

Orange County Health Care Agency

In Collaboration with

HIV Planning Council and
Prevention and Care Strategies Committee

Integrated HIV Prevention and Care Working Plan

2017-2021



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About This Plan

The Integrated HIV Prevention and Care Plan (Integrated Plan) provides guidance to help accelerate progress toward reaching the goals for Orange County. The Integrated Plan is the result of an open community planning process that took place over a series of meetings in 2015 and 2016.

The Integrated Plan represents the efforts of many individuals including the following:

- HIV Planning Council (Council);
- Prevention and Care Strategies Committee (PCSC);
- Priority Setting, Allocations, and Planning (PSAP) Committee;
- HIV Client Advocacy Committee (HCAC);
- Orange County Health Care Agency (HCA);
- Ryan White Quality Management Committee;
- Case Management and Linkage to Care Workgroups;
- HIV prevention and care service providers; and
- Persons living with HIV disease (PLWHD) who contributed significantly to the development of this Plan.

The Integrated Plan will be used by the HIV Planning Council and committees as a living “working” document to guide strategies that will improve the HIV Care Continuum from preventing HIV to increasing the number of individuals living with HIV who are virally suppressed.

Executive Summary

Orange County’s Integrated HIV Prevention and Care Plan addresses the spectrum of HIV and mirrors the goals outlined in the National HIV/AIDS Strategy (NHAS). The NHAS was released in 2010 and was recently updated to expand target activities for 2020. The NHAS changed the way HIV services are prioritized and delivered. The development of the Integrated Plan also considers the changing landscape of healthcare systems including the impact of the implementation of the Affordable Care Act (ACA) and widespread availability of Pre-Exposure Prophylaxis (PrEP) to prevent HIV infection.

Key areas of focus for Orange County’s Plan include:

- Implementation of Pre-Exposure Prophylaxis (PrEP) services for those at high-risk for HIV infection
- Expanded HIV testing efforts including routine HIV testing in healthcare settings and targeted HIV testing for high-risk populations
- Use of HIV surveillance data (data to care) to identify individuals who are out-of-care and implement efforts to attempt to re-engage individuals in care
- Expansion of case management services to improve linkage to and engagement in care
- Increased access to comprehensive HIV prevention and care services

Why This Plan is Necessary

To Increase Early Identification of People Living with HIV

- In a 2010 survey among OC healthcare providers, 80 out of 252 (32.1%) of providers said they did not offer HIV testing because they felt their **“patients were not at risk.”**
- In a 2013 survey on HIV testing barriers, **24 out of 40 (60%) newly diagnosed HIV positive were late testers** (living with HIV a long time before being tested). Individuals who are unaware of their HIV-status are estimated to contribute to **30% of new infections every year.**
- Over 2,000 individuals are living with HIV in Orange County but **not in care.** Individuals who are not in care are estimated to be responsible for **61% of new HIV infections each year.**

To Address the Needs of PLWHD

- Clients shared that **ACA has increased access to care** options but more information and materials are needed to help clients understand and navigate ACA services.
- In 2014, Ryan White clients were **3.5 times as likely to be homeless** compared to the general population of Orange County.

To Provide Education on Prevention and Treatment Options

- In a 2016 survey, **only 38% (74 of 194) of respondents had heard of PrEP and knew what it was.** PrEP is a highly effective intervention to prevent HIV infection and only two of the 194 respondents were taking PrEP.
- During the 2016 focus group on the impact of ACA, Ryan White providers shared that comprehensive HIV care and cultural competency **training is needed** for non-Ryan White medical providers.

2017-2021 Integrated Plan

Goals At-A-Glance

Goal 1: Reduce New HIV Infections



Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 91.0%

Objective 2: Reduce the number of new HIV diagnoses to 222



Objective 2-1: Reduce the HIV transmission rate to 3.0

Objective 2-2: Increase the number of high-risk populations who are on PrEP to 4,225



Objective 3: Data is currently unavailable for Orange County to set goal

Goal 2: Increase Access to Care and Optimize Health Outcomes for Persons Living with HIV



Objective 4: Increase the proportion of newly diagnosed persons to linked HIV medical care within one month of their diagnosis to at least 65.0%



Objective 5: Increase the percent of persons with diagnosed HIV infection and who are retained in HIV care to at least 90.0%



Objective 6: Increase the percent of persons with diagnosed HIV infection who are virally suppressed to at least 80.0%



Objective 7: Reduce the percent of Ryan White clients in HIV medical care who are homeless to no more than 4.0%



Objective 8: Reduce the death rate among persons with diagnosed HIV infection to 4.2

Goal 3: Reduce HIV-Related Health Disparities



Objective 9: reduce disparities in the rate of new diagnoses by for the following groups:

- Gay and bisexual men to 37.0
- Young Black gay and bisexual men to 79.3
- Hispanics to 0.32
- Transgender (data is currently unavailable to set goal)



Objective 10: increase the percentage of individuals who are virally suppressed among the following groups:

- Youth ages 13-24 to 74.0%
- Persons who inject drugs to 57.0%

Orange County HIV Planning Council

Who we are...

The **HIV Planning Council**, established in 1987, is a planning body, legislatively mandated under the Ryan White Treatment Modernization Act, to conduct the following:

- Develop and conduct **needs assessments**
- Develop the **Integrated HIV Prevention and Care Plan**
- Establish **service priorities and allocate resources** to HIV service areas
- Identify strategies for the **Early Identification of People Living with HIV/AIDS (EIIHA)**
- Identify strategies for addressing **unmet need** for persons living with HIV disease (PLWHD)
- Develop **Standards of Care**
- Assess the **effectiveness of the Grant Recipient in allocating funding** rapidly to the areas of greatest need as directed by the Planning Council

The Council is comprised of representatives from various areas including:

- AIDS Education Training Center
- Community Based Organization or AIDS Services Organization (Serving Affected Populations)
- Health Care Providers
- Housing Opportunities for Persons with AIDS (HOPWA)
- Medicaid Agency
- Mental Health Services Providers
- PLWHD co-infected with Hepatitis B or C
- PLWHD from historically underserved populations
- Representative of/or formerly incarcerated PLWHD
- Ryan White Service Providers (Parts B, C, and D)
- State Part B Agency
- Substance Use Services Providers

Our Mission

The Orange County HIV Planning Council in partnership with affected communities, service providers, philanthropists, and public health professionals, will support an accessible, culturally competent continuum of HIV prevention and care services that promotes optimal health, fosters self-sufficiency, reduces stigma and discrimination, and results in a community where new HIV infections are rare.

Our Vision

Orange County will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socioeconomic circumstance, will have unfettered access to high quality, life-extending care, free from stigma, and discrimination.



HIV in Orange County

HIV Care Continuum

The HIV Care Continuum provides a graphic description outlining the stages of HIV medical care from infection to viral load suppression. This continuum is used by federal, state, and local programs to better identify gaps in services to develop strategies to improve engagement in care for each stage in the continuum. In Orange County, the continuum steps have been slightly modified. The definitions for each stage and data for 2014 and 2015 are provided below.

National data indicates that only approximately 30% of PLWHD are virally suppressed.

Infected with HIV: This is the Centers for Disease Control and Prevention (CDC) estimate that includes those who know their HIV status and those who are HIV-positive but unaware of their HIV status.

Diagnosed with HIV: This is the percent of individuals who are HIV-positive and aware of their status compared to the estimate of all individuals living with HIV in Orange County.

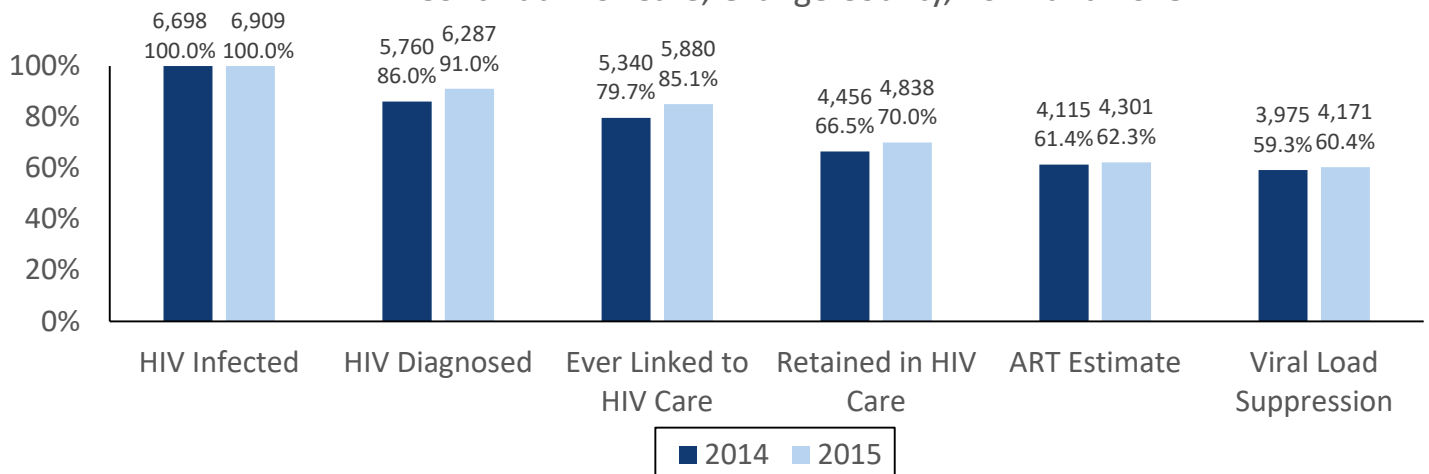
Ever Linked to Care: This is the percent of HIV-positive individuals who have been linked to HIV medical care (as indicated by having at least one viral load and/or CD4 count blood test after the month and year of diagnosis).

Retained in Care: This is persons diagnosed with HIV and whose most current address was in Orange County as of December 31, 2015 who had at least two CD4 or viral load results with at least three months in-between the first and last result. For persons diagnosed prior to 2015, the two results occurred in 2014 and/or 2015. For persons diagnosed in 2015, the results occurred between January 2015 and July 2016.

Antiretroviral Therapy (ART) Estimate: This is the estimated percent of HIV-positive individuals who are taking antiretroviral medications. Because this data is not available for Orange County, a proxy measure has been used (persons with an undetectable viral load at their last test in 2015 and persons whose viral load has declined between the last test in 2015 and the previous test).

HIV Viral Load Suppression: This is the percent of individuals with a HIV viral load of less than 200 copies/mL.

HIV Continuum of Care, Orange County, 2014 and 2015



HIV Planning Council (Council):

The Council has been responsible for reviewing the Integrated Plan as it has been developed. The Council had final approval of the Plan.

Prevention and Care Strategies Committee (PCSC):

PCSC led the development of the Integrated Plan. The committee has focused on barriers to and strategies that can impact the entire continuum of care. PCSC has developed, reviewed, and approved each section of the Plan and will oversee evaluation of Plan strategy effectiveness.

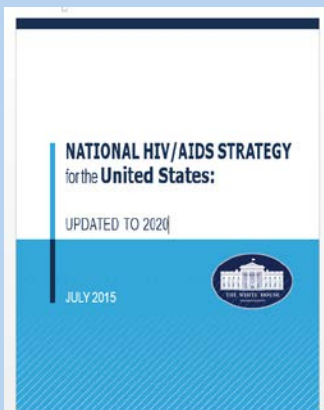
Priority Setting, Allocations, and Planning (PSAP) Committee:

PSAP is responsible for annual priority setting and resource allocation. The committee reviews key eligibility, needs assessment, and service utilization data to determine funding for services to improve the HIV Care Continuum.

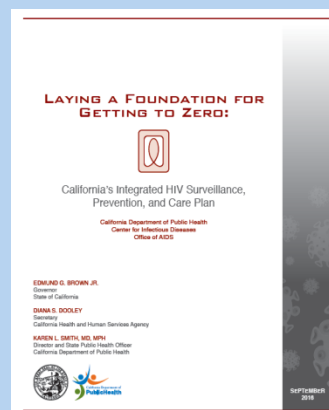


Aligning Plans

The **Integrated HIV Prevention and Care Plan** carefully considered other plans that provide a context for managing HIV in Orange County.



The **National HIV/AIDS Strategy 2020** (NHAS 2020) is a strategic plan developed by the Obama administration to change the way the American people talk about HIV, prioritize and organize prevention and care services locally, and deliver clinical and non-clinical services that support people living with HIV to remain engaged in care.



The **Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan** was developed by the State Office of AIDS to articulate the state's strategic vision for "Getting to Zero" in California – through improving HIV surveillance strategies, preventing new HIV infections, and caring well for those living with HIV.

Goals and Strategies

Goal 1: Reduce New HIV Infections

By the end of 2021, increase the percent of people living with HIV who know their serostatus to at least 91.0% (from 91.0% in 2015 to 91.0% in 2021).



Promote HIV testing as part of routine health care



Offer targeted HIV testing in non-healthcare settings



Use Partner Services to help HIV+ individuals disclose their status to sex or needle sharing partners

The percent for this measure is determined by the CDC. As a planning body, it is difficult to specifically know that Orange County strategies are impacting the objective. This objective is low priority.

By the end of 2021, reduce the number of new HIV diagnoses by 25.0% (from 300 in 2015 to 225 in 2021).



Implementation of Pre-Exposure Prophylaxis (PrEP)



Provide evidence-based behavioral interventions (EBIs) for HIV+ individuals



Provide evidence-based behavioral interventions (EBIs) for high-risk individuals



Offer condom distribution to HIV+ and high-risk populations



Provide syringe services programs (Education regarding sharps disposal and cleaning needles for Injection Drug Users, no-prescription sale of syringes, syringe exchange)



Utilize social marketing, media, and mobilization tools

By the end of 2021, reduce the percentage of young gay and bisexual men who engage in HIV-risk behaviors by at least 10.0%.



This objective cannot be measured for Orange County.

Goal 2: Increase Access to Care and Optimize Health Outcomes for PLWHD

By the end of 2021, increase the proportion of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 50.3% (from 38.7% in 2015 to 50.3% in 2021).



Ensure a network of providers serving PLWHD



Educate medical providers about available services for PLWHD



Offer evidence-based behavioral interventions (EBIs) that link newly diagnosed to care



Utilize partner services to reach newly-identified HIV-positive individuals

By the end of 2021, increase the percent with diagnosed HIV infection who are retained in HIV care to at least 90.0% (from 76.2% in 2015 to 90.0% in 2021).



Offer evidence-based behavioral interventions (EBIs) such as the ARTAS strength-based model that assist PLWHD with linkage and retention in care



Expand services that bring individuals back into care



Offer various levels of case management that assist clients to engage in and stay in care



Ensure PLWHD have access to continuum of HIV services

By the end of 2021, increase the percent of persons with diagnosed HIV infection who are virally suppressed to at least 80.0% (from 66.1% in 2015 to 80.0% in 2021).



Ensure access to HIV medications



Provide education and support for adherence to medications



Educate HIV specialists about offering treatment based on PHS guidelines



Educate providers about referring to HIV specialist for treatment

Goal 2: Increase Access to Care and Optimize Health Outcomes for PLWHD

By the end of 2021, reduce the percent of Ryan White clients in HIV medical care who are homeless to no more than 4.0% (from 4.3% in 2015 to 4.0% in 2021).



Provide access to programs that assist PLWHD with emergency financial assistance for housing needs



Provide on-going housing resources such as transitional housing and linkage to permanent housing



Provide on-going support to individuals with unstable housing



Expand services that bring PLWHD that are out of care and living in unstable housing back into care

By the end of 2021, reduce the death rate per 1,000 among persons with diagnosed HIV infection by at least 33.0% (from 4.6 in 2015 to 4.2 in 2021).



Provide access to medical care and medications that extend the life of PLWHD



Provide access to stable housing



Provide access to mental health treatment



Provide access to substance use services

The proposed strategies are intended to reduce HIV-related death rates. As a planning body, it is difficult to specifically target all causes of death to reduce the overall death rate. This objective is low priority.

Goal 3: Reduce HIV-Related Health Disparities

By the end of 2021, reduce disparities in the rate per 100,000 of new HIV diagnoses for the following groups:

- Gay and bisexual men to 37.0 (from 40.8 in 2015 to 37.0 in 2021).
- Black gay and bisexual men to 79.3 (from 100.0 in 2015 to 79.3 in 2021).
- Hispanics to 0.33 (from 0.36 in 2015 to 0.33 in 2021).
- Transgender Women (Indicator cannot be measured for Orange County).



Provide evidence-based behavioral interventions (EBIs) for HIV+ individuals that are culturally appropriate



Provide evidence-based behavioral interventions (EBIs) for high-risk populations that are culturally appropriate



Utilize social marketing, media, and mobilization tools that are culturally appropriate and in languages of targeted groups

The National HIV/AIDS Strategy specifies young black gay and bisexual men as a population, but due to small numbers all black gay and bisexual men was chosen for Orange County.

By the end of 2021, increase the percentage of individuals who are virally suppressed among the following groups:

- Youth ages 13-24 to 74.0% (from 59.1% in 2015 to 74.0% in 2021).
- Persons who inject drugs to 57.0% (from 50.3% in 2015 to 57% in 2021).



Ensure access to HIV medications



Provide education and support adherence to medications



Educate HIV specialists about offering treatment based on PHS guidelines



Educate providers about referring to HIV specialists for treatment



Provide access to substance use services including syringe service programs

Acknowledgements

Planning Council Members

Ray Angulo	Joe Parsakis
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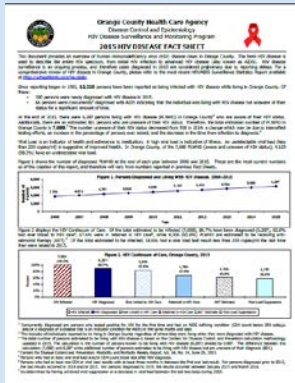
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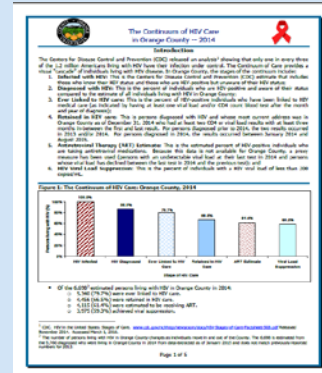
Reference Documents

Orange County Resources



The **Orange County HIV Fact Sheet** provides an overview of HIV cases in Orange County.

Available on the OC Health Care Agency's website at:
<http://ochealthinfo.com/civicax/feedback/blobload.aspx?BlobID=54914>



The **HIV Continuum of Care** demonstrates a visual cascade of individuals living with HIV in Orange County.

Available on the OC Health Care Agency's website at:

<http://ochealthinfo.com/civicax/feedback/blobload.aspx?BlobID=51958>



The **HIV Disease Surveillance Statistics 2014** is a report that provides a summary of HIV/AIDS cases reported in Orange County through December 31, 2014.

Available on the OC Health Care Agency's website at:
<http://ochealthinfo.com/civicax/feedback/blobload.aspx?BlobID=51462>

For more information about the Orange County HIV Planning Council please visit:
<http://ochealthinfo.com/phs/about/dcepi/hiv/council>

National and State Resources



The **NHAS 2020** provides national guidance on and targeted priorities for the nation's HIV prevention and treatment efforts

Available at:
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

To learn more please visit:

The California State Office of AIDS
<http://www.cdph.ca.gov/programs/aids/Pages/Default.aspx>



The **NHAS 2020 What You Need to Know** Infographic provides a summary of NHAS 2020.

Available at:
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update-what-you-need-to-know.pdf>

The National HIV/AIDS Strategy
<https://www.whitehouse.gov/administration/eop/onap/nhas>

Orange County Health Care Agency

Integrated HIV Prevention and Care Plan 2017-2021

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