, and STD Screening/Treatment
Glenwood Medical Center	2711 Byron Street	Richmond	VA	23223	(804) 228-4492	Case Management, Early Intervention Services, HIV Testing, Medical Transportation, Outpatient Health Facilities/Services, Outreach, Prescription Medication Services, and STD Treatment
Gloucester County Health Department	6882 Main Street	Gloucester	VA	23061	(804) 693-2445	Case Management, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Immunizations, Medical Transportation, Mental Health, Nutrition Therapy, Prescription Medication Services, STD Screening/Treatment, and Substance Abuse
Gloucester-Mathews Free Clinic	P.O.Box 943	Hayes	VA	23072	(804) 642-9515	Case Management, Dental, Hospice, and Outpatient Health Facilities/Services
Goochland County Health Department	1800 Sandy Hook Road, Suite 100	Goochland	VA	23063	(804) 556-5343	Health Education/Risk Reductions, Immunizations, and STD Screening/Treatment
Goochland Free Clinic Family Services	P.O. Box 116	Goochland	VA	23063-0116	(804) 556-6840	Case Management, Dental, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Medical Transportation, and Outpatient Health Facilities/Services

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Grayson County Health Department	P.O. Box 650	Independence	VA	24348	(276) 236-6127	Dental, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Greater Prince William Community Health Center	4379 Ridgewood Center Drive, Suite 102	Prince William	VA	22192	(703) 680-7950	Dental, Early Intervention Services, HIV Testing, Interpretation/Translation, Mental Health, Outpatient Health Facilities, Outreach, Reproductive Health, STD Treatment, and Substance Abuse
Greene County Health Department	P.O. Box 38	Stanardsville	VA	22973	(434) 985-2262	Health Education/Risk Reduction, Health Insurance Premium Assistance, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Greensville/Emporia Health Department	140 Uriah Branch Way	Emporia	VA	23847	(434) 348-4235	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
H.E.L.P. Free Clinic	P.O. Box 190	Hampton	VA	23669	(757) 850-8956	Case Management, Counseling, Dental, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, Mental Health, Outpatient Health Facilities, Outreach, Substance Abuse, and Treatment Adherence
Halifax County Health Department	P.O. Box 845	Halifax	VA	24558	(434) 476-4863	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Hampton City Health District	3130 Victoria Boulevard	Hampton	VA	23661	(757) 727-1172	Health Education/Risk Reduction, HIV Testing, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Hampton Health Center	403 Yale Drive	Hampton	VA	23666	(757) 826-2079	Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities, Outreach, Reproductive Health, and STD Screening/Treatment
Hampton Roads Clinic	2712 Washington Avenue	Newport News	VA	23607	(757) 240-5223	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, Mental Health, Rehabilitation/Habilitation Services, and Substance Abuse
Hampton VA Medical Center	100 Emancipation Drive	Hampton	VA	23667	(757) 722-9961	Outpatient Health Services
Hampton-Newport News Community Services Board	400 Medical Drive	Hampton	VA	23666	(757) 788-0422	Substance Abuse

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Hanover Community Services Board	12300 Washington Highway	Ashland	VA	23005	(804) 365-4222	Case Management, Counseling, Health Insurance Premium Assistance, Mental Health, and Substance Abuse
Hanover Health Department	12312 Washington Highway	Ashland	VA	23005	(804) 365-4313	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Harriet Zonderman, LCSW	2006 Bremono Road, Suite 204	Richmond	VA	23226	(804) 288-8925	Counseling, Mental Health, and Substance Abuse
Harrisonburg Community Health Center	563-A Neff Avenue	Harrisonburg	VA	22801	(540) 433-4913	Health Insurance Premium Assistance, Interpretation/Translation, Outpatient Health Facilities/Services, and Prescription Health Services
Harrisonburg-Rockingham Community Services Board	1241 N. Main Street	Harrisonburg	VA	22802	(540) 434-1941	Case Management, Counseling, Mental Health, and Substance Abuse
Hayes E. Willis Pharmacy	4730 North Southside Plaza	Richmond	VA	23224	(804) 230-7788	Prescription Medication Services
Haysi Clinic	P.O. Box 653	Haysi	VA	24256	(276) 865-5652	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Healing Hands Health Center	210 Memorial Drive	Bristol	TN	37620	(423) 652-0260	Mental Health, Outpatient Health Facilities, and Substance Abuse
Healing Hands Health Center	210 Memorial Drive	Bristol	TN	37620	(423) 652-0260	Outpatient Health Facilities
Health and Home Support Services, Inc	3110 Chestnut Avenue	Newport News	VA	23607	(757) 247-1879	Case Management, Dental, Early Intervention Services, Health Education/Risk Reduction, and Inmate Pre/Post Release
Health and Wellness Center of Louisa	115 Jefferson Hwy	Louisa	VA	23093	(540) 967-9405	Dental, Early Intervention Services, HIV Testing, Outpatient Health Services, Reproductive Health, and STD Screening/Treatment
Health Center For Women and Families	833 Buffalo Street, Suite 200	Farmville	VA	23901	(434) 392-8177	Early Intervention Services, Health Insurance Premium Assistance, Home Health, Home Nursing, Home/Community Based Services, Hospice, Outpatient Health Facilities, Personal Care, and STD Screening

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Health Center of the Piedmont - Chatham	4 S. Main Street	Chatham	VA	24531	(434) 432-4443	Case Management, Counseling, Dental, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Interpretation/Translation, Medical Transportation, Outpatient Health Facilities/Services, Outreach, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Health Center of the Piedmont - Danville	705 Main Street	Danville	VA	24541	(434) 791-3630	Case Management, Counseling, Dental, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Interpretation/Translation, Medical Transportation, Outpatient Health Facilities/Services, Outreach, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Health Center of the Piedmont - Martinsville	1 E. Market Street, Suite1B	Martinsville	VA	24112	(276) 632-2966	Case Management, Counseling, Dental, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Interpretation/Translation, Medical Transportation, Outpatient Health Facilities/Services, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Health Wagon	119 Number Ten Street	Clinchco	VA	24226	(276) 835-9474	Outpatient Health Facilities
Healthcare for the Homeless	4714 Marshall Avenue	Newport News	VA	23607	(757) 380-8709	Case Management, Counseling, Dental, Home/Community Based Services, Outreach, Support Groups - Health Related, and Treatment Adherence
Henrico Area Mental Health and Developmental Services	10299 Woodman Road	Glen Allen	VA	23060	(804) 727-8500	Case Management, Counseling, Health Education/Risk Reduction, Outpatient Health Facilities, Substance Abuse, and Support Groups - Health Related
Henrico County Health District	P.O. Box 27032	Richmond	VA	23273	(804) 501-4522	HIV Testing, Immunizations, and STD Screening/Treatment
Henry/Martinsville Health Department	P.O. Box 1032	Martinsville	VA	24114	(276) 638-2311	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment

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Highland County Health Department	P.O. Box 558	Monterey	VA	24465	(540) 468-2270	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Highland Medical Center	P.O. Box 490	Monterey	VA	24465	(540) 468-3300	Dental, HIV Testing, Mental Health, Rehabilitation/Habilitation Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Highlands Community Services Board	610 Campus Drive, Suite 200	Abingdon	VA	24210	(276) 525-1592	Counseling, Mental Health, and Substance Abuse
Holston Family Health Center	P.O. Box 456	Damascus	VA	24236	(276) 475-5116	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening, and Substance Abuse
Home Care of Memorial Hospital	320 Hospital Drive	Martinsville	VA	24115	(276) 634-1950	Home Health and Hospice
Hopewell City Health Department	220 Appomattox Street	Hopewell	VA	23860	(804) 458-1297	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Hospice and Pallative Care of the Eastern Shore	P.O. Box 300	Onancock	VA	23417	(757) 787-3310	Hospice
Hospice of Memorial Hospital of Martinsville & Henry Counties	P.O. Box 4788	Martinsville	VA	24115-4788	(276) 666-7469	Hospice
Hospice of the Piedmont	675 Peter Jefferson Parkway, Suite 300	Charlottesville	VA	22911	(434) 817-6900	Home/Community Based Services and Hospice
Hospice of the Rapidan	P.O. Box 715	Culpeper	VA	22701	(540) 825-4840	Case Management, Counseling, Home/Community Based Services, Hospice, Interpretation/Translation, Nutrition Therapy, and Outreach.
Human Resources, Inc	15 West Cary Street	Richmond	VA	23220	(804) 644-6439	Case Management, Counseling, Health Education/Risk Reduction, HIV Testing, Nutrition Therapy, Outpatient Health Services, Outreach, Rehabilitation/Habilitation Services, STD Screening, Substance Abuse, and Treatment Adherence
Hunter Holmes McGuire VA Medical Center	1201 Broad Rock Boulevard	Richmond	VA	23249	(804) 675-5000	Outpatient Health Services
Hurley Family Health Care	10279 Hurley Road	Hurley	VA	24620	(276) 566-7204	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, STD Treatment, and Substance Abuse

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Independent Living Solutions	P.O. Box 6116	Richmond	VA	23222	(804) 651-6204	Early Intervention Services, Health Education/Risk Reduction, Mental Health, and Substance Abuse
Infectious Disease Clinic	600 E Broad Street, 3rd Floor	Richmond	VA	23298	(804) 828-6163	Case Management, Counseling, Health Education/Risk Reduction, Interpretation/Translation, Mental Health, Outpatient Health Facilities/Services, STD Screening/Treatment, Substance Abuse, and Treatment Adherence
Infectious Disease Clinic of Central Virginia	2215 Landover Place	Lynchburg	VA	24501	(434) 947-3945	Case Management, Dental, Medical Transportation, Mental Health, Outpatient Health Facilities/Services, Prescription Medication Services, STD Screening/Treatment, and Substance Abuse
Infectious Diseases, Tropical Medicine and International Travel Clinic	P.O. Box 13367	Roanoke	VA	24033	(877) 827-2836	Outpatient Health Facilities/Services
Inova Juniper Program: Arlington Office	5015 Lee Highway, Suite 100	Arlington	VA	22207	(703) 522-2608	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence
Inova Juniper Program: Dumfries Office	18003 Farley Boulevard, Suite 102	Dumfries	VA	22026	(703) 321-2600	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence
Inova Juniper Program: Herndon/Reston Office	1850 Cameron Glen Drive, Suite 101	Reston	VA	20190	(703) 481-4242	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence
Inova Juniper Program: Manassas Office	8807 Sudley Road, Suite 101	Manassas	VA	20110	(703) 396-8391	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence

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Inova Juniper Program: Mount Vernon Office	8350 Richmond Highway, Suite 233	Alexandria	VA	22309	(703) 704-6132	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence
Inova Juniper Program: Springfield Office	8001 Forbes Pl. Suite 200	Springfield	VA	22151	(703) 321-2600	Case Management, Counseling, Dental, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Services, Prescription Medication Services, Substance Abuse, Support Groups - Health Related, and Treatment Adherence
Inova VNA Home Health	5501 Backlick Road	Springfield	VA	22151	(703) 916-2800	Home Health
Interim Healthcare	3235 Virginia Avenue	Collinsville	VA	24078	(276) 647-1700	Case Management, Home Health, Home/Community Based Services, and Respite Care
Interim Healthcare of Roanoke	4395 Electric Road	Roanoke	VA	24018	(540) 774-8686	Home Health, Home/Community Based Services, Rehabilitation/Habilitation Services, and Respite Care
International Black Women's Congress	645 Church Street, Suite 200	Norfolk	VA	23510	(757) 625-0500	Case Management, Early Intervention Services, Health Education/Risk Reduction, and Outreach
Isle of Wight County Health Department	P.O. Box 309	Smithfield	VA	23430	(757) 357-4177	Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, Respite Care, and STD Screening/Treatment
Ivor Medical Center	8575 Ivor Road	Ivor	VA	23866	(757) 859-6161	Case Management, Health Education/Risk Reduction, HIV Testing, Outreach, Reproductive Health, STD Screening, and Treatment Adherence
J & B Transportation, Inc	4534 Lunenburg County Road	Keysville	VA	23947	(434) 696-9000	Medical Transportation
Jewish Family Services	6718 Patterson Avenue	Richmond	VA	23226	(804) 282-5644	Case Management, Home Health, Mental Health, and Substance Abuse
Johnson Health Center	2316 Atherholt Road, Suite 107	Lynchburg	VA	24504	(434) 947-5967	Case Management, Dental, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, and STD Screening/Treatment

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Joseph Willard Health Center	3750 Old Lee Highway	Fairfax	VA	22030-6903	(703) 246-7100	Anonymous HIV Testing, Health Education/Risk Reduction, HIV Testing, Interpretation/Translation, Prescription Medication Services, and STD Screening/Treatment
K.I. Services, Inc	25 S. Quaker Lane Unit 4	Alexandria	VA	22314	(703) 823-4407	Counseling, Food Pantry, Health Education/Risk Reduction, Inmate Pre/Post Release, Mental Health, Outreach, Substance Abuse, and Treatment Adherence
King George County Health Department	P.O. Box 92	King George	VA	22485	(540) 775-3111	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
King William County Health Department	P.O. Box 155	King William	VA	23086	(804) 769-4988	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
King William-Dawn Community Doctors	11814 Kinda William Rd.	Aylett	VA	23009	(804) 769-3022	Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities/Services, and STD Screening/Treatment
Kirkpatrick's Pharmacy	518 South Sycamore Street	Petersburg	VA	23803	(804) 733-9170	Prescription Medication Services and Treatment Adherence
Konnarock Family Health Center	20471 Azen Road	Damascus	VA	24236	(276) 388-3411	HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
La Clinica Del Pueblo	2831 15th Street NW	Washington	DC	20009-4607	(202) 462-4788	Case Management, Counseling, Emergency Financial Assistance, Health Education/Risk Reduction, Home/Community Based Services, Interpretation/Translation, Mental Health, Nutrition Therapy, Outreach, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Lackey Free Clinic	1620 Old Williamsburg Road	Yorktown	VA	23690	(757) 886-0608	Counseling, Dental, Health Education/Risk Reduction, Mental Health, Outpatient Health Facilities/Services, and Substance Abuse
Lancaster County Health Department	P.O. Box 158	Lancaster	VA	22503	(804) 462-5197	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Lee County Behavioral Health Services	34084 Wilderness Road	Jonesville	VA	24263	(276) 346-3590	Case Management, Counseling, Early Intervention Services, Mental Health, and Substance Abuse

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Lee County Health Department	P.O. Box 763	Jonesville	VA	24263	(276) 346-2011	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Legal Aid Justice Center	37 Bollingbrook Street	Petersburg	VA	23803	(804) 862-2205	Counseling
Legal Aid Society of Eastern Virginia	125 St Paul's Boulevard, Suite 400	Norfolk	VA	23510	(757) 220-6837	Counseling
Legal Aid Society of Eastern Virginia: Eastern Shore Office	36314 Lankford Highway	Belle Haven	VA	23306	(757) 442-3014	Counseling
Legal Aid Society of Eastern Virginia: Norfolk Office	125 St Paul's Boulevard, Suite 400	Norfolk	VA	23510	(757) 627-5423	Counseling
Legal Aid Society of Eastern Virginia: Virginia Beach Office	291 Independence Boulevard	Virginia Beach	VA	23462	(757) 552-0026	Counseling
Legal Aid Society of Eastern Virginia: Williamsburg	199 Armistead Avenue, Suite B	Williamsburg	VA	23185	(757) 220-6837	Counseling
Legal Services of Northern Virginia	6066 Leesburg Pike, Suite 500	Falls Church	VA	22041	(703) 778-6800	Counseling
Lewis Gale Regional Health System	1900 Electric Road	Salem	VA	24153	(540) 776-4000	Outpatient Health Facilities/Services
Loudoun Community Health Center	224 Cornwall Street N.W.	Leesburg	VA	20176	(703) 443-2000	Dental, Health Education/Risk Reduction, Mental Health, Outpatient Health Facilities/Services, and Substance Abuse
Loudoun County Community Services Board	906 Trailview Blvd., Suite 300	Leesburg	VA	20175	(703) 771-5401	Case Management, Counseling, Mental Health, and Substance Abuse
Loudoun County Health Department	P.O. Box 7000, MSC #68	Leesburg	VA	20177	(703) 771-5820	Case Management, Dental, Early Intervention, Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Louisa County Health Department	P.O. Box 336	Louisa	VA	23093	(540) 967-3703	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Louisa County Resource Council	P.O. Box 52	Louisa	VA	23093	(540) 967-1510	Case Management, Food Pantry, and Outreach
Love of Jesus Health Clinic	10930 Hull Street Road	Midlothian	VA	23112	(804) 674-7499	Case Management, Counseling, Food Pantry, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Substance Abuse

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Lunenburg County Health Department	11387 Courthouse Road	Lunenburg	VA	23952	(434) 696-2346	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Lunenburg Medical Center	P.O. Box 70	Victoria	VA	23974	(434) 696-2165	Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Interpretation/Translation, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Lynchburg City Health Department	P.O. Box 6036	Lynchburg	VA	24505	(434) 947-6785	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Lynchburg Community Action Group	926 Commerce Street	Lynchburg	VA	24504	(434) 846-2778	Case Management, Childcare Services, Emergency Financial Assistance, Food Pantry, HOPWA, and Outreach
Madison County Health Department	P.O. Box 67	Madison	VA	22727	(540) 948-5481	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Madison Free Clinic	PO Box 914	Madison	VA	22727	(540) 948-3667	Dental and Health Education/Risk Reduction
Main Street Medical Center	2025 East Main Street	Richmond	VA	23284	(804) 780-0840	Outpatient Health Facilities
Main Street Physicians	157 N. Main Street	Suffolk	VA	23434	(757) 925-1866	Dental and Outpatient Health Facilities
Manassas Office	9301 Lee Avenue	Manassas	VA	20110	(703) 792-6345	Hepatitis Testing, HIV Testing, and STD Screening/Treatment
Mannboro Medical Center	8631 Namozine Road	Amelia	VA	23002	(804) 561-4333	Case Management, Dental , Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Mental Health, Substance Abuse, Outpatient Health Facilities, STD Screening/Treatment, and Substance Abuse
Martinsville Memorial Hospital Home Health	320 Hospital Drive	Martinsville	VA	24112	(276) 634-1950	Home Health, Home Nursing, Home/Community Based Services, and Hospice

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Mary Washington Hospital Infectious Disease Associates	101 Sam Perry Boulevard	Fredericksburg	VA	22401	(540) 374-3277	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, Interpretation/Translation, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Outreach, Substance Abuse, and Treatment Adherence
Mathews County Health Department	P.O. Box 26	Mathews	VA	23109	(804) 693-2445	Health Education/Risk Reduction, Immunizations, and STD Screening/Treatment
Meadowview Health Clinic	13168 Meadowview Square	Meadowview	VA	24361	(276) 496-4492	Childcare Services, Dental, Health Education/Risk Reduction, HIV Testing, Medical Transportation, Mental Health, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, Substance Abuse, and Treatment Adherence
Mechanicsville Free Dental Clinic	8061 Shady Grove Avenue	Mechanicsville	VA	23111	(804) 798-9797	Dental
Mecklenburg County Health Department	P.O. Drawer 370	Boydton	VA	23917	(434) 738-6545	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening
Medi Home Care	P.O. Box 1387	Coeburn	VA	24230	(276) 395-9314	Home Health, Home Nursing, Home/Community Based Services, Hospice, and Nutrition Therapy
Mendota Medical Center	P.O. Box 66	Mendota	VA	24270	(276) 645-6710	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Mental Health Associates of the New River Valley, Inc	303 Church Street	Blacksburg	VA	24060	(540) 951-4990	Counseling, Mental Health, and Substance Abuse
Metro TeenAIDS	P.O. Box 15577	Washington	DC	20003-5577	(202) 543-8246	Case Management, Early Intervention Services, Emergency Financial Assistance, Health Education/Risk Reduction, Outreach, STD Screening, and Treatment Adherence
Middle Peninsula-Northern Neck Community Services Board	P.O. Box 40	Saluda	VA	23149	(804) 758-5314	Case Management, Counseling, Mental Health, Outreach, and Substance Abuse
Middlesex County Health Department	P.O. Box 415	Saluda	VA	23149	(804) 758-2381	Health Education/Risk Reduction, HIV Testing, and STD Screening
Minority Health Consortium	208 E. Clay Street, Suite B	Richmond	VA	23219	(804) 255-0820	Health Education/Risk Reduction, HIV Testing, Outreach, and Support Groups - Health Related

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Mobile Van	Emancipation and Tyler Street	Hampton	VA	23666	(757) 727-5221	Outpatient Health Facilities
Montgomery County Health Department	210 South Pepper Street	Christiansburg	VA	24073	(540) 381-7100	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, and STD Screening
Monument Pathologists, Inc	5801 Bremono Road	Richmond	VA	23226	(804) 281-8100	HIV Testing and STD Screening
Mount Rogers Community Services Board	770 W. Ridge Road	Wytheville	VA	24382	(276) 223-3200	Mental Health and Substance Abuse
Mountain Regional Hospice	P.O. Box 637	Clifton Forge	VA	24422	(540) 862-8820	Hospice
Nelson County Health Department	P.O. Box 98	Lovington	VA	22949	(434) 263-8315	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
New Horizons Healthcare	4910 Valley View Boulevard NW, Suite 310	Roanoke	VA	24012	(540) 362-0360	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
New Kent County Health Department	P.O. Box 86	New Kent	VA	23124	(804) 966-9640	Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Reproductive Health, and STD Screening/Treatment
New River Valley Community Services Board	700 University City Boulevard	Blacksburg	VA	24060	(540) 961-8400	Counseling, Mental Health, Substance Abuse, and Treatment Adherence
Newcomer Community Services Center	6131 Williston Dr. #8	Falls Church	VA	22044-3002	(703) 241-0300	Case Management, Counseling, and Interpretation/Translation
Nia, Inc	4247 Creighton Road	Richmond	VA	23223	(804) 643-6172	Health Education/Risk Reduction and Outreach
Norfolk City Health Department	830 Southampton Ave, Suite 200	Norfolk	VA	23510	(757) 683-2796	Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Outpatient Health Facilities/Services, Outreach, Reproductive Health, and STD Screening/Treatment
Norfolk Community Services Board	7460 Tidewater Drive	Norfolk	VA	23505	(757) 664-6670	Case Management, Counseling, Early Intervention Services, Substance Abuse, and Treatment Adherence
North County Health Center	11484 Washington Plaza, West #300	Reston	VA	20190	(703) 689-2180	Case Management, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse

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Northampton County Health Department	P.O. Box 248	Nassawadox	VA	23413	(757) 442-6228	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Northern Virginia AIDS Ministry	803 W. Broad Street	Falls Church	VA	22046	(703) 533-5505	Health Education/Risk Reduction
Northern Virginia Regional Commission	3060 Williams Drive, Suite 510	Fairfax	VA	22031	(703) 642-0700	HOPWA
Northumberland County Health Department	P.O. Box 69	Heathsville	VA	22473	(804) 580-3731	Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Reproductive Health, and STD Screening/Treatment
Northwestern Community Services Board	209 W. Criser Road, Suite 300	Front Royal	VA	22630	(540) 636-4250	Case Management, Counseling, Mental Health, and Substance Abuse
Nottoway County Health Department	P.O. Box 27	Nottoway	VA	23955	(434) 645-7595	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Olde Towne Medical Center	5249 Olde Towne Road	Williamsburg	VA	23188	(757) 259-3258	Case Management, Dental, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Prescription Medication Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Onley Community Health Center	20280 Main Street	Onancock	VA	23417	(757) 787-7374	Health Education/Risk Reduction, HIV Testing, and STD Treatment
Oral and Maxillofacial Surgery Clinic	1201 E. Marshall Street	Richmond	VA	23298	(804) 828-0805	Dental
Orange County Free Clinic	P.O. Box 441	Orange	VA	22960	(540) 672-0793	Dental and Outpatient Health Facilities
Orange County Health Department	450 N. Madison Road	Orange	VA	22960	(540) 672-1291	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Outpatient Psychiatric Services	2955 Ivy Road	Charlottesville	VA	22903	(434) 243-4646	HIV Testing, Mental Health, and Substance Abuse
Page County Health Department	75 Court Lane	Luray	VA	22835	(540) 743-6528	Case Management, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Outreach, Reproductive Health, and STD Screening/Treatment
Partners in Recovery	400 Medical Drive, Suite A	Hampton	VA	23666	(757) 788-0422	Case Management, Mental Health, and Substance Abuse

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Pathways Free Specialty Clinics	1200 W. Washington Street	Petersburg	VA	23803	(804) 862-1104	Case Management, Counseling, Health Education/Risk Reduction, Home/Community Based Services, Mental Health, Outpatient Health Facilities, Prescription Medication Services, Support Groups - Health Related, and Treatment Adherence
Patient Services Incorporated	P.O. Box 1602	Midlothian	VA	23112	(800) 366-7741	Case Management
Patrick County Health Department	P.O. Box 428	Stuart	VA	24171	(276) 694-3188	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Peninsula Health District	416 J. Clyde Morris Boulevard	Newport News	VA	23601	(757) 594-7300	Hepatitis Testing, HIV Testing, and STD Screening/Treatment
Pennington Family Health Center	P.O. Box 70 Suite 12	Pennington Gap	VA	24277	(276) 546-3001	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening, and Substance Abuse
Petersburg City Health Department	P.O. Box 2081	Petersburg	VA	23804	(804) 863-1652	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Petersburg Health Care Alliance	541 S. Sycamore Street	Petersburg	VA	23803	(804) 957-5850	Case Management and Outpatient Health Facilities/Services
Piedmont Community Services Board	24 Clay Street	Martinsville	VA	24112	(276) 631-0100	Early Intervention Services, Home/Community Based Services, HOPWA, Mental Health, and Substance Abuse
Pittsylvania Community Action Group, Inc	348 North Main Street	Chatham	VA	24531	(434) 432-8250	HOPWA
Pittsylvania County Health Department	P.O. Box 1159	Chatham	VA	24531	(434) 432-7232	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Planned Parenthood of Southeastern Virginia	515 Newtown Road	Virginia Beach	VA	23462	(757) 499-7526	Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities, Outreach, Reproductive Health, and STD Screening/Treatment
Planning District One Behavioral Health Services	P.O. Box 1130	Norton	VA	24273	(276) 679-5751	Case Management, Counseling, Mental Health, and Substance Abuse

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Portsmouth Community Health Center, Inc.	664 Lincoln Street	Portsmouth	VA	23704	(757) 397-0042	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, Home/Community Based Services, Medical Transportation, Mental Health, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, Substance Abuse, and Support Groups - Health Related
Portsmouth Department of Behavioral Healthcare	600 Dinwiddie Street, Suite 200	Portsmouth	VA	23704	(757) 393-8618	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Medical Transportation, Mental Health, Outreach, Substance Abuse, and Treatment Adherence
Portsmouth Department of Behavioral Healthcare Mental Health Outpatient Treatment Services	505 Washington Street, Suite 200	Portsmouth	VA	23704	(757) 393-8223	Case Management, Counseling, Health Education/Risk Reduction, Mental Health, Substance Abuse, and Treatment Adherence
Portsmouth Health Department	1701 High Street	Portsmouth	VA	23704	(757) 393-8585	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Powhatan County Health Department	P.O. Box 12	Powhatan	VA	23139	(804) 598-5680	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Prince Edward County Health Department	111 South Street	Farmville	VA	23901	(434) 392-8187	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Prince George County Health Department	P.O. Box 69	Prince George	VA	23875	(804) 733-2630	Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Prince William County Community Services	8033 Ashton Avenue	Manassas	VA	20109	(703) 792-7800	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, Mental Health, Outreach, Rehabilitation/Habilitation Services, and Substance Abuse
Prince William County Health Department	4001 Prince William Parkway, Suite 101	Woodbridge	VA	22192	(703) 792-7321	Case Management
Pulaski County Health Department	170 4th Street NW	Pulaski	VA	24301	(540) 994-5030	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Radford City Health Department	212 Third Avenue	Radford	VA	24141	(540) 831-5774	Hepatitis Testing, Health Education/Risk Reduction, and STD Screening/Treatment

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Rainbow Tuesdays Clinic	4480 King Street	Alexandria	VA	22302	(703) 838-4400	Health Education/Risk Reduction, Immunizations, and STD Screening/Treatment
Rappahannock Area Community Services Board	600 Jackson Street	Fredericksburg	VA	22401	(540) 373-3223	Case Management, Counseling, Early Intervention Services, Home/Community Based Services, Mental Health, Outpatient Health Facilities, Outreach, Rehabilitation/Habilitation Services, Substance Abuse, and Support Groups - Health Related
Rappahannock County Health Department	P.O. Box 5	Washington	VA	22747	(540) 675-3516	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Rappahannock-Rapidan Community Services Board	P.O. Box 1568	Culpeper	VA	22701	(540) 825-3100	Case Management, Counseling, Mental Health, and Substance Abuse
Region Ten Community Services Board	502 Old Lynchburg Road	Charlottesville	VA	22903	(434) 972-1800	Case Management, Counseling, Mental Health, and Substance Abuse
Resources for Independent Living, INC	4009 Fitzhugh Avenue, Suite 100	Richmond	VA	23230	(804) 353-6503	Case Management, Health Education/Risk Reduction, HIV Testing, Outreach, and STD Screening
Richard Sterling, MD	1200 E. Broad Street	Richmond	VA	23298	(804) 828-4060	Outpatient Health Facilities
Richmond Behavioral Health Authority	107 South 5th Street	Richmond	VA	23219	(804) 819-4000	Health Education/Risk Reduction, Mental Health, and Substance Abuse
Richmond City Health Department	400 East Cary Street	Richmond	VA	23219	(804) 205-3500	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Outpatient Health Facilities/Services, Reproductive Health, and STD Screening/Treatment
Richmond County Health Department	P.O. Box 700	Warsaw	VA	22572	(804) 333-4043	Case Management, Dental, HIV Testing, Immunizations, Medical Transportation, Outpatient Health Facilities, Prescription Medication Services, and STD Screening/Treatment
Riverside Shore Memorial Hospital	9507 Hospital Avenue	Nassawadox	VA	23413	(757) 414-8000	Case Management, Health Education/Risk Reduction, Home Health, Home/Community Based Services, Hospice, Interpretation/Translation, Medical Transportation, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Prescription Medication Services, Reproductive Health, Respite Care, STD Screening/Treatment, Substance Abuse, and Support Groups - Health Related

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Riverside Tangier Family Practice	P.O. Box 296	Tangier	VA	23440	(757) 891-2412	Dental, HIV Testing, Mental Health, Outpatient Health Facilities, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Roanoke County/Salem Health Department	105 E. Calhoun Street	Salem	VA	24153	(540) 387-5530	Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Roanoke County/Vinton Health Department	P.O. Box 307	Vinton	VA	24179	(540) 857-7800	HIV Testing, Home/Community Based Services, Immunizations, Reproductive Health, and STD Screening/Treatment
Rockbridge Area Community Services Board	241 Greenhouse Road	Lexington	VA	24450	(540) 463-3141	Case Management, Counseling, Mental Health, and Substance Abuse
Rockbridge/Lexington Health Department	P.O. Drawer 900	Lexington	VA	24450	(540) 463-3185	Dental, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Rockingham/Harrisonburg Health Department	P.O. Box 26	Harrisonburg	VA	22801	(540) 574-5100	Dental, Hepatitis Treatment, Health Education/Risk Reduction, HIV Testing, Immunizations, and STD Screening/Treatment
Rubicon	2000 Mecklenburg Street	Richmond	VA	23230	(804) 359-3255	Case Management, Counseling, Mental Health, Nutrition Therapy, and Substance Abuse
Russell County Health Department	P.O. Box 2347	Lebanon	VA	24266	(276) 889-7621	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
Salem VA Medical Center	1970 Roanoke Boulevard	Salem	VA	24153	(540) 982-2463	Outpatient Health Facilities/Services
Saltville Medical Center	308 West Main Street	Saltville	VA	24370	(276) 496-4433	Childcare Services, Dental, Health Education/Risk Reduction, HIV Testing, Medical Transportation, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Scott County Behavioral Health Services	1006 US Highway 23	Weber City	VA	24290	(276) 225-0976	Case Management, Counseling, Early Intervention Services, Mental Health, and Substance Abuse

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Scott County Health Department	190 Beech Street, Suite 102	Gate City	VA	24251	(276) 386-1312	Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Self Protection Awareness	301 Tower Lane	Newport News	VA	23608	(757) 593-3531	HERR
Serenity	P.O. Box 131	Petersburg	VA	23804	(804) 861-9977	Counseling and Outreach
Shady Grove United Methodist, Cheryl Watson Memorial Medical Clinic	8209 Shady Grove Road	Mechanicsville	VA	23111	(804) 559-0486	Case Management, Dental, Mental Health, Nutrition Therapy, Outpatient Health Facilities, Outreach, Substance Abuse, and Treatment Adherence
Shenandoah County Free Clinic	PO Box 759	Woodstock	VA	22664	(540) 459-1700	Case Management, HIV Testing, Mental Health, Rehabilitation/Habilitation Services, and Substance Abuse
Shenandoah County Health Department	600 North Main Street, Suite 106	Woodstock	VA	22664	(540) 459-3733	Case Management, Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Shiloh Baptist Eye Clinic	106 S. James Street	Ashland	VA	23005	(804) 798-8890	Case Management, Dental, Mental Health, Nutrition Therapy, Outpatient Health Facilities, Outreach, Substance Abuse, and Treatment Adherence
Smyth County Health Department	201 Francis Marion Lane	Marion	VA	24354	(276) 781-7460	Case Management, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunization, Prescription Medication Services, Reproductive Health, and STD Screening/Treatment
South County Center	8350 Richmond Highway, Suite 301	Alexandria	VA	22309	(703) 704-5333	Case Management, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
South Norfolk Health Center	490 Liberty Street	Chesapeake	VA	23324	(757) 382-2600	Health Education/Risk Reduction, Reproductive Health, and STD Screening/Treatment
Southampton County Health Department	P.O. Box 9	Courtland	VA	23837	(757) 653-3040	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Southern Albemarle Family Practice	2256 Irish Road	Esmont	VA	22937	(434) 286-3602	Outpatient Health Facilities and STD Treatment

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Southside Community Health Center	8380 Boydton Plank Road	Alberta	VA	23821	(434) 949-7211	Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Home Health, Home/Community Based Services, and STD Screening/Treatment
Southside Community Services Board	P.O. Box 488	South Boston	VA	24592	(434) 572-6916	Counseling, Mental Health, and Substance Abuse
Spotsylvania County Health Department	9104 Courthouse Road	Spotsylvania	VA	22553	(540) 507-7400	Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
St. Charles Community Health Center	P.O. Box Drawer S	Saint Charles	VA	24282	(276) 383-4428	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
St. David's Free Health Clinic	11241 West River Road	Aylett	VA	23009	(804) 769-2996	Dental and Food Pantry
St. James the Less Free Medical/Dental Clinic	P.O. Box 117, 2nd Floor	Ashland	VA	23005	(804) 798-8890	Case Management, Dental, Nutrition Therapy, Outpatient Health Facilities, Outreach, and Treatment Adherence
St. Luke Community Clinic	316 North Royal Avenue	Front Royal	VA	22630	(540) 636-4325	Home/Community Base Services, Mental Health, and Substance Abuse
Stafford County Health Department	1300 Courthouse Road	Stafford	VA	22555	(540) 659-3101	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Stone Mountain Health Services	P.O. Box 900	Pennington Gap	VA	24277-2036	(276) 762-0770	Health Education/Risk Reduction and STD Screening/Treatment
Stoneybrook Physicians	15425-H Warwick Boulevard	Newport News	VA	23608	(757) 874-8400	Outpatient Health Facilities
Stony Creek Community Health Center	P.O. Box 188	Stony Creek	VA	23882	(434) 246-6100	Case Management, Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
Suffolk City Health Department	P.O. Box 1587	Suffolk	VA	23439	(757) 514-4700	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Surry Area Free Clinic, Inc	474 Colonial Trail West	Surry	VA	23883	(757) 294-0132	Dental, Early Intervention Services, HIV Testing, Outpatient Health Facilities/Services, Prescription Medication Services, Reproductive Health, and STD Screening/Treatment

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Surry County Health Department	P.O. Box 213	Surry	VA	23883	(757) 294-3185	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Sussex County Health Department	P.O. Box 1345	Sussex	VA	23884	(434) 246-8611	Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Reproductive Health, and STD Screening/Treatment
T.K. McKee Hospital	P.O. Box 729	Saltville	VA	24370	(276) 496-4492	HIV Testing, Medical Transportation, Mental Health, Outpatient Health Facilities, Prescription Medication Services, STD Screening/Treatment, and Substance Abuse
Tazewell Community Health	583 Riverside Drive # C	North Tazewell	VA	24630	(888) 531-8354	Outpatient Health Facilities and Outreach
Tazewell County Health Department	P.O. Box 350	Tazewell	VA	24651	(276) 988-5586	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Interpretation/Translation, Reproductive Health, and STD Screening/Treatment
Teen Health Center- Fleming/Ruffner	3605 Ferncliff Avenue, NW	Roanoke	VA	24017	(540) 857-7284	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Teen Health Center- Hurt Park Clinic	1633 Salem Avenue, S.W.	Roanoke	VA	24016	(540) 857-7284	Counseling, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
Teen Health Center- Patrick Henry	2102 Grandin Road SW	Roanoke	VA	24017	(540) 777-2481	Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
The Drop-In Center	P.O. Box 1381	Roanoke	VA	24004	(540) 982-2437	Health Education/Risk Reduction and Inmate Pre/Post Release
The H.E.L.P. Community Resource Center	208 E. Clay Street, Suite B	Richmond	VA	23219	(804) 255-0820	STD Screening
The Healing Place	700 Dinwiddie Avenue	Richmond	VA	23224	(804) 230-1217	Substance Abuse
The Psychotherapy Center	327 West 21st Street, Suite 205	Norfolk	VA	23517	(757) 622-9852	Counseling, Mental Health, and Substance Abuse
The Salvation Army	724 Dale Ave., SE	Roanoke	VA	24013	(540) 343-5335	Emergency Financial Assistance and Food Pantry
The Up Center	222 W. 19th Street	Norfolk	VA	23517	(757) 622-7017	Mental Health and Substance Abuse
The Way of The Cross Community Development Corp. Inc.	P.O. Box 39	Kents Store	VA	23084	(434) 589-3641	Health Education/Risk Reduction

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Thompson Family Health Center	P.O. Box 1149	Vansant	VA	24656	(276) 597-7081	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Town Center Physicians	10980 Buckley Hall Road	Mathews	VA	23109	(804) 725-9191	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Transformation Retreats, Inc.	800 S. Cathedral Place	Richmond	VA	23220	(804) 353-0060	Counseling and Health Education/Risk Reduction
Tri-Area Community Health Center at Ferrum	40 Wiley Drive	Ferrum	VA	24088	(540) 365-4469	HIV Testing, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
Tri-Area Community Health Center at Floyd	P.O. Box 835	Floyd	VA	24091	(540) 745-9290	HIV Testing, Outpatient Health Facilities, Reproductive Health, and STD Screening/Treatment
Tri-Area Community Health Center at Laurel Fork	P.O. Box 9	Laurel Fork	VA	24352	(276) 398-3331	Case Management, HIV Testing, Interpretation/Translation, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Tri-County Health Clinic	PO Box 202	Richlands	VA	24641	(276) 963-8505	Dental and Outpatient Health Facilities
Troutdale Medical Center	67 High Country Lane	Troutdale	VA	24378	(276) 677-4187	Counseling, Dental, HIV Testing, Home/Community Based Services, Medical Transportation, Mental Health, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Twin City Medical Center	2195 Euclid Avenue, Suite 6	Bristol	VA	24201	(276) 669-5179	Childcare Services, Dental, HIV Testing, Medical Transportation, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Urban League of Hampton Roads	3225 High Street	Portsmouth	VA	23707	(757) 627-0864	Case Management and Health Education/Risk Reduction
Valley AIDS Network	MSC 9018 JMU	Harrisonburg	VA	22807	(540) 568-8833	Case Management, Counseling, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, HOPWA, Medical Transportation, and Support Groups - Health Related

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Valley Community Services Board	85 Sanger's Lane	Staunton	VA	24401	(540) 887-3200	Case Management, Counseling, Interpretation/Translation, Medical Transportation, Mental Health, Outpatient Health Facilities/Services, Substance Abuse, and Treatment Adherence
Vernon J. Harris Medical Center	719 N 25th Street	Richmond	VA	23223	(804) 828-8813	Counseling, Emergency Financial Assistance, Food Pantry, Health Education/Risk Reduction, HIV Testing, Home/Community Based Services, Medical Transportation, Mental Health, Outpatient Health Facilities, Prescription Medication Services, STD Screening, Substance Abuse, and Treatment Adherence
Veterans Affairs Medical Center	1970 Roanoke Boulevard	Salem	VA	24153	(540) 982-2463	Case Management, Dental, Health Education/Risk Reduction, HIV Testing, Home Health, Home/Community Based Services, Hospice, Medical Transportation, Mental Health, Rehabilitation/Habilitation Services, Reproductive Health, Respite Care, STD Screening/Treatment, and Substance Abuse
Virginia Beach Department of Public Health	4452 Corporation Lane	Virginia Beach	VA	23462	(757) 518-2670	Case Management, Dental, Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Virginia Beach Family Medical Center	940 General Booth Boulevard	Virginia Beach	VA	23451	(757) 425-3610	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outreach, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Virginia Beach Human Services-HIV Unit	289 Independence Boulevard, Pembroke 3, Suite 109	Virginia Beach	VA	23462	(757) 385-0811	Early Intervention Services, Health Education/Risk Reduction, Mental Health, and Substance Abuse
Virginia Farm Workers Programs	1000 Preston Avenue, Suite B	Charlottesville	VA	22903	(434) 327-1442	Case Management, Legal Services, and Outreach
Virginia Legal Aid Society-Danville	519 Main Street	Danville	VA	24541	(866) 534-5243	Counseling
Virginia Legal Aid Society-Emporia	412 S. Main Street	Emporia	VA	23847	(434) 634-5172	Counseling

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Virginia Legal Aid Society- Farmville	104 High Street	Farmville	VA	23901	(434) 392-8108	Counseling
Virginia Legal Aid Society- Lynchburg	P.O. Box 6200	Lynchburg	VA	24505	(434) 528-4722	Counseling
Virginia Legal Aid Society- Suffolk	155 E. Washington Street	Suffolk	VA	23434	1-866-534-5243	Counseling
Virginia Supportive Housing	PO Box 8585	Richmond	VA	23226	(804) 836-1050	HOPWA
Walnut Hill Pharmacy	1950 South Sycamore Street	Petersburg	VA	23805	(804) 733-7711	Prescription Medication Services
Warren County Health Department	134 Peyton Street	Front Royal	VA	22630	(540) 635-3159	Case Management, Health Education/Risk Reduction, HIV Testing, Immunizations, Outreach, Reproductive Health, and STD Screening/Treatment
Washington County Health Department	15068 Lee Highway	Bristol	VA	24202	(276) 676-5604	Dental, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Waverly Medical Center	344 W. Main Street	Waverly	VA	23890	(804) 834-8871	Case Management, HIV Testing, Nutrition Therapy, Outreach, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Waynesboro City Health Department	211 West - 12th Street	Waynesboro	VA	22980	(540) 949-0137	Dental, Hepatitis Testing, Health Education/Risk Reduction, Immunizations, Reproductive Health, and STD Screening/Treatment
West Piedmont AIDS Task Force	P.O. Box 3413	Martinsville	VA	24115	(540) 666-2437	Case Management, Food Pantry, Health Education/Risk Reduction, Medical Transportation, Mental Health, Outpatient Health Services, Prescription Medication Services, and Substance Abuse
Western Lee County Health Clinic	P.O. Box 159	Ewing	VA	24248	(276) 445-4827	Dental, Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Western Tidewater Community Services Board	5268 Godwin Boulevard	Suffolk	VA	23434	(757) 255-7100	Case Management, Counseling, Early Intervention Services, Health Education/Risk Reduction, Mental Health, Outreach, Rehabilitation/Habilitation Services, Substance Abuse, and Support Groups - Health Related

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Western Tidewater Free Clinic	2019 Meade Parkway	Suffolk	VA	23434	(757) 923-1060	Counseling, Dental, Health Education/Risk Reduction, Medical Transportation, Mental Health, Nutrition Therapy, Prescription Medication Services, and Substance Abuse
Westmoreland County Health Department	P.O. Box 303	Montross	VA	22520	(804) 493-1124	Health Education/Risk Reduction, HIV Testing, and STD Screening/Treatment
Whitetop Community Health	16309 Highlands Parkway	Whitetop	VA	24292	(276) 388-3067	Childcare Services, Dental, Health Education/Risk Reduction, HIV Testing, Outpatient Health Facilities, Outreach, Reproductive Health, STD Screening/Treatment, and Treatment Adherence
Whitman Walker Clinic-Elizabeth Taylor Medical Center	1701 14th Street, NW	Washington	DC	20009	(202) 745-7000	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Whitman Walker Clinic-Max Robinson Center	2301 Martin Luther King, Jr. Avenue, SE	Washington	DC	20020	(202) 745-7000	Case Management, Counseling, Dental, Early Intervention Services, Health Education/Risk Reduction, HIV Testing, Mental Health, Nutrition Therapy, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
Wholistic Family Agape Ministries	2423 Mount Vernon Avenue	Alexandria	VA	22301	(703) 519-9100	Case Management, Counseling, Food Pantry, Health Education/Risk Reduction, and Outreach
William A. Davis Clinic	P.O. Box 900	Saint Paul	VA	24283	(276) 762-0770	Health Education/Risk Reduction, HIV Testing, Mental Health, Outpatient Health Facilities/Services, Reproductive Health, STD Screening/Treatment, and Substance Abuse
William Byrd Community House	224 South Cherry Street	Richmond	VA	23220	(804) 643-2717	Childcare Services, Case Management, Emergency Financial Assistance, Food Pantry, and HOPWA
Winchester Family Health Center	525 Amherst Street, Suite 104	Winchester	VA	22601	(540) 722-2369	Interpretation/Translation, Outpatient Health Facilities/Services, and STD Screening/Treatment
Wise County Behavioral Health Services	3169 Second Avenue West	Big Stone Gap	VA	24219	(276) 523-8300	Case Management, Counseling, Early Intervention Services, Mental Health, and Substance Abuse

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Wise/Norton Health Department	134 Roberts Avenue SW	Wise	VA	24293	(276) 328-8000	Case Management, Dental, Early Intervention Services, Hepatitis Testing, Health Education/Risk Reduction, Immunizations, and STD Screening/Treatment
Woodbridge Office	4001 Prince William Parkway, Suite 101	Woodbridge	VA	22192	(703) 792-7321	Case Management, Dental, Hepatitis Testing, Mental Health, Outpatient Health Facilities, Outreach, and Substance Abuse
Wythe County Community Hospital	600 W. Ridge Rd.	Wytheville	VA	24382	(276) 288-0200	HIV Testing, Home Health, Home Nursing, Home/Community Based Services, Hospice, Nutrition Therapy, Rehabilitation/Habilitation Services, Reproductive Health, Respite Care, and STD Screening/Treatment
Wythe County Health Department	750 West Ridge Road	Wytheville	VA	24382	(276) 228-5507	Dental, Hepatitis Testing, Health Education/Risk Reduction, HIV Testing, Immunizations, Reproductive Health, and STD Screening/Treatment
Yellow Cab	3203 Williamsburg Road	Richmond	VA	23231	(804) 222-7300	Medical Transportation
Youth Challenge of Hampton Roads	332 34th Street	Newport News	VA	23607	(757) 244-1234	Substance Abuse

Interventions for High-Impact HIV Prevention

Bio-Medical Interventions

Medication Adherence: Adherence interventions focus on educating and motivating *patients (people living with HIV)*, building patients’ skills, providing tools for better medication management and ongoing support, and addressing other issues that may act as barriers to adherence.

Public Health Strategies

Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention to link *individuals who have been recently diagnosed with HIV* to medical care. ARTAS is based on the Strengths-based Case Management (SBCM) model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator (LC). ARTAS consists of up to five sessions conducted over a 90 day period or until the client links to medical care – whichever comes first. ARTAS views the community as a resource for the client and client sessions are encouraged to take place outside the office or wherever the client feels most comfortable.

Comprehensive Risk Counseling and Services for Uninfected Persons (CRCS): CRCS is a client-centered HIV prevention activity that provides intensive, ongoing, individualized prevention counseling, support, and service brokerage. Priority for services should be given to *persons at very high risk for HIV*. The fundamental goal of CRCS is promoting the adoption and maintenance of HIV risk-reduction behaviors by clients who have multiple, complex problems and risk-reduction needs.

Comprehensive Risk Counseling and Services for People Living with HIV/AIDS (CRCS): CRCS is a client-centered HIV prevention activity that provides intensive, ongoing, individualized prevention counseling, support, and service brokerage. Priority for services should be given to *HIV-infected persons who are having, or are likely to have, difficulty initiating or sustaining practices that reduce or prevent HIV transmission and re-infection*. The goal of CRCS is to promote the adoption and maintenance of HIV risk-reduction behaviors by clients who have multiple, complex problems and risk-reduction needs.

Counseling, Testing and Referral (CTR): CTR is a collection of activities designed to increase clients’ knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate services (medical, social, prevention, and partner services). Strategies may include provision of routine testing in clinical settings and targeted testing in non-clinical settings. Test technology may be either conventional or rapid.

Partner Services: Partner services are a broad array of services offered to *persons with HIV and their sexual or needle-sharing partners*. By identifying infected persons, confidentially notifying their partners of their possible

exposure, and providing infected persons and their partners a range of medical, prevention, and psychosocial services, partner services can improve the health not only of individuals, but of communities as well.

Patient or Peer Navigation: Patient Navigators help **people living with HIV** traverse all aspects of the health care system including entry into care, retention in care and return to care. Activities may include linking clients from testing to case management, attending appointments with clients, developing relationships with physicians and service providers, patient advocacy, helping clients understand and execute case management and medical service plans, monitoring treatment and outcomes, and providing treatment education and adherence. Successful engagement and retention in care helps clients achieve undetectable viral loads, optimizes personal health and reduce transmission risk. (National Institutes of Health National Cancer Institute and HRSA model)

Behavioral Interventions

Individual and Group Level

Connect is a six-session, relationship-based intervention that teaches couples techniques and skills to enhance the quality of their relationship, communication, and shared commitment to safer behaviors. Connect integrates techniques commonly used in family therapy, which will allow couples to work together to solve shared problems. The target population for Connect is **heterosexual women or men, 18 and over and their main sexual partners**.

iCuidate!, which means "take care of yourself," is a culturally-based, group-level intervention to reduce HIV sexual risk behavior among **Latino youth (13-18)**. It incorporates cultural beliefs that are common among Latino subgroups and associated with sexual risk behavior. *iCuidate!* consists of six 1-hour modules delivered over a minimum of two days to groups of 6 to 10 youth. HIV/AIDS knowledge, condom negotiation, refusal of sex, and correct condom use skills are taught through interactive games, group discussion, role-plays, video, music, and mini-lectures.

Focus on Youth (FOY) is an eight session group intervention that provides **African American youth, ages 12-15**, with the skills and knowledge they need to protect themselves from HIV and other STDs. The curriculum uses interactive activities such as games, role plays and discussions to convey prevention knowledge and skills. There is also a short component for **parents, Informed Parents and Children Together (ImPACT)**, that assists them in areas such as parental monitoring and effective communication.

The Holistic Health Recovery Program (HHRP) is a 12-session, manual-guided, group-level program for **HIV-positive and HIV negative injection drug users**. Specific goals are abstinence from illicit drug use or from sexual risk behaviors; reduced drug use; reduced risk for HIV transmission; and improved medical, psychological, and social functioning. HHRP takes a harm reduction approach to behavior change in which abstinence from drug use or sexual risk-taking behavior is one goal along a continuum of risk-reduction strategies.

Modelo de Intervención Psicomédica (MIP) is a holistic behavioral intervention for reducing high-risk behaviors for infection and transmission of HIV among **injection drug users**. The intervention combines individualized counseling and comprehensive case management over a 3-6 month period. The strategies of motivational interviewing, self efficacy, and role induction are used.

Partnership for Health (PfH) is a brief, safer-sex intervention for use in HIV clinics for **people living with HIV**. PfH uses message framing, repetition, and reinforcement during patient visits to increase HIV positive patients' knowledge, skills, and motivations to practice safer sex. The program is designed to improve patient-provider communication about safer sex, disclosure of HIV serostatus, and HIV prevention. Implementation of PfH includes development of clinic and staff "buy-in" and training.

Project AIM is a group-level intervention designed to reduce HIV risk behaviors among **youth, ages 11-14**. It encourages at-risk youth to imagine a positive future and discuss how current risk behaviors can be a barrier to a successful adulthood. Project AIM consists of 12 sessions and uses group discussions, interactive and small group activities, and role-plays to encourage youth to explore their personal interests, social surrounding, and what they want to become as an adult. Activities include taking a career interest inventory, developing business cards and resumes, and participating in interviews.

Project START is an individual-level, multi-session intervention for **people being released from a correctional facility and returning to the community**. It focuses on increasing clients' awareness of their HIV, STI, and Hepatitis risk behaviors after release and providing them with tools and resources to reduce their risk. The program includes two pre-release sessions and four post-release sessions, with the first post-release session ideally held within 48 hours of release.

Safety Counts is an HIV prevention intervention for **out-of-treatment active injection and non-injection drug users** aimed at reducing both high-risk drug use and sexual behaviors. It is a behaviorally focused, seven-session intervention, which includes both structured and unstructured psycho-educational activities in group and individual settings. HIV testing prior to enrollment is strongly encouraged and the intervention addresses the needs of both positive and negative clients.

Self-Help in Eliminating Life-threatening Diseases (SHIELD): Through this six-session, group-level intervention, Peer Educators are taught effective communication skills and strategies to reduce HIV risk associated with drug use and sexual behavior. The Peer Educators serve as leaders in their social networks to talk with people about HIV prevention. The target population for the SHIELD intervention is **male and female adults (18 years older) who are current or former drug users who interact with other drug users**. The intervention can be delivered with clients who are HIV positive and HIV-negative.

SIHLE (Sisters Informing Healing Living and Empowering) is a peer-led, social-skills training aimed at reducing HIV sexual risk behavior among **sexually active, African American teenage females, ages 14-18**. SIHLE is an adaptation of the SISTA intervention. It consists of four 3-hour sessions, delivered by two peer facilitators (ages 18-21) and one adult facilitator in a community-based setting. The sessions are gender-specific, culturally relevant and include behavioral skills practice, group discussions, lectures, role-playing, and take-home exercises.

Sister to Sister is a brief (20-minute), one-on-one, skill-based HIV/STD risk-reduction behavioral intervention for **sexually active African American women 18 to 45 years old** that is delivered during the course of a routine medical visit. The purpose is to: provide intensive, culturally sensitive health information to empower and educate women in a clinical setting; help women understand the various behaviors that put them at risk for HIV and other STDs; and enhance women's knowledge, beliefs, motivation, confidence, and skills to help them make behavioral changes that will reduce their risk for STDs, especially HIV.

Together Learning Choices (TLC) is a group-level intervention for **young people, aged 13 to 29, who are living with HIV**. This program helps participants identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life. Program components include teaching, modeling, and practicing four core skills (emotional regulation, SMART problem solving, goal setting, and assertiveness). The program help clients identify their ideal self to help motivate and personalize behavior change.

Individual and Group Level

Becoming a Responsible Teen (BART) is a group-level eight session intervention designed to reduce risky sexual behaviors and improve safer sex skills among **African American adolescents**. It provides information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. (*CDC Best Evidence Intervention*)

CLEAR: Choosing Life: Empowerment! Action! Results! is a health promotion intervention for **males and females ages 16 and older living with HIV/AIDS or at high-risk for HIV**. CLEAR is a client-centered program delivered one-on-one using cognitive behavioral techniques. CLEAR may be integrated into CRCS programs. CLEAR consists of 5 core skill sessions, 21 menu sessions (select up to 5), and a wrap-up session. The curriculum includes teaching, modeling, and practicing SMART Problem-Solving, Assertive Behavior and Communication.

Healthy Living is an individual-level intervention for **people living with HIV**. Each of the three modules has five sessions and is designed to improve quality of life in a different broad area of health: physical, mental, and sexual. The modules focus on developing positive strategies for managing symptoms of depression, anxiety, complex medication regimens, injection drug use, and sexual risk behavior in order to avoid unwanted consequences for themselves, their friends, families, and partners. Skills-building exercises and cognitive-behavioral techniques (trigger identification, problem solving, and goal setting) are included in each session. (*CDC Best Evidence Intervention*)

Healthy Relationships is a five-session, small-group intervention for **men and women living with HIV/AIDS** that focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors, role-play and practicing new skills. This intervention utilizes video clips and includes reinforcing skills for coping with stress across three life areas—disclosing to family and friends, disclosing to sexual partners, and building healthier and safer relationships.

Hot, Healthy and Keeping It Up, for **African American MSM** is an adaptation of the Brief Group Counseling intervention, a counseling and skills training intervention for Asian and Pacific Island MSM. The intervention includes development of positive self identity and social support, safer sex education and negotiation, and promotion of positive attitudes toward safer sex. The participants build safe-sex negotiation skills through role play and demonstrations. The intervention consists of one 3-hour culturally tailored session. (*CDC Best Evidence Intervention*)

Keeping it Real! is an eight session, group-level intervention for **African American teens ages 13-19**. The sessions help enhance communication and cognitive and reasoning skills through role plays, reading and active listening exercises, and interpretation of scripture and popular music and media. This faith-based model prepares youth to make healthy, responsible decisions as spiritual and sexual beings. (*The Black Church Initiative, Religious Coalition for Reproductive Choice*)

Many Men, Many Voices (3MV): 3MV is a seven-session, group-level HIV and STD prevention intervention for **black gay men**. The intervention addresses factors that influence the behavior of black men who have sex with men, including cultural, social, and religious norms; interactions between HIV and other STDs; sexual relationship dynamics; and the social and psychological influences that racism and homophobia have on HIV risk behaviors. The intervention can also be adapted to 12 sessions of 75-90 minutes each, or condensed into a weekend retreat, covering the 18-21 hour curriculum.

Nia is a six hour, two to four session, video-based, group-level intervention. The goals of Nia are to: educate **African American men (ages 18 and over), who have sex with women**, about HIV/AIDS and its effect on their community; bring groups of men together; increase motivation to reduce risks; and help men learn new skills to protect themselves and others by promoting condom use and increasing intentions to use condoms.

Personalized Cognitive Counseling (PCC) is an individual-level, single session counseling intervention designed to reduce unprotected anal intercourse (UAI) among **MSM** who are repeat testers for HIV. PCC focuses on the person's self-justifications (thoughts, attitudes and beliefs) he uses when deciding whether or not to engage in high risk sexual behavior. PCC targets MSM who previously tested for HIV, are HIV-negative, and had UAI since their last test with a male who was not their primary partner, and that partner's serostatus was positive or unknown.

RESPECT is an individual-level, client-focused, HIV prevention intervention, consisting of two brief interactive counseling sessions (one session version for use with rapid testing is now available). Core elements are to: conduct one-on-one counseling using the RESPECT protocol; utilize a "teachable moment" to motivate clients to change risk-taking behaviors; explore circumstances and context of a recent risk behavior to increase perception of susceptibility; and develop a risk-reduction plan. This intervention is frequently incorporated into an HIV counseling/testing program, with HIV testing offered to the client at the end of the first session. RESPECT can be implemented for **any population at increased risk for HIV/STD**. This intervention was originally studied in heterosexual persons, 14 years and older, attending STD clinics.

Rewriting Inner Scripts (RISE) is a two-day small group retreat that helps **African-American MSM** identify oppressive experiences in their lives, recognize similarities between oppression linked to racial and sexual identities, and address the impact of internalized oppression on self perception and perceptions of other men. Using storytelling, journaling, reflection, and discussion, RISE provides opportunities to explore the norms and patterns of relationships and risk taking behaviors, and fosters the development of coping and self-parenting skills. RISE concludes with individual-level motivational interviews, to help participants plan to overcome barriers to utilization of health services. A non-rationally identified version of RISE is also available for groups of **gay men regardless of race**. (*RISE was developed by the Maryland Department of Health and Hygiene*)

Safe in the City is a 23-minute HIV/STD prevention video for STD clinic waiting rooms. This video has been shown to be effective in reducing STDs among diverse groups of **STD clinic patients**. Safe in the City aims to increase condom use and other safer sex behaviors, and thereby reduce infections among patients who view the video. This intervention requires very little staff time to set up with no disruption to clinic flow, and requires no counseling or small-group facilitation.

SISTA (Sisters Informing Sisters on Topics about AIDS) is a social-skills group-level intervention for **African American women**. It is aimed at reducing HIV sexual risk behavior. It is comprised of five 2-hour sessions, delivered by peer facilitators in a community-based setting. The sessions are gender specific and culturally relevant, and include behavioral skills practice, group discussions, lectures, role playing prevention video viewing, and take-home exercises. In Virginia, SISTA has been successfully adapted for **Latinas** and **Transgender women**.

Street Smart is an HIV/STD prevention program for **runaway and homeless youth, ages 11-18**, to help young people reduce their unprotected sex acts, number of sex partners, and substance use. The program consists of eight 1½ to 2 hour group sessions, one individual counseling session, and one visit to a community-based organization that provides healthcare. Group members participate in scripted and non-scripted role plays, activities, and video production. In Virginia, Street Smart has been adapted for **Transgender** populations.

Time Out for Men: This curriculum provides substance abuse counselors or case workers with guidelines for leading an 8-session workshop for **men who are interested in improving their intimate relationships**. Communication skills, self-esteem, sexual health, and conflict resolution skills are presented as a foundation for helping men find solutions to relationship difficulties. In addition, men are encouraged to explore gender stereotypes, sexual myths, and societal pressures on men and women. A reference section on human sexuality, a resource directory, and handout materials for participants also are included. In Virginia, this intervention has been used primarily with **Incarcerated men**. (NIDA evidence-based intervention)

Video Opportunities for Innovative Condom Education & Safer Sex (VOICES/VOCES) is a single-session, group-level intervention to increase condom use among **heterosexual African American and Latino men and women who visit STD clinics**. The curriculum includes: viewing culturally-specific videos portraying condom negotiation; conducting a skill-building sessions to work on overcoming barriers to condom use; educating program participants about different types of condoms; and distributing samples of condoms to participants. Supplemental videos have been developed a variety of populations including **migrant farms workers, Latino MSM, African American re-entry populations, and disabled persons**. In Virginia, VOICES has been adapted and a video developed for **Transgender persons**.

Women Involved in Life Learning from Other Women (WILLOW) is a group-level intervention for **adult women (18-50) living with HIV, regardless of race or ethnicity, who have known their serostatus for at least six months**. It consists of 4 four-hour sessions delivered by two female facilitators, one of whom is living with HIV. An adaptation of SISTA, WILLOW emphasizes gender pride, informs women how to identify and maintain supportive social networks, teaches coping strategies, teaches communication skills for negotiating safe sex, reinforces proper and consistent condom use, and distinguishes between healthy and unhealthy relationships.

Community Level

d-up: Defend Yourself! is a community-level intervention designed for and developed by **Black MSM**, based on the Popular Opinion Leader model. d-up! is designed to promote social norms of condom use and assist Black MSM to recognize and handle risk related racial and sexual bias. d-up! finds and enlists opinion leaders whose advice is respected and trusted by their peers. These opinion leaders are trained to change risky sexual norms of their friends and acquaintances in their own social networks. The program uses logos, symbols, or other items as "conversation starters" between opinion leaders and others.

MPOWERment: This community-level intervention, for **gay and bisexual men ages 18-29**, mobilizes men to reduce sexual risk taking, encourages regular HIV testing, builds positive social connections and supports peers to have safer sex. The intervention is run by a core group of 12-20 young men from the community and paid staff. The intervention includes outreach, establishing dedicated project space, discussion groups, social events and publicity campaigns.

Peers Reaching Out and Modeling Intervention Strategies (PROMISE or Community PROMISE): PROMISE is a community-level intervention in which: a community assessment process is conducted; peer advocates are recruited and trained; and, role model stories are written from interviews with the target population and distributed along with other risk reduction materials to target audiences to help people move toward safer sex or risk reduction practices. PROMISE can target any population, since it is created anew each time it is implemented in collaboration with the community. The intervention has been tested with **African American, White, and Latino communities**, including **injection drug users and their sex partners, non-gay identified MSM, high risk youth, female sex workers**, and **high-risk heterosexuals**. In Virginia, it has also been implemented with **Transgender women**.

Popular Opinion Leader (POL) is a community-level intervention that involves identifying, enlisting, and training key opinion leaders to encourage safer sexual norms and behaviors within their social networks through risk-reduction conversations. POL is highly adaptable and can be used with various at-risk populations in a variety of venues. POL has been tested with **gay men in bars, African American women in low-income housing settings**, and **male commercial sex workers**. In Virginia, POL has also been implemented successfully with **Transgender women**.

Real AIDS Prevention Project (RAPP) is a community mobilization program, designed to reduce risk for HIV and unintended pregnancy among women in communities at high risk by increasing condom use. This intervention relies on peer-led activities, including: outreach/one-on-one brief conversations with brochures, referrals, and condom distribution; small group safer sex discussions and presentations. There is also peer interaction with community businesses, who participate in media campaigns with distribution of role model stories and prevention and health information newsletters and brochures. RAPP targets **sexually active women of reproductive age and their male partners**.

Structural Interventions

Condom Distribution: Condom distribution programs provide condoms to people living with HIV and those at highest risk of infection. Correct and consistent use of male condoms is estimated to reduce the risk of HIV transmission by 80%.

Policies and Laws: Organizational policies, regulations, guidelines or laws that remove barriers and/or increase access to HIV prevention testing and care. Recent changes in Virginia include the 2008 law removing the requirement for separate informed consent for HIV testing and the 2011 law for opt-out HIV testing for individuals being released from incarceration.

Health Communications

Community Mobilization seeks 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 testing and risk reduction among family, friends and neighbors.

Public Information may include a variety of methods to reach the general population with information about HIV prevention, HIV/STD testing and treatment etc. These methods may include hotlines, pamphlets, posters, websites, presentations, press releases etc. Public information may serve as the first connection between an individual and an array of HIV services.

Social Marketing is the use of marketing theory, skills, and practice to achieve social change, promote the general health, raise awareness and induce changes in behavior. Community mobilization models for HIV prevention include social marketing campaigns. Social marketing may use traditional media such as radio, TV, billboards, posters, etc., as well as new media such as advertising or postings on internet sites, including social networking sites, and use of “viral videos”, blogs, chat rooms, SMS text messaging, mobile applications, etc.

Outreach

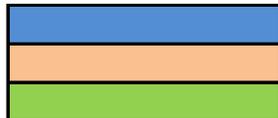
Internet Outreach may be used to reach individuals who may not be encountered through traditional street outreach or in specific venues (gay bars, etc.). It can be used in both urban and rural areas and may be especially useful where specific venues for reaching populations do not exist. Internet outreach can be tailored to specific populations, including persons who are seeking sex on-line.

Street Outreach may be used to: conduct community assessments; recruit individuals for testing and other interventions; provide referrals for services including HIV and STD testing, housing, and substance abuse treatment; and link HIV-positive people back into care. Street outreach is useful in reaching people who might not otherwise approach a provider for services, reduces transportation barriers, and offers services during non-traditional hours.

Menu of Interventions for PLWHA

	Unaware	Aware but not in care	In care but not virally suppressed	In care with behavioral or other risk factors
Biomedical Interventions				
Medication Adherence				
Public Health Strategies				
HIV CTR				
Partner Services				
ARTAS				
Patient Navigation/other linkage and retention in care activities				
CRCS				
Behavioral Interventions-Individual and Group				
CLEAR				
Healthy Living Project				
Healthy Relationships				
Willow				
Structural Interventions				
Condom Distribution				
Health Communications				
HIV/STD Viral Hepatitis Hotline				
Facebook Advertising				
Stigma Reduction (HIV Stops with Me Campaign)				
Outreach				

Funded by HIV Prevention
 Funded by HIV Care/Ryan White
 Funded by Prevention and Care



Menu of Interventions for MSM

	MSM at Risk for HIV	Black MSM	Young Black MSM (16-24)	White MSM	Latino MSM
Public Health Strategies					
HIV CTR					
Partner Services					
Behavioral Interventions-Individual and Group					
CLEAR					
Hot, Healthy& Keeping It Up					
Many Men, Many Voices (3MV)					
Personalized Cognitive Counseling					
RESPECT					
RISE					
Behavioral Interventions-Community					
Community PROMISE					
d-Up!					
MPowerment					
Popular Opinion Leader					
Structural Interventions					
Condom Distribution					
Health Communications					
HIV/STD Viral Hepatitis Hotline					
Facebook Advertising					
HIV Stops with Me Campaign					
THU Fam Community Mobilization					
Other Stigma Reduction					
Outreach					
Street Outreach					
Internet/ New Media Outreach					

Funded by HIV Prevention
 Funded by Prevention and Care



Menu of Interventions for High-Risk Heterosexuals

HRH including incarcerated, sex workers, homeless, youth etc. Black Females Black Males Latinas Latinos

Public Health Strategies					
HIV CTR					
Partner Services					
Behavioral Interventions-Individual and Group					
Becoming a Responsible Teen (BART)					
Be Proud Be Responsible					
CLEAR					
Condom Skills Education					
Keeping it Real					
Nia					
RESPECT					
SISTA					
Time Out for Men					
VOICES/VOCES					
Behavioral Interventions-Community					
Community PROMISE					
Structural Interventions					
Condom Distribution					
Health Communications					
HIV/STD Viral Hepatitis Hotline					
Facebook Advertising					
HIV Stops with Me Campaign					
Sisters Promoting H.O.P.E Community Mobilization					
Stigma Reduction					
Outreach					
Street Outreach					

Funded by HIV Prevention
 Funded by Prevention and Care

Menu of Interventions for Injection Drug Users

	IDU-General	Black Males	Black Females	White Males
Public Health Strategies				
HIV CTR				
Partner Services				
Behavioral Interventions-Individual and Group				
Condoms Skills Education				
RESPECT				
Structural Interventions				
Condom Distribution				
Health Communications				
HIV/STD Viral Hepatitis Hotline				
Outreach				
Street Outreach				

Funded by HIV Prevention



Menu of Interventions for Transgender

Male to Female

Public Health Strategies	
HIV CTR	
Partner Services	
Behavioral Interventions-Individual and Group	
Street Smart	
VOICES	
Trans Academy	
Behavioral Interventions-Community	
Community PROMISE	
Structural Interventions	
Condom Distribution	
Health Communications	
HIV/STD Viral Hepatitis Hotline	
Stigma Reduction (provider education)	
Outreach	
Street Outreach	

Funded by HIV Prevention



Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
PLWH		
Care and Prevention for Newly Diagnosed	DDP launched a searchable resource and referral database to improve access to HIV and STD testing, prevention, treatment and support services. In 2009, DDP created the Comprehensive HIV/AIDS Resources and Linkages for Inmates program to provide linkage to care and retention in care services for individuals being released from incarceration. Ryan White Minority AIDS Initiative (MAI) programs helps individuals newly diagnosed and those lost to care connect to HIV care and treatment. Implemented of Supporting Healthy Outcomes for Women (SHOW) to help AA Women to maintain engagement in primary care in Southwest VA. Through FOA 12-1201, DDP increased funding by 97% for comprehensive prevention for positives including partner services, behavioral interventions, patient navigation, ARTAS and other linkage to care models.	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
PLWH		
Programs in Rural Areas	<p>Worked/working to provide telemedicine in community health centers.</p> <p>Patient Safety Clinical Pharmacy Services (PSPC) project in Three Rivers and Eastern Shore. (October 2008-Present) New prevention for positives programs were funded in the Northwest and Southwest regions in 2012. Roanoke, in the Southwest region, is one of two initial sites for patient navigation under the SPNS Linkage to Care grant.</p>	<p>The National HIV/AIDS Strategy and FOA 12-1201 emphasize directing funds to the highest morbidity areas, which may limit expansion of prevention services in low morbidity rural areas of the state. PSPC was awarded a Life-Saving Patient Safety Award by HRSA in 2011. Awarded to teams that established systems and processes for detecting and identifying adverse drug events (ADEs) and preventing adverse drug events (pADEs), and having saved at least one patient's life by detecting and preventing a life-threatening ADE. An EVMS Team Member was also awarded the Frank Zampiello Memorial Award – Awarded to one PSPC faculty member who demonstrates a persistent commitment to PSPC and true advocacy work in improving patient care. This faculty member consistently participates in the PSPC team and faculty events and shares great ideas and suggestions to help enhance PSPC. Always ready and willing to contribute to PSPC efforts, the recipient goes above and beyond to help other teams progress through their own development as they work to improve their patients' health outcomes and safety.</p>

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
PLWH		
Assistance/Coaching around Disclosure	<p>Disclosure Assistance (PS) campaign was implemented in 2008. Increase in provision of Healthy Relationships curriculum from one contract in 2005 to six in 2009 and seven in 2010. In 2010, HIV Stops with Us campaign was launched in the Northern, Central and Eastern Regions to address HIV stigma and promote disclosure. Campaign was implemented in the Northwest and Southwest regions in 2012.</p>	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
IDU and other Substance Abusers		
Harm/Risk Reduction Programs	DDP contractors continue to distribute bleach and safer sex kits to IDUs through street outreach. Hepatitis B and C testing has been made available through some local health districts and Expanded HIV Testing sites with plans for further expansion in 2013.	Syringe exchange programs are prohibited by law in Virginia and the federal ban on syringe exchange programs was reinstated for 2012. Programs targeting IDU have decreased in Virginia; however, HIV among this population has continued to decline over the past five years.
Training for Pharmacists		Attempts to work with the Board of Pharmacists was unsuccessful as Virginia laws limiting distribution of syringes by pharmacists was cited as a barrier.

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
Blacks		
Programs to link newcomers to the public health system.	Collaboration with the Newcomer (refugee health) program has been strengthened by addition of this program within DDP. The Newcomer Program has made numerous presentations to HIV service and prevention providers to address barriers to services. Presentations on ADAP and the Pre Existing Condition Insurance Program contains information about program eligibility for both document and undocumented immigrants.	
Outreach testing with rapid HIV testing kits.	Rapid HIV testing has been expanded each year since 2005 through both the CDC HIV Prevention Cooperative Agreement and Expanded HIV Testing program which has a specific focus on reaching African Americans. One agency, serving African newcomers, served as an Expanded testing site from 2009-2011.	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	Activities	Comments
Latinos		
Need for bilingual educators	<p>1. VDH launched the CLAS Act initiative to provide both interpreter and translation services for all health departments in the state.</p> <p>2. In 2009, DDP hired two bilingual counselors to staff the HIV Hotline.</p>	Spanish speaking staff are readily found in Northern VA CBOs and health departments but are less frequently available in other parts of the state.
Improved educational materials	VDH developed "The Promise", a fotonovela addressing testing, treatment and stigma specifically for Latino communities and has converted numerous publications to dual English/Spanish language documents.	
Targeted prevention messages	VDH periodically funds radio ads on Spanish language radio stations but has not undertaken a large scale media campaign targeted Latino	
Culturally specific curricula	DDP contractors have utilized VOICES/VOCES and adaptations of SISTA and RISE.	CDC included a new DEBI specifically for Latinos, ¡Cuidate!; however this intervention has not been implemented by any DDP contractors and is now being de-emphasized by CDC.
Activities targeting Latino men	One contractor began offering the RISE intervention for Latino gay men in 2012.	
Counseling and testing in non-clinical settings including outreach testing	The CHT and Expanded testing program specifically direct funding to African American and Latino communities. A new Expanded test site was established with a Latino CBO in 2012.	The closure of Whitman Walker Clinic's Northern Virginia site impacted HIV testing services in Northern Virginia.
Activities to remove barriers to undocumented individuals	VDH gave several presentations to prevention and care providers explaining health department services that did not require proof of legal status as well as the availability of services without a SSN.	
Faith-based initiatives		No activities to report

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
High Risk Heterosexuals		
Programs Specifically Targeting Men	In 2011, DDP began funding two organizations to conduct NIA, for African American men who have sex with women.	
Programs Addressing Intergenerational Dating	Although DDP has not addressed this issue, the Office of Family Health Services initiated two highly visible campaigns. "Isn't She a Little Young" and "Gracias Papa" addressing the risks of intergenerational dating.	
Interventions for African American Women	In 2009, DDP staff and African American women from CBOs and faith-based organizations participated in a regional forum on African American women. The Virginia team has established an ongoing community mobilization effort, Sisters Promoting H.O.P.E. The group has organized an annual meeting for African American women, the Black Women's Loving Me forum. Sisters Promoting H.O.P.E is supported by Facebook advertising. An annual faith-based meeting for African American clergy is also conducted. African American women are one of the two target populations served by the HIV Stops with Me campaign.	Under FOA 12-1201, programming for HIV negative persons has decreased; however, African American women are the primary recipients of funding targeting heterosexuals.
Peer to Peer Programs	SISTA is a peer lead program currently offered by five contractors. See Sisters Promoting H.O.P.E. above.	CDC has launched a DEBI called Sister to Sister which targets heterosexual women during clinical visits such as family planning. This intervention has not yet been implemented in Virginia.
Social Marketing	In 2009, CDC launched the Act Against AIDS campaign including segments targeting African Americans. VDH has been promoting the CDC campaign on its website and in press releases. VDH also began utilizing Facebook to promote HIV testing in 2010 and has established a Facebook page. A social media coordinator was hired in July 2012 to assist DDP in better utilization of new media and marketing approaches. In 2012, DDP participated in Women and Girls HIV Awareness Day and received a small grant through the federal Office on Women's Health to support community mobilization efforts.	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
High Risk Youth		
Comprehensive Sexual Health Education		The Family Life Education program falls under the auspices of the Department of Education and is currently an opt-in program. Each school district makes an independent decision about the content of its courses. The Regional AIDS Resource and Consultation Center did assist the Department of Education in revising its training modules for teachers for the Family Life Education Curriculum. The consultant assisting with the revision was a sitting CPG member who received extensive PLWHA input during the process.
Access to Condoms	A 2012 survey of health districts showed that the majority provide condoms to adolescents attending their clinics. In 2012, DDP launched a new condom distribution program to increase the availability of condoms. Condoms are provided to community-based organizations, care providers, etc. for distribution to the public. DDP provides condoms to colleges and universities.	
Peer Programs in STD Clinics		
Programs Targeting Trading Sex for Money or Drugs.		The High Risk Youth and Adults Program was discontinued under FOA 12-1201 in order to meet new funding requirements. A low cost extension was granted by CDC to continue the program through 2012; however, its termination in 2013 will impact a number of program targeting youth, especially youth in detention centers.

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
Incarcerated		
Re-Entry Education Programs	In 2009, VDH launched the Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) program. CHARLI provides pre-release HIV prevention and testing, discharge planning and linkages to care for HIV-infected inmates, and post-release case management, support services, prevention, and lost to care follow-up. DDP has been participating on the Governor's Virginia Prisoner and Juvenile Offender Re-Entry Council to increase safety in communities and neighborhoods and lessen the chances of recidivism. Care Services have also been focused on HIV positive person re-entering the community. The Bridge Program provides mental health and substance abuse assessments and assists clients in accessing treatment programs. Care coordinators under the SPNS grant are assisting transitioning inmates in facilities not served by CHARLI. The Seamless Transition programs help clients schedule medical appointments and apply for the AIDS Drug Assistance Program prior to release.	The Northern region lost its CHARLI contractor in July 2011; however, plans are underway to establish a new agreement for this region.
Counseling and Testing	In addition to the testing being provided through CHARLI, HIV testing is also being provided in local and regional jails through the Expanded HIV Testing. In 2011, the Governor established opt-out testing prior to discharge in all state correctional facilities.	A lower than expected number of new positives have been found through the various testing programs serving incarcerated populations.
Risk/Harm Reduction Programs	See CHARLI program above.	
Increase number of Programs for Incarcerated Populations.	At the end of 2005, VDH eliminated the regional ASO grant program which funded education in 21 correctional facilities. With the advent of CHARLI in 2009, programs are now available to more than 40 facilities. Additional facilities are receiving prevention services through CDC funded grant programs.	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
MSM		
Holistic Health Needs	Since 2010, DDP staff and contractors have participated in a series of technical assistance meetings, held by the National Alliance of State and Territorial Health Directors, for Black Gay Men. Through this mechanism, DDP established a peer-led community mobilization effort, THU FAM (Tenacity, Health, Unity, Family, Action, Mentoring). The mission of THU FAM is Unite and empower communities of gay and bisexual men of color to improve overall health, reduce HIV and STIs, and to build self-worth and triumph over stigma.	
Prevention for non-identifying MSM		If men do not acknowledge sex with other men, it is challenging to identify them for prevention services. The NIA intervention, targets African American men who have sex with women but does not exclude those that also have sex with men. Services offered through the internet and cell phone applications may be reaching men who are seeking sex with other men but do not identify as gay or bisexual.
Programs targeting sex workers	Several MSM contractors serve male sex workers. Internet outreach and contacts through chat rooms offer services to men seeking services through online dating and sex sites.	
Programs targeting situational bisexuality	CHARLI programs reach men who may be placed at risk through sexual activity while incarcerated.	
Programs targeting older men	The RISE curriculum has designed primarily for older men.	
Rapid testing	MSM are a priority population under the Community HIV Testing and Expanded Testing programs. In 2011, DDP began participating in National Gay Men's HIV Awareness Day and placed Facebook ads to promote HIV testing among gay men. DDP also provided eight \$1,000 mini-grants to support community mobilization efforts, special testing events and promotion of the community advisory committee, THU FAM.	

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
MSM		
Role models	See information on THU FAM above. The HIV Stops with Me campaign includes gay men (Black and White) as spokesmodels to reduce HIV stigma.	
Bilingual MSM health educators	Northern VA funded agencies target Latino MSM and having Spanish speaking staff.	
		Although overall funding for interventions targeting HIV negative persons decreased in 2012, the MSM HIV Prevention Grant program budget was increased by 40% and the HIV Prevention Among Communities of Color included a requirement that at least 30% of the grant award would target MSM of color.

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
Transgender		
Improved access to prevention and care services	One transgender clinics is operating in Richmond, offering HIV testing, medical care, HIV prevention and access to and monitor of hormone therapy. Transgender (M2F) are also being served through the MSM HIV Prevention grant and the HIV Prevention Among Communities of Color grant. DDP maintains a list serve to alert the transgender community and providers with relevant health information and updates. In addition, DDP maintains a resource and referral list for Trans-friendly health and other services.	A second transgender clinic had been operating in Tidewater but was closed when the participating medical clinic declined to renew its agreement.
Local programs operating on a harm reduction model	The transgender care clinics offer alternatives to unsafe injection practices and ensures safe/monitored use of hormones.	
Medical service delivery training for medical providers in transgender care services	Several provider trainings have been conducted through DDP and through the AIDS Resource and Consultation Center. In 2012, DDP staff and CPG members participated in a polycom presentation for local health districts on health equity issues for LGBT clients.	
Programs targeting trading sex for money or drugs	CBOs are targeting transgender sex workers through the Community Promise intervention.	
Adaptation of Diffusion of Effective Behavioral Interventions.	DDP contractors have adapted the VOICES, SISTA, Street Smart and Popular Opinion Leader interventions for transgender persons.	There are no DEBI interventions developed specifically for Transgender persons.
		Although Transgender data is now collected on the Counseling and Testing form, HIV Surveillance does not receive Transgender status routinely on the HIV case report form, making it difficult to assess the number of HIV cases among this population.

Priority Unmet Needs from the 2008 Comprehensive HIV Prevention Plan		
Population	VDH Response	Comments
Homeless		
Cultural Competency Training		
Rapid Testing	Homeless shelters are included in sites for rapid testing.	
Street and Community Outreach	Some contractors are conducting outreach to homeless persons.	
Substance Abuse Education and Referrals to Treatment		
		In 2011, DDP completed a report on housing resources and barriers for people living with HIV. While services exist, needs often exceeds capacity, making it challenging to find housing for those being released from incarceration and for people living with HIV. Many young Black gay men do not have secure, stable housing resulting in frequent moves and unstable employment. These factors negatively impact an individuals ability to seek testing and treatment and remain engaged in HIV care.

Attachment G – Virginia’s Key Stakeholders & Collaborators

Current CHPG Members

- Tim Agar - Northern Virginia Regional Commission
- Odile Attiglah - Community Representative
- Christopher Barnett – AIDS/HIV Services Group
- Shimeles Bekele - Community Representative
- Roy Berkowitz - Inova Juniper Program
- Yiliu Chen - Virginia Department of Health, Health Informatics and Integrated Surveillance Systems
- Susan Clinton - Community Representative
- Jerome Cuffee - Eastern Virginia AIDS Network
- Gregory Fordham - Access AIDS Care
- Ruth Fordham - Access AIDS Care
- Marilyn Freeman - Division of Consolidated Laboratory Services
- Janet Hall - Community Representative
- Robert Hewitt - Virginia Beach Department of Human Services, Mental Health Substance Abuse Division
- Cheryl Hoffman - Fredericksburg Area HIV/AIDS Support Services & Community Representative
- Jennifer Kienzle - Virginia Department of Health, HIV Care Services
- Cristina Kincaid - Fan Free Clinic
- Mike King - Fredericksburg Area HIV/AIDS Support Services Board Member & Community Representative
- Martha Lees - Roanoke Health District
- Elaine Martin - Virginia Department of Health, HIV Prevention Services
- Nick Mattsson - Thomas Jefferson Health District/Shenandoah Health District
- Donte’ McCutchen - Richmond City Health Department
- Shawn McNulty - Community Representative
- Diane Oehl - Department of Behavioral Health and Developmental Services
- Dorothy Shellman, LPC, NCC, CSOTP - Department of Corrections
- Edward Strickler - University of Virginia
- Stanley Taylor - Minority Health Consortium
- Adam Thompson – Consultant with HRSA and the National Quality Center Consultant & Community Representative
- Rhonda Turner - Central Virginia Community Services Board
- Kenieffer Vargas - Northern Virginia AIDS Ministry
- Donald Walker - Community Representative
- Chris Widner - Appalachian Assistance Coalition
- Rick Zimmerman, Ph.D. - George Mason University

Attachment G – Virginia’s Key Stakeholders & Collaborators

Former CHPG Members 2009 – 2012*

- Dan Alvarez – Norfolk EMA Ryan White Planning Council, Community Representative
- Justine Annis – Eastern Shore Health District
- Melissa Baker – Community Representative
- Bill Briggs - Northern Virginia AIDS Ministry (NOVAM)
- Heather Bronson - Fan Free Clinic
- Ashley Carter - Virginia Department of Health, Health Informatics and Integrated Surveillance Systems
- Dr. Rosalyn Cousar – Inova Juniper Program
- Vontrida Custis – Eastern Shore Health District
- Hugo Delgado – Whitman Walker Clinic of Northern Virginia and Nova Salud
- Pierre Diaz - ACCESS AIDS Care
- Caroline Fuller - Virginia Department of Education
- Diane Gaillard –Trinity Baptist Church
- Rick Hall - Three Rivers Health District
- Rachel Rees - Virginia Department of Health, HIV Care Services
- Robert Rigby – Ryan White Part B Northern Virginia Consortium, Community Representative
- Thomas Salyer – West Piedmont AIDS Taskforce and Community Representative
- Bruce Taylor – AIDS/HIV Services Group and ACCESS AIDS Care
- Silvia Villacampa - Metropolitan Latino AIDS Coalition
- Thomas Womack – Community Representative
- Shannon Young – Eastern Virginia AIDS Network and Community Representative

* Affiliations are listed for the most recent period of CHPG Membership and may have changed.

Other individual collaborators

- Deborah Acoy (Serenity, Inc.)
- Linwood Alford (Open Door Resource Center)
- Marquetta Alston (Virginia Department of Health)
- Ayana Andrews-Joseph (Virginia Department of Health)
- Colleen P. Barranger (Catholic Diocese of Richmond)
- Margie Benko (VCU HIV/AIDS Center)
- Reed Bohn (Fan Free Clinic)
- Mary Browder (Virginia Department of Health)
- Todd Brown of Northern Virginia AIDS Ministry
- Celestine Buyu (Virginia Department of Health)
- Susan Carr (Virginia Department of Health)
- Kathleen Carter (Virginia Department of Health)
- Sharon Carter (Virginia Department of Health)
- Michele Chesser (Joint Commission on Health Care)
- Maynor Correa (Planned Parenthood of Metropolitan Washington, D.C.)

Attachment G – Virginia’s Key Stakeholders & Collaborators

- Jorge Delgado (National Minority AIDS Council)
- Christina Delzingaro (AIDS/HIV Services Group)
- Safere Diawara (Virginia Department of Health)
- Kevin Embrey
- Cathy Fisher (Council of Community Services)
- Jennifer Flannagan (Virginia Department of Health)
- Soraya Galeas of Planned Parenthood of Metropolitan Washington, D.C.
- Sharron Goode-Grant (Virginia Department of Health)
- Kathryn Hafford (Virginia Department of Health)
- Zach Hatcher
- Ted Heck (Virginia Department of Health)
- Donald Hitchcock (OraSure Technologies, Inc.)
- Elisabeth Honorat (Virginia Department of Health)
- Deborah Howard (Fredericksburg Area HIV/AIDS Support Services)
- Jane Hubbell (George Mason University)
- Cat Hulburt (Virginia Department of Health)
- Russell Jones
- Ruby Jones
- Diana Jordan (Virginia Department of Health)
- A.J. Kellam
- Khalid Kheirallah (Virginia Department of Health)
- Doris Lakey
- Christopher Lane
- Lisa Laurier (Virginia Department of Health)
- James Lundy (Church of God In Christ)
- Walter Lundy (Church of God In Christ)
- Mylam Ly (Virginia Department of Health)
- Beth Marschak (Virginia Department of Health)
- Mabel Martin (Virginia Department of Health)
- Johanna McKee (Pennsylvania/Mid-Atlantic AIDS Education Training Center)
- Yesenia Merino (National Institutes of Health/Vaccine Research Center)
- Bernice Morgan (Department of Behavioral Health and Developmental Services)
- Phyllis Morris (Virginia Department of Health)
- Azizeh Nuriddin (CDC Fellow)
- Laird Peterson (Fan Free Clinic)
- Stan Phillip, Jr., (CDC Project Officer)
- Ozzy Ramos (H.O.M.E.)
- Anna Reynolds (Virginia Department of Health)
- Melanie Rivers (Pennsylvania/Mid-Atlantic AETC of VCU)
- Ryland Roane (Virginia Department of Health)
- Hunter Robertson (Virginia Department of Health)
- Mike Rollison (Virginia Commonwealth University Infectious Disease Clinic)
- Sue Rowland (Virginia Organizations Responding to AIDS)
- John Smith (Serenity, Inc.)

Attachment G – Virginia’s Key Stakeholders & Collaborators

- Jonathan Spain
- Jeff Stover (Virginia Department of Health)
- Chauntele Taylor (Virginia Department of Health)
- Shelley Taylor-Donahue (Virginia Department of Health)
- Teresa Terrell (Open Door Resource Center)
- Rhonda Thissen (Virginia Department of Health)
- Carlos Velazquez (HMA Associates, Washington, DC)
- Valerie Walters (Fredericksburg Area AIDS/HIV Support Services)
- Kendra Weindling (Roanoke Health Department)
- Claudia White (Northern Virginia AIDS Ministry)
- James Whitted
- Anne Zehner (Virginia Department of Health)

Agency Collaborators

- ACCESS AIDS Care
- AIDS Response Effort (ARE)
- AIDS/HIV Services Group
- Appalachian Assistance Coalition
- Arlington Gay and Lesbian Alliance
- Balm in Gilead Inc.
- Better World Advertising
- Carilion
- Centra Health
- Central Virginia Care Consortium
- Central Virginia Community Services (Adult and Family Services Department)
- City of Norfolk
- City of Washington DC (Virginia localities)
- Council of Community Services (CCS)
- Department of Behavioral Health and Developmental Services
- Department of General Services (Immunology/Virology)
- ECDC
- EHS Support Services
- FAHASS
- Fan Free Clinic
- George Mason University; College of Health and Human Services (Department of Global and Community Health)
- Gloucester County Health Department
- Hampton University
- Health and Home Support Services
- HIV Care -VDH
- HOME
- Inova Juniper Program
- International Black Women's Congress
- K.I. Services

Attachment G – Virginia’s Key Stakeholders & Collaborators

- Managed Benefits Inc.
- Mary Washington Healthcare
- Minority Health Consortium
- Norfolk State University
- Northern Virginia AIDS Ministry (NOVAM)
- Northern Virginia Regional Commission
- Patient First
- Patient Services Inc.
- Planned Parenthood
- Rainbow Tuesdays Clinic (Alexandria HD)
- Rubicon
- Saint Paul's College
- Sisters Promoting HOPE (VDH)
- Southwest/Piedmont HIV Care Consortium
- TACT
- THU FAM (VDH)
- Thomas Jefferson Health District
- Treatment Intervention Patient Services
- University of Virginia
- VCU - The Bridge Program
- VCU HIV/AIDS Center
- VDH-Division of Disease Prevention (STDs)
- VDH-Office of Family Health
- Virginia Commonwealth University
- Virginia Association of Free Clinics
- Virginia Community Healthcare Association
- Virginia Department of Corrections
- Virginia State University
- Virginia Union University
- Walgreens

VDH would also like to recognize the countless number of individuals who participated in this planning process through meetings, support groups, and one-on-one conversations.

Appendix C - Letter of Concurrence



Virginia Community HIV Planning Group



P.O. Box 2448, Room 326
Richmond, VA 23218

September 14, 2012

Laura Kearns, Grants Management Officer
Grants Management Branch, Procurement and Grants Office
Funding Opportunity Announcement PS12-1201
Centers for Disease Control and Prevention, MS E-15
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

Dear Ms. Kearns:

The Virginia Community HIV Planning Group (CHPG) concurs with the attached submission by the Virginia State Health Department in response to Funding Opportunity Announcement PS12-1201.

The CHPG has reviewed the Jurisdictional HIV Prevention Plan that is to be submitted to the Centers for Disease Control and Prevention (CDC) and concurs that the Virginia Jurisdictional HIV Prevention Plan describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease. The CHPG provided input during the development and finalization of the Virginia Jurisdictional HIV Prevention Plan. The CHPG utilized time at regularly scheduled meetings to focus on key pieces of the Plan, reviewed sections by email, and held conference calls to review the final draft before submission.

It is the belief of the Virginia CHPG that this enclosed Jurisdictional HIV Prevention Plan accurately represents the work done by this body and the needs, plans and strategies to further HIV Prevention in the state of Virginia. Thank you for your support.

Sincerely,

A handwritten signature in black ink, appearing to read "Elaine Martin", located below the "Sincerely," text.

Elaine G. Martin
Director, HIV Prevention Services
Virginia Department of Health
Division of Disease Prevention
Virginia CHPG Health Department Co-Chair

A handwritten signature in black ink, appearing to read "Ruth Fordham", located to the right of the Elaine G. Martin signature.

Ruth Fordham
Community Educator
ACCESS AIDS Care
Virginia CHPG Community Co-Chair

This profile is to be completed annually by the HPG co-chairs (or appropriate designees). It is designed to assist CDC and health departments in assessing the implementation of HIV planning and will serve also as a useful tool for HPGs in improving prevention planning processes at the local level.

Membership Profile

Name of the HPG/Jurisdiction:	<u>Virginia</u>
Type of HPG:	<input checked="" type="checkbox"/> Statewide <input type="checkbox"/> Directly funded city/local jurisdiction
Structure:	<input type="checkbox"/> HPG only <input checked="" type="checkbox"/> HPG & Ryan White planning group
	<input type="checkbox"/> HPG & other planning bodies (please describe) _____
Total # of Voting Members:	<u>32</u>
Total # of Stakeholders that Are Non-voting Members:	<u>0</u>

Epidemic in the Jurisdiction

Please provide a brief description of your jurisdiction’s epidemic:

With eight million residents, Virginia represents 2.6% of the total population of the United States. In 2009, the state comprised 2.2% of all HIV disease diagnoses in the country and ranked 10th among the 40 states with established confidential name-based reporting (CDC, 2011). Since 1999, the number of HIV disease diagnoses in Virginia has remained relatively stable, between 958 and 1,111 cases newly diagnosed each year.

Agency Member Description

Please provide a list of all agencies that participate as members of the HPG:

Northern Virginia Regional Commission, AIDS/HIV Services Group, Inova Juniper, Virginia Department of Health, Eastern Virginia AIDS Network, Access AIDS Care, Division of Consolidated Laboratory Services, Fan Free Clinic, Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Corrections, University of Virginia, Minority Health Consortium, Central Virginia Community Services Board, Northern Virginia AIDS Ministry, Appalachian Assistance Coalition, and George Mason University

Agency Non-voting Member Description

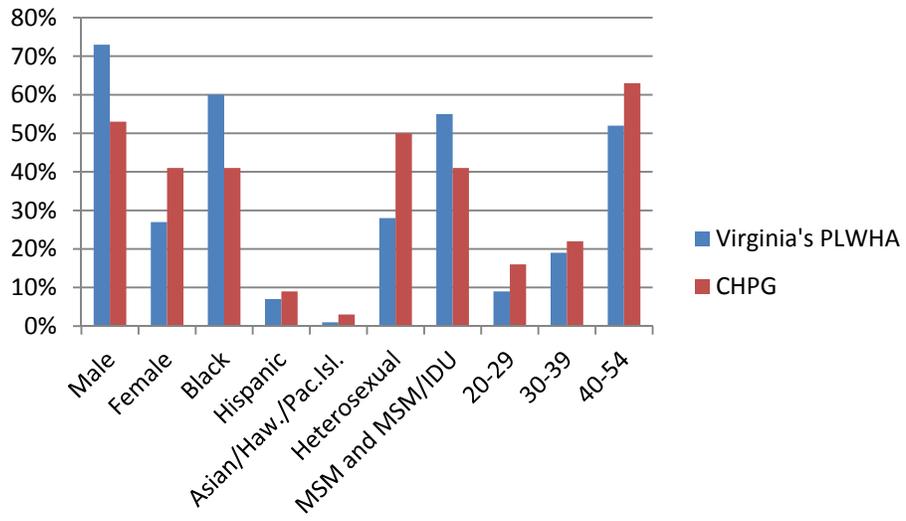
Please provide a list of all agencies that participated in the engagement process that are not voting members of the HPG:

Virginia does not have any members who are “non-voting.” However, key stakeholders who have played a role in the planning process over the last three years include, but are not limited to: AIDS Response Effort (ARE), Arlington Gay and Lesbian Alliance, Balm in Gilead Inc., Better World Advertising, Carilion, Catholic Diocese of Richmond, Centra Health, Central Virginia Care Consortium, Church of God In Christ, Council of Community Services (CCS) Council of Community Services, Ethiopian Community Development Council, EHS Support Services, Fredericksburg Area AIDS/HIV Support Services, Gloucester County Health Department, Hampton University, Health and Home Support Services, HMA Associates, Washington, DC, HOME, International Black Women's Congress, Joint Commission on Health Care, K.I. Services, Managed Benefits Inc., Mary Washington Healthcare, National Institutes of Health/Vaccine Research Center, National Minority AIDS Council, Norfolk State University, Open Door Resource Center, OraSure Technologies, Inc., Patient First, Patient Services Inc., Pennsylvania/Mid-Atlantic AIDS Education Training Center, Planned Parenthood of Virginia, Planned Parenthood of Metropolitan Washington, D.C., Rainbow Tuesdays Clinic (Alexandria HD), Roanoke Health Department, Rubicon, Saint Paul's College Serenity, Inc., Sisters Promoting HOPE (VDH), Southwest/Piedmont HIV Care Consortium, THU FAM (VDH), Treatment Intervention Patient Services, Virginia Association of Free Clinics, Virginia Commonwealth university, Virginia Community Healthcare Association, Virginia HIV/AIDS Resource and Consultation Center (VHARCC), Virginia Organizations Responding to AIDS, Virginia State University, and Walgreens.

Are the community and key stakeholders in alignment with the highest burden of disease areas in the jurisdiction?

As shown below, VDH takes specific steps to ensure that the CHPG is appropriately aligned with the disease burden in Virginia. The membership committee deliberately seeks out new members to represent target populations, risk factors, and geographic areas with limited representation on the CHPG. Currently, there is a focus on including more youth and heterosexuals on the group as appropriate.

Appendix E: Virginia Membership and Stakeholder Profile



Key Stakeholders – Voting Members

Key Stakeholders	Social Services	PLWHA	Behavioral or Social Scientist	Epidemiologist	HIV Clinical Care Provider	Faith Community	Business/Labor	Community Health Care Centers
Total #		11	2	3		5		
Key Stakeholders	Substance Abuse	Health Department (HIV, STD, TB, & Hepatitis)	Intervention Specialist	Local Education Agencies/Academic Institutions	Mental Health	Homeless Services	Corrections	HOPWA
Total #	1	4		2			1	

*In comments section below, please provide a list of any other key stakeholders that are represented. For example: specific community representative, non-profit agency, injection drug user, health department HIV/AIDS, health department STD, pharmacist, HIV case manager, and research center.

Comments:

CHPG members bring a wealth of experience to the table, including: history of injection and non-injection drug abuse, homelessness, poverty, incarceration, and commercial sex work. There is also representation from persons with disabilities and mental health consumers.

Key Stakeholders – Non-voting Members

Key Stakeholders	Social Services	PLWHA	Behavioral or Social Scientist	Epidemiologist	HIV Clinical Care Provider	Faith Community	Business/Labor	Community Health Care Centers
Total #								
Key Stakeholders	Substance Abuse	Health Department (HIV, STD, TB, & Hepatitis)	Intervention Specialist	Local Education Agencies/ Academic Institutions	Mental Health	Homeless Services	Corrections	HOPWA
Total #								

*In comments section below, please provide a list of any other key stakeholders that are represented. For example: specific community representative, non-profit agency, injection drug user, health department HIV/AIDS, health department STD, pharmacist, HIV case manager, and research center.

Comments:

As outlined on page 2, Virginia does not have any “non-voting” members. A list of key stakeholders is included on page 2 and includes community-based organizations, local health departments, academic institutions, faith communities, and others.

Geographic Distribution of HPG Members

Geographic Area	Urban	Metropolitan	Rural	Total # of HPG Members
Total #	28		4	32

* The HD and HPG will have to decide on which definition they will use to describe their areas listed above; the geographic distribution of members should reflect the jurisdiction’s epidemic.

Comments:

HIV Risk by Category of HPG Members

Category	MSM	MSM/IDU	IDU/Needle Sharing	Heterosexual	Non-specific or Unknown	Total # of HPG Members
Total #	15		4	16		32

Comments:

There is some duplication of risk above as some members represent more than one risk category.

Appendix E: Virginia Membership and Stakeholder Profile

HPG Membership Category by Race and Ethnicity

Category	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian/Other Pacific Islander	White	More than One Race	Unknown	Total # of HPG Members
Total #		1	13		17		1	32

Comments:

HPG Membership Ethnicity

Category	Hispanic or Latino	Not Hispanic or Latino	Unknown	Total # of HPG Members
Total #	3	29		32

Comments:

Age of HPG Members

Category	<13	14–19	20–29	30–39	40–49	50–59	60+	Total # of HPG Members
Total #			5	7	5	10	5	32

Comments:

Gender of HPG Membership

Category	Male	Female	Transgender FTM	Transgender MTF	Unknown	Total # of HPG Members
Total #	17	13	0	2		32

Comments:

Note: This form should be used to assess representation of community members, HIV service providers, and key stakeholders involved in the HIV prevention planning process to ensure appropriate participation; membership is also expected to reflect local epidemiology and needs of the jurisdiction