



Orange County INTEGRATED HIV PREVENTION AND CARE WORKING PLAN

2022-2026

Orange County Health Care Agency

in collaboration with

HIV Planning Council and Integrated Plan Committee







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EXECUTIVE SUMMARY

ABOUT THE PLAN

Orange County's Integrated HIV Prevention and Care Plan for 2022-2026 (Integrated Plan) provides an overview of the current landscape of HIV services in the county, addresses the HIV Care Continuum, and identifies goals and strategies that align with the goals outlined in the National HIV/AIDS strategy (NHAS) for 2022-2025. The Integrated Plan utilizes sections from Orange County's Ending the HIV Epidemic (EHE) Plan and compliments the Statewide (Ending the Epidemics) Integrated Strategic Plan for 2022-2026 to address the syndemic of HIV, Sexually Transmitted Infections (STIs), and Hepatitis C Virus (HCV) in California to ensure services are coordinated. Lastly, feedback from people living with HIV, community members, and key stakeholders was also incorporated in the development of the Integrated Plan.

KEY AREAS

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

- Improved reach and engagement of identified priority populations who are disproportionately impacted by HIV to ensure maximum impact of our goals
- Expanded access to Rapid Antiretroviral Therapy (ART)
- Provision of services to support people living with HIV (PLWH) outside of the Ryan White system of care
- Implementation of Pre-Exposure Prophylaxis (PrEP) services and PrEP Navigation services for those at high-risk for HIV infection
- Expanded HIV testing efforts including routine HIV testing in healthcare settings, targeted HIV testing for high-risk populations, and Mail to Home Self-Test kits
- 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



GOALS AT-A-GLANCE

GOAL 1: PREVENT NEW INFECTIONS

Objective 1.1: Increase the percentage of people living with HIV (PLWH) who know their serostatus to **at least 90.0%**

Objective 1.2: Reduce the number of HIV infections and diagnoses

- Reduce the number of new infections per 100 people estimated to be living with HIV **by 75%**
- Reduce the number of new HIV diagnoses **by 75%**

Objective 1.3: Increase PrEP coverage to **at least 50.0%**



GOAL 2: IMPROVE HIV-HEALTH RELATED OUTCOMES OF PEOPLE LIVING WITH HIV

Objective 2.1: Increase Rapid Antiretroviral Therapy (ART) initiation for newly diagnosed individuals within 0-5 days of diagnoses to **at least 33.0%**

Objective 2.2: Increase linkage to care within one (1) month of HIV diagnosis to **at least 85.0%**

Objective 2.3: Increase retention in HIV medical care and viral suppression

- Increase the percentage of PLWH who are retained in HIV medical care to **at least 80.0%**
- Increase viral suppression among PLWH to **at least 80.0%**



GOAL 3: REDUCE HIV-RELATED HEALTH DISPARITIES AND HEALTH INEQUITIES

Objective 3.1: Increase viral suppression among PLWH for the following groups:

- Men who have sex with Men (MSM) to **79.9%**
- Black MSM to **73.9%**
- Latino MSM to **76.3%**
- Transgender women in HIV medical care to **65.0%**
- People who inject drugs (PWID) to **60.1%**
- Youth ages 13-24 to **76.1%**

Objective 3.2: Reduce the percentage of persons in Ryan White HIV medical care who are homeless to **7.0%**



WHO WE ARE

The **Orange County 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 needs** for persons living with HIV (PLWH)
- 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 but not limited to:

- People Living with HIV
- AIDS Education Training Center
- Community Based Organization or AIDS Services Organization (Serving Affected Populations)
- Health Care Providers
- Housing Opportunities for Persons with AIDS (HOPWA)
- State Part B Agency
- Mental Health Services Providers
- Ryan White Service Providers (Parts A, B, C, and D)
- Social Services Providers

HIV PLANNING COUNCIL VISION AND MISSION

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.

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.





PLANNING PROCESS

The 2022-2026 Integrated Plan incorporates diverse input from people living with HIV (PLWH), community members, and key stakeholders, including the HIV Planning Council and its subcommittees, individuals from priority populations, community partners, and service providers through meetings, surveys, focus groups, and other methods. This section dives into the planning process for developing the 2022-2026 Integrated Plan.

INTEGRATED PLAN PLANNING PROCESS

WHO WORKS ON THE INTEGRATED PLAN

HIV Planning Council (Council)

The Council is responsible for overseeing the work of the Integrated Plan Committee (IPC). This includes collaborating with IPC for implementation, monitoring, and evaluation of the prior 2017-2021 Integrated Plan and for the development of the current 2022-2026 Integrated Plan. The Council has final approval and concurrence of the 2022-2026 Integrated Plan submission to HRSA and CDC.

Integrated Plan Committee (IPC)

IPC is the designated Integrated Plan Steering Committee and leads the development, implementation, and evaluation of the Integrated Plan. The committee focuses on developing strategies to address HIV prevention and care services and effectively impact the HIV Care Continuum. IPC has developed, reviewed, and approved each section of the Integrated Plan and will oversee its evaluation.

Priority Setting, Allocations, and Planning (PSAP) Committee

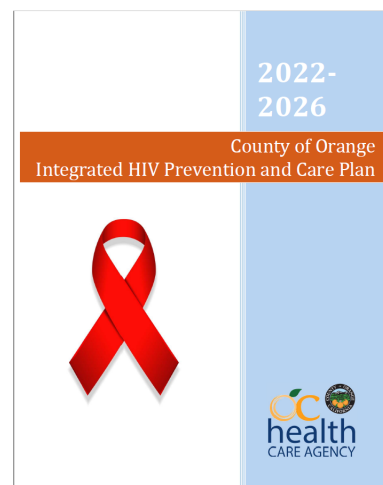
PSAP is responsible for annual priority setting and resource allocation. The committee ensures that the goals and objectives are aligned with other plans to prevent duplication and gaps in service delivery and improve outcomes along the HIV Care Continuum.

HIV Client Advocacy Committee (HCAC)

This subcommittee comprised of PLWH assisted in the development of needs assessment activities for the Integrated Plan through reviewing language and content. HCAC is also involved in the priority setting process and provides recommendations for service priorities for Ryan White services.

Agencies and Service Providers

The Planning process for the Integrated Plan involved various service providers who provided insight on the health care system and can positively impact the strategies by developing and implementing innovative solutions leading to positive health outcomes.

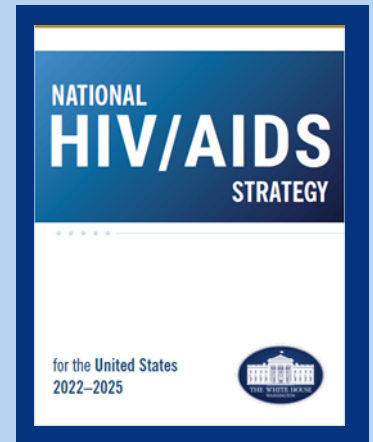


ALIGNING PLANS

The development of Orange County's Integrated Plan involved aligning the goals to those outlined in national, state, and local plans which provide context for managing HIV in Orange County.

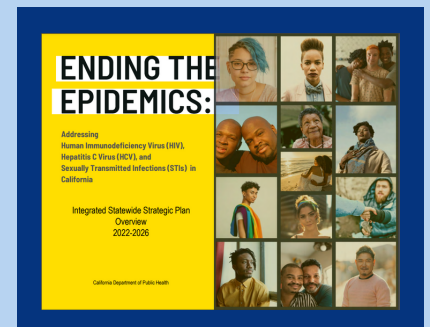
National HIV/AIDS Strategy for the United States 2022-2025

The National HIV/AIDS Strategy is a strategic plan developed by the U.S. Department of Health and Human Services to provide updated data, expand the focus to address social determinants of health, 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.



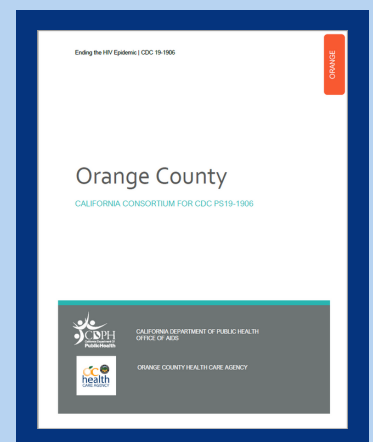
Integrated Statewide Strategic Plan Overview 2022-2026: Ending the Epidemics

California's State Office of AIDS developed the Ending the Epidemics Integrated State Wide Strategic Plan 2022-2026 to articulate the state's strategic vision for addressing the HIV, Hepatitis C Virus, and Sexually Transmitted Infections syndemic. The plan aims to address social and environmental determinants of health most influential of the health outcomes of priority populations. This includes addressing racial equity, housing, expanding health access, mental health and substance abuse, economic justice, and stigma.



Orange County's Ending the Epidemic Plan

This plan describes Orange County's bold and innovative approach for ending the HIV epidemic in the county. HIV efforts in Orange County are led by the Orange County Health Care Agency (OCHCA), HIV Planning and Coordination (HIVPAC) Unit, in collaboration with the Orange County HIV Planning Council. In conjunction with community and clinical partners, the county has built a strong foundation of HIV prevention, care, and treatment services. This plan also aligns with the California Department of Public Health's (CDPH) Laying a Foundation for Getting to Zero plan and the National HIV/AIDS Strategy.



ENDING THE HIV EPIDEMIC

ENDING THE HIV EPIDEMIC (EHE)

In 2019, the U.S. Department of Health and Human Services launched the *Ending the HIV Epidemic in the U.S.* (EHE) initiative, which aims to reduce new HIV infections in the U.S. by 90% in 2030. The initiative seeks to provide support to jurisdictions such as Orange County to address the epidemic through four pillars that guide the approach: Diagnose, Treat, Prevent, and Respond. Orange County has utilized needs assessments, reviews of secondary data and reports, and community engagement strategies to design Orange County's EHE Plan, supplementing the efforts described in the Integrated Plan.

GOAL:

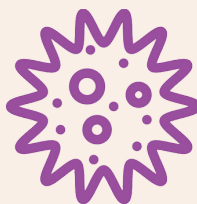
75%
reduction in new
HIV infections
by 2025
and at least
90%
reduction
by 2030.

EHE PILLARS



Diagnose

Diagnose all people with HIV as early as possible



Treat

Treat HIV rapidly and effectively to achieve sustained viral suppression.



Prevent

Prevent new HIV transmissions by using proven interventions, like (PrEP) and syringe services programs (SSPs).



Respond

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



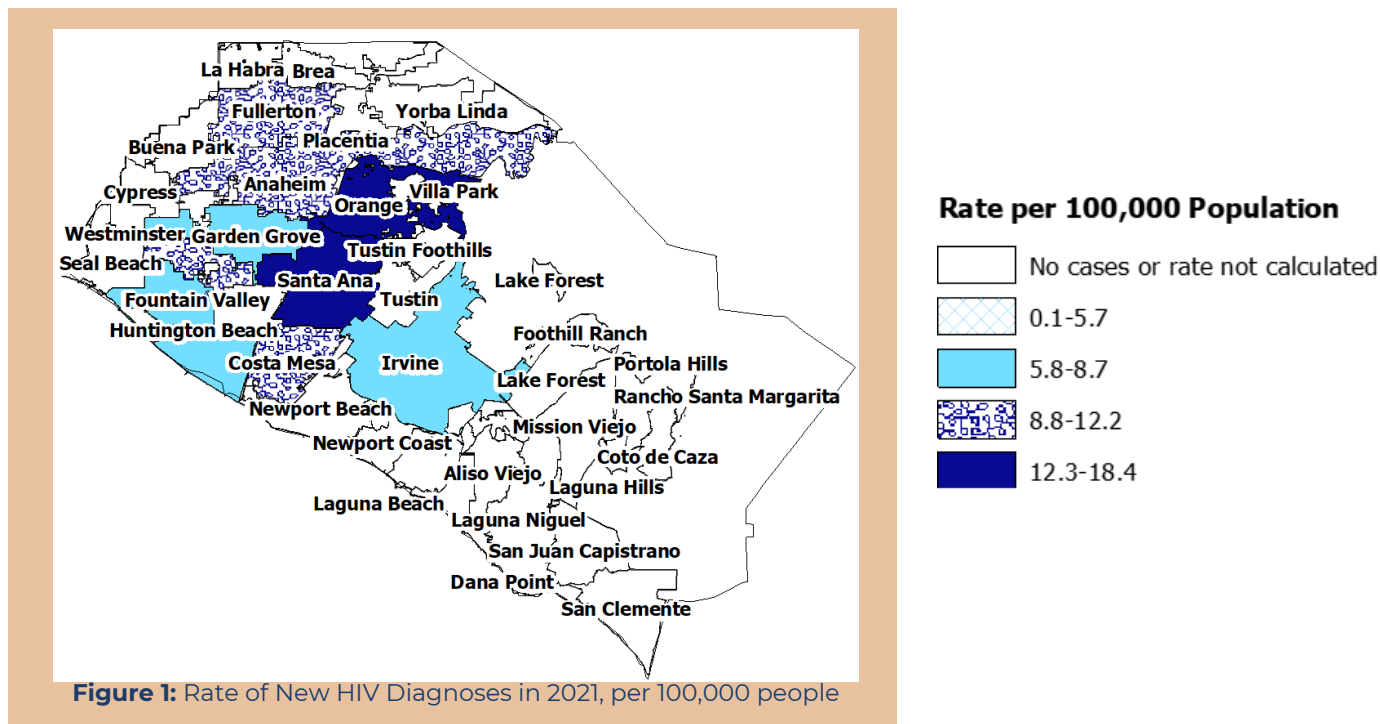
HIV IN OC: THE DATA

Epidemiological data provides context on the state of HIV in Orange County, such as identifying the priority populations who are disproportionately impacted by HIV, or understanding what needs individuals with HIV may have. This data guides the development of the goals and strategies in the Integrated Plan to address the HIV epidemic in Orange County.

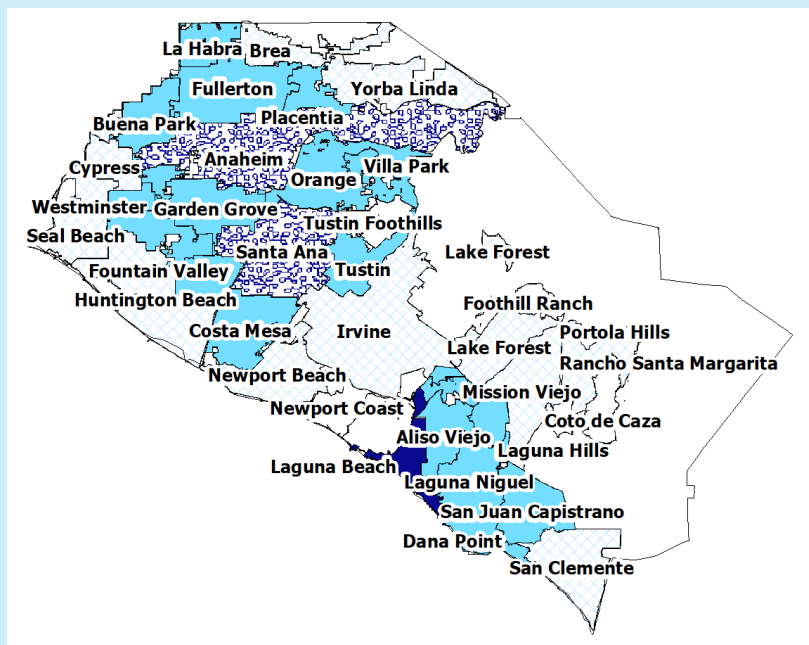
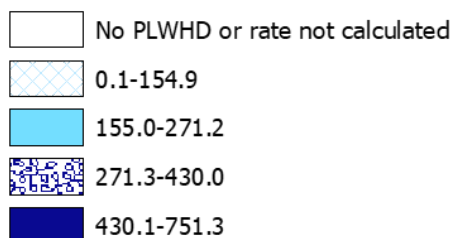
GEOGRAPHY OF HIV CASES

Figure 1 below displays the rate per 100,000 population of persons newly diagnosed with HIV in 2021 in Orange County by city of residence at time of diagnosis. The cities of **Santa Ana (18.4)**, and **Irvine (8.5)** had the highest and lowest rates of individuals diagnosed with HIV in 2021, respectively.

Figure 2 below shows the rate per 100,000 people living with HIV (PLWH) by city of residence at time of diagnosis in 2021. The city of **Laguna Beach (751.3)** had the highest rate of PLWH, followed by **Santa Ana (430.0)** and **Anaheim (305.3)**.



Rate per 100,000 Population



NEW HIV CASES

At the end of 2021, there were **6,772 PLWH** in Orange County including **274** persons newly diagnosed with HIV and **54** individuals concurrently diagnosed with AIDS within a month of their HIV diagnosis. Among persons newly diagnosed, the majority were **men, Hispanic, 26-35 years old** and **men who have sex with men (MSM)**. Overall, compared to those already living with HIV in 2021, there has been an **increase in new HIV diagnoses amongst males, Hispanics, Asians, individuals ages 19-35, and injection drug users (IDU)**, as shown in Figure 3.

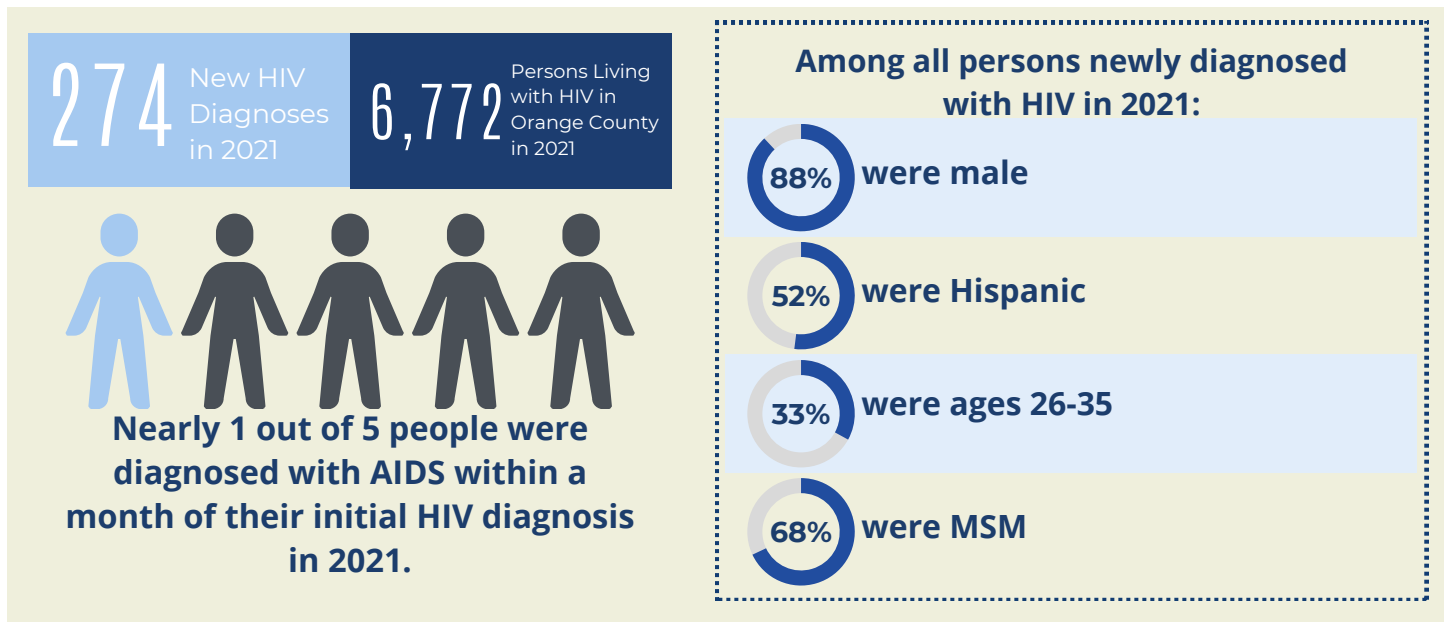
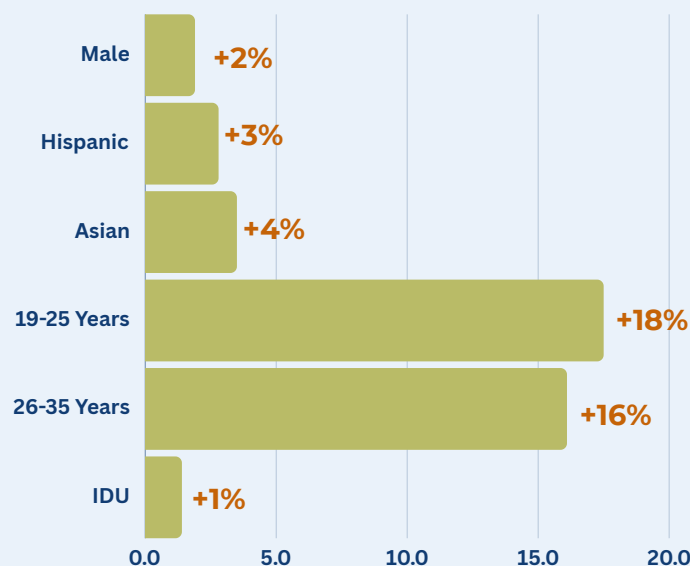


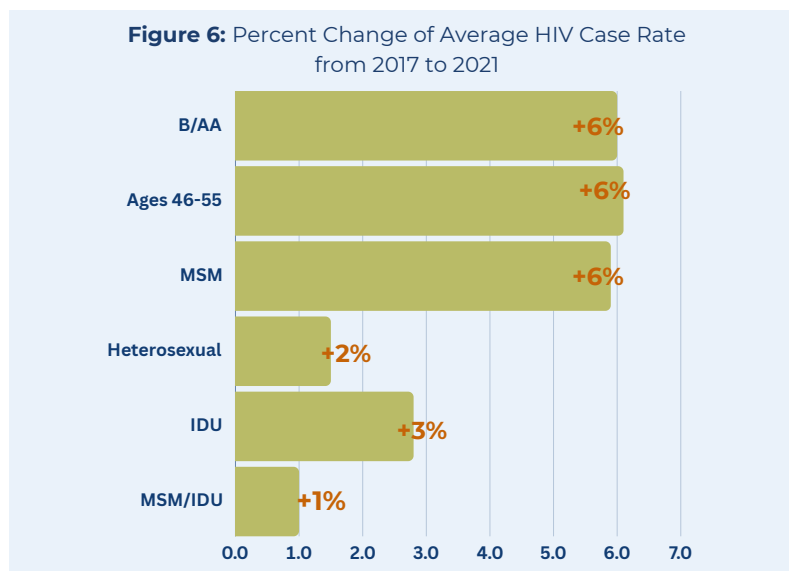
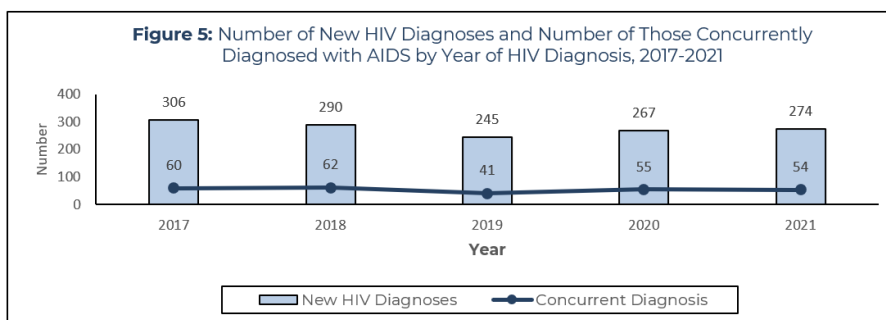
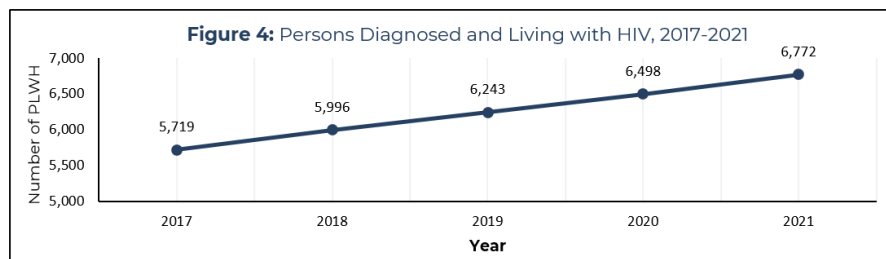
Figure 3: Percent Change in HIV Cases Among Those Newly Diagnosed with HIV in 2021 Compared to Those Already Living with HIV



PEOPLE LIVING WITH HIV IN OC

From 2017 to 2021, the number of PLWH in Orange County increased by **1,053**, with an average increase of **211 new diagnoses per year** (Figure 4)*. However, while the total number of HIV cases has increased, Figure 5 shows that the number of individuals that have been concurrently diagnosed with HIV and AIDS within the same month has **decreased by 10%** in the same time frame.

When looking at case averages by demographics, there has been an increase in HIV case rates from 2017 to 2021 amongst the following groups: **Black/African American (B/AA)**, **ages 46-55**, **MSM**, **heterosexual**, **IDU**, and **MSM/IDUs** (Figure 6).



*This number does not include individuals that have passed away or have been confirmed to have moved outside of Orange County.

HIV CONTINUUM OF CARE

The HIV Care Continuum provides a visual cascade of the key the stages of HIV care and is used to identify gaps in services and develop strategies to improve health outcomes along each stage in the continuum. In Orange County, the stages of the continuum include the following:

Diagnosed with HIV

This is the percent of individuals who are HIV-positive and aware of their status in Orange County.



Receipt of HIV Care

This is the percent of HIV-positive individuals who have received HIV medical care (as indicated as having at least one (1) medical care visit during 2021).



Retained in Care

This is the number of persons diagnosed with HIV and whose most current address was in Orange County as of December 31, 2021 who had at least two CD4 or viral load results with at least three (3) months in-between the first and last results.



HIV Viral Load Suppression

This is the percent of individuals with an HIV viral load of less than 200 copies/mL at the most recent viral load test during 2021.



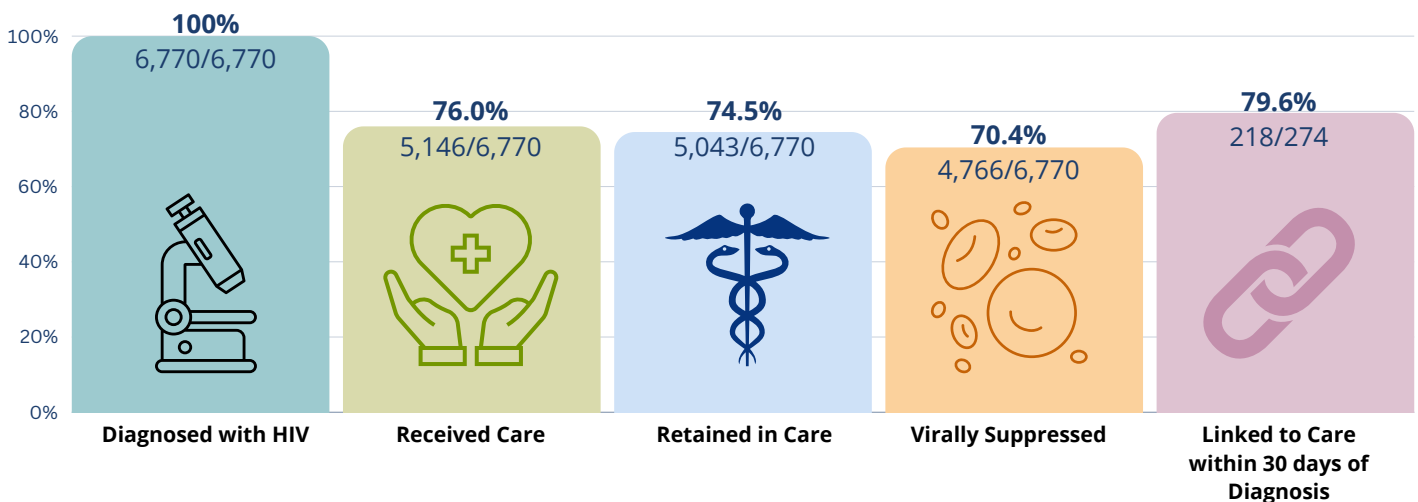
Linked to Care in 30 Days

This is persons diagnosed with HIV in 2021 who had one (1) or more medical visits (as indicated by having at least one (1) viral load and/or CD4 count blood test) within 30 days of their diagnosis.



As shown in Figure 7 below, of the 6,770 PLWH ages 13 years and over living in Orange County in 2021, at least 70% of individuals or more reached each stage of care in 2021.

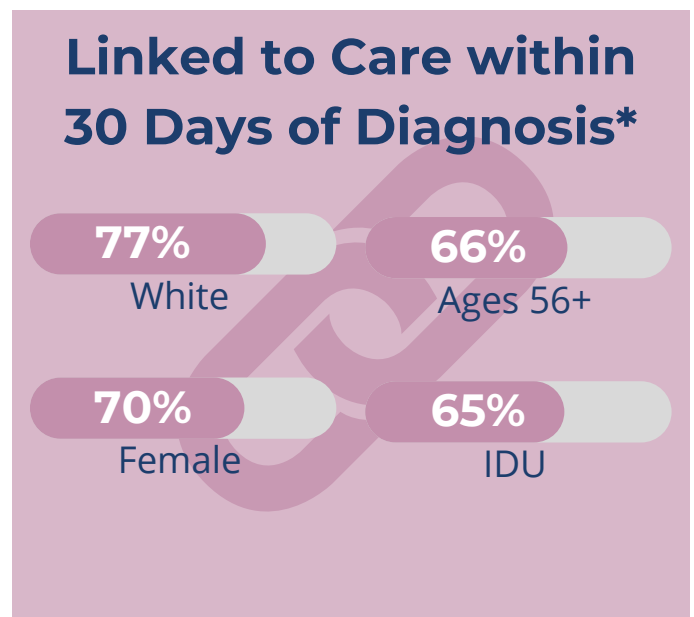
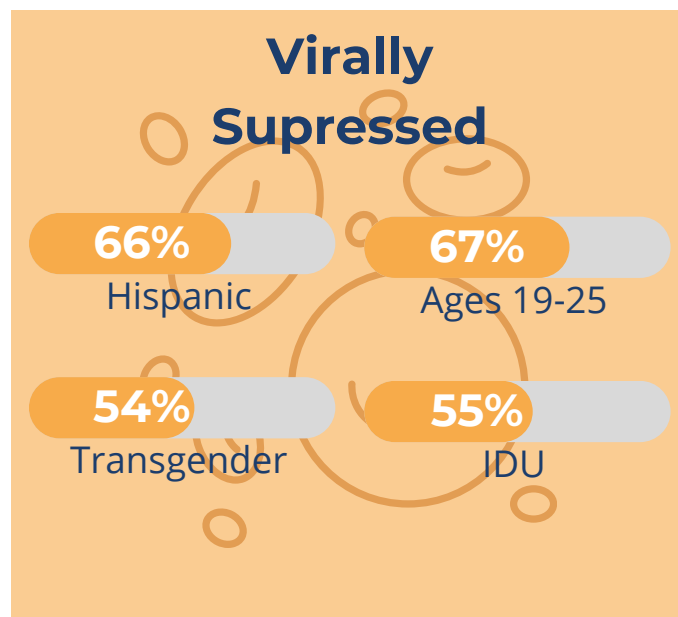
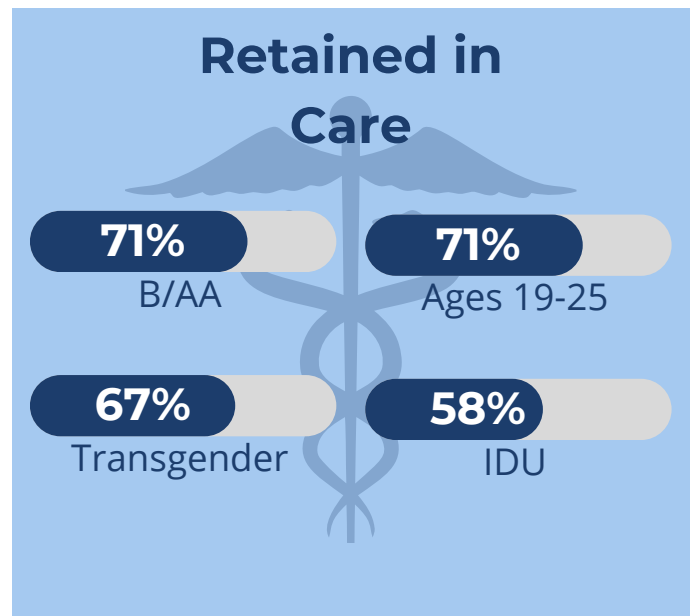
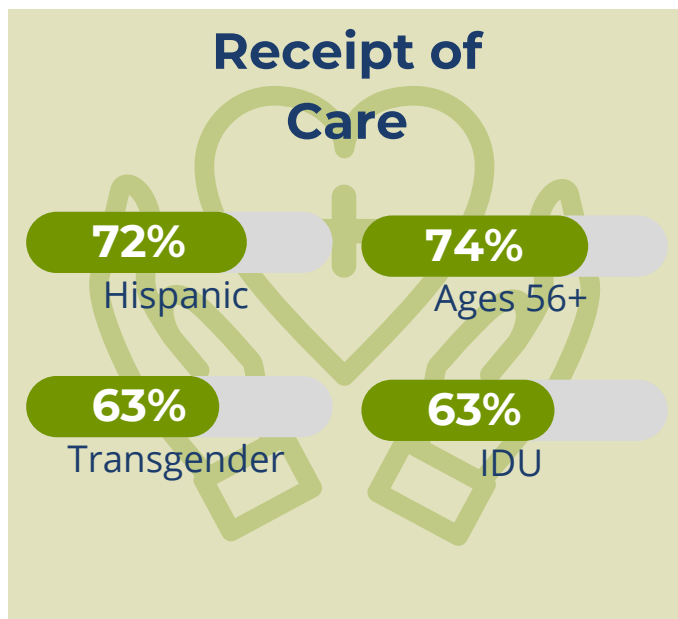
Figure 6: The Continuum of HIV Care: Orange County, 2021



HIV IN OC

CONTINUUM OF CARE BY DEMOGRAPHICS

The Integrated Plan utilizes data from the HIV Care Continuum to determine where improvements are needed at each stage, with particular efforts aimed to reduce disparities by race, age, gender, and risk group. Compared to their counterparts, the following demographic groups had the **lowest percentages** of reaching each respective stage of the HIV Care Continuum in 2021:



*The following did not have Linkage to Care data due to fewer than 10 individuals being diagnosed with HIV in 2021: Black/African Americans, Pacific Islanders, American Indian/Alaskan Native, More than one (1) Race, Ages 13-18, Transgender individuals, MSM/IDU.

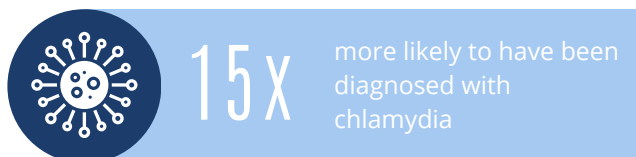
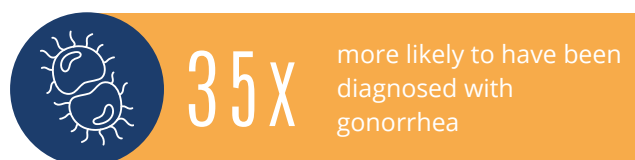
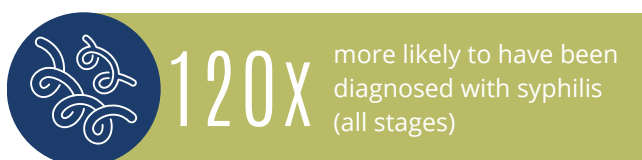
INDICATORS OF RISKS AND CO-MORBIDITIES

PLWH are not only impacted by HIV, but are also at a higher risk for some co-occurring conditions (or comorbidities) when compared to the general population. As shown in Table 2 below, the case rates of **sexually transmitted diseases/infections (syphilis, gonorrhea, and/or chlamydia)**, **homelessness/unstably housed**, and **history of incarceration** are notably higher among PLWH compared to the general population.

Table 2: Case Rate of Comorbidities, 2021

	Case Rate per 100,000 People	
	General Population	PLWH
Syphilis	66.0	7,929.7
Gonorrhea	171.0	5,821.9
Chlamydia	375.2	5,685.2
Homelessness/ Unstably Housed	220.3	1,588.3
Formerly Incarcerated	106.6	2,200.2

In 2021, individuals in Orange County living with HIV are:





APPROACH

The approach to developing the 2022-2026 Integrated Plan included a combination of updating the previously submitted 2017-2021 Integrated Plan, integrating sections of the Orange County's EHE Plan, and incorporating feedback from key stakeholders, including people living with HIV (PLWH) HIV Planning Council and subcommittee members, community members, individuals from priority populations, community partners, and service providers through meetings, surveys, focus groups, and other methods.

COMMUNITY ENGAGEMENT & NEEDS ASSESSMENT

PRIORITY POPULATIONS

Based on the data for HIV testing and treatment within Orange County, and the community planning and engagement processes, the following have been identified as **priority populations**:

- Men who have sex with Men (MSM) of color (African American/Black or Hispanic/Latino);
- Individuals who are incarcerated or who have a history of incarceration;
- Individuals with history of substance abuse, including people who inject drugs (PWID);
- Other priority populations which existing HIV programs and services have had less capacity to reach:
 - Young people (19-25)
 - Transgender Individuals
 - Pre-Exposure Prophylaxis (PrEP) eligible individuals
 - People Living with HIV (PLWH) who are not virally suppressed.

The strategies and interventions detailed in the Integrated Plan are intended to reach priority populations, which are populations disproportionately impacted by HIV, to ensure maximum impact and that the goals and objectives of the plan are met.

PRIORITY APPROACHES

The following has been identified as priorities arising from the needs assessment process:

- **Expand community engagement efforts** of priority populations to identify barriers to HIV care, inform service delivery, and build capacity within Orange County
- **Increase PrEP coverage**, particularly among priority populations at high risk for HIV infection, and availability of PrEP Navigation Services
- **Expand availability of HIV prevention and care services in non-traditional health care settings** to effectively reach priority populations, which existing services have had less capacity to reach
- **Expand Rapid ART services** through community-based providers
- Improve outcomes along the HIV Care Continuum for PLWH **outside of the Ryan White system of care**
- Implement testing innovations to **improve access to testing** for individuals who are HIV positive and unaware of their status and link them to care
- Develop an **HIV Outbreak Response Plan** to provide needed care and prevention services to reduce risk among affected populations and ultimately reduce HIV transmission

GOALS & OBJECTIVES

The Integrated Plan goals and objectives align with Orange County's NHAS and EHE goals and objectives. The goals for Orange County were reviewed and updated by the HIV Planning Council and its subcommittees.

GOAL 1: PREVENT NEW HIV INFECTIONS

Objective 1.1: By the end of 2026, increase the percentage of people living with HIV (PLWH) who know their serostatus to **at least 90.0%** (from 84.3% in 2020 to 90.0% in 2026).

Strategies:

- Promote HIV testing as part of routine health care through routine opt-out testing (ROOT)
- Offer targeted HIV testing in non-healthcare settings
- Use Partner Services to help HIV-positive individuals disclose their status to sex or needle sharing partners
- Develop HIV Outbreak Response Plan to provide needed prevention services to individuals at risk for HIV, including partners of PLWH identified through response activities

EHE Pillars:



Diagnose



Treat



Respond

Objective 1.2: By the end of 2026:

- Reduce the number of new HIV infections per 100 people estimated to be living with HIV by **75%** (from 2.4 per 100 PLWH in 2020 to 0.6 per 100 PLWH in 2026)
- Reduce the number of new HIV diagnoses by **75%** (from 264 in 2020 to 66 in 2026)

Strategies:

- Condom distribution to HIV-positive and high-risk populations
- Utilize social marketing, media, and community mobilization strategies to promote HIV prevention and testing
- Leverage partnerships with CBOs to reach priority populations
- Ongoing community engagement of priority populations
- Increase capacity to offer trauma informed prevention services to priority populations
- Utilize surveillance data to provide needed prevention services to geographic areas throughout the county with increasing rates of HIV

EHE Pillars:



Diagnose



Treat



Respond

Objective 1.3: By the end of 2026, increase Pre-Exposure Prophylaxis (PrEP) coverage to **at least 50.0%** (from 21.2% in 2020 to 50.0% in 2026).

Strategies:

- Continue to provide PrEP
- Expand availability of PrEP Navigation Services through county and community-based providers
- Increase awareness of PrEP among priority populations

EHE Pillars:



Prevent

GOALS & OBJECTIVES

GOAL 2: IMPROVE HIV-HEALTH RELATED OUTCOMES OF PEOPLE LIVING WITH HIV

Objective 2.1: By the end of 2026, increase Rapid antiretroviral therapy (ART) initiation for newly diagnosed individuals within 0-5 days of diagnosis to **at least 33.0%** (from 19.0% in 2021 to 33.0% in 2026).

Strategies:

- Provide Rapid ART Services for newly identified HIV-positive individuals
- Provide Re-Rapid ART Services for those who have been out of care
- Expand availability of Rapid/Re-Rapid ART Services through county and community-based providers

EHE Pillars:



Objective 2.2: By the end of 2026, increase linkage to care within one (1) month of HIV diagnosis to **at least 85.0%** (from 78.7% in 2020 to 85.0% in 2026).

Strategies:

- Expand network of medical providers serving PLWH
- Educate community medical providers about available services for PLWH
- Apply interventions that link newly diagnosed patients to care
- Utilize Partner Services to reach newly identified HIV-Positive Individuals

EHE Pillars:



Objective 2.3: By the end of 2026:

- Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to **at least 80.0%** (from 77.3% in 2020 to 80.0% in 2026)
- Increase viral suppression among people diagnosed with HIV to **at least 80.0%** (from 71.5% in 2020 to 80.0% in 2026).

Strategies:

- Assist PLWH to access services regardless of payer sources or health care coverage
- 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 PLWH have access to continuum of HIV services
- Ensure access to HIV medications
- Provide education and support for adherence to medications
- Educate HIV specialists about offering treatment based on clinical guidelines
- Educate providers about referring to HIV specialist for treatment
- Offer incentives for reaching viral load suppression
- Implement Community-Based Case Management Services
- Develop HIV Outbreak Response Plan to provide needed care and treatment services to individuals living with HIV who have been identified as part of a cluster

EHE Pillars:



GOALS & OBJECTIVES

GOAL 3: REDUCE HIV-RELATED HEALTH DISPARITIES & HEALTH INEQUITIES

Objective 3.1: By the end of 2026, increase viral suppression among people diagnosed with HIV for the following groups:

- Men who have sex with men (MSM) (from 74.9% in 2020 to **79.9%** in 2026)
- Black MSM (from 66.7% in 2020 to **73.9%** in 2026)
- Latino MSM (from 71.3% in 2020 to **76.3%** in 2026)
- Transgender Women in HIV medical care (from 87.1% in 2020 to **65.0%** in 2026)
- People who inject drugs (PWID) (from 52.8% in 2020 to **60.1%** in 2026)
- Youth aged 13-24 (from 71.1% in 2020 to **76.1%** in 2026)

Strategies:

- Engage priority populations through community engagement and needs assessment activities, such as health summits
- Social marketing, media, and community mobilization strategies that are culturally appropriate and in languages of targeted groups
- Increase capacity to offer trauma informed prevention services to priority populations

EHE Pillars:



Treat

Objective 3.2: By the end of 2026, reduce the percentage of persons in Ryan White HIV medical care who are homeless from 4.7% in 2020 to **7.0%** in 2026.

Strategies:

- Provide access to programs that assist PLWH 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 PLWH that are out of care and living in unstable housing back into care

EHE Pillars:



Treat





RESOURCE INVENTORY

The next section provides an brief overview of the funding allocated by Orange County and the services it supports to combat the HIV epidemic in the region. Funding sources and services provided are only reflective of the state of the budget at the time of document release.

HIV PREVENTION, CARE AND TREATMENT RESOURCE INVENTORY

RESOURCE INVENTORY BY FUNDING SOURCES

The funding table below provides an estimated overview of funding, by funding source, available in Orange County to address the HIV Care Continuum*. Information presented may not fully represent all funding available for people living with HIV (PLWH) and those at risk for HIV in Orange County.

Table 3: Funding Sources and Provided Services, December 2022**

Funding Source		Core Medical-Related Services	Supportive Services	HIV Testing and Prevention
Ryan White	Part A/MAI	X	X	
	Part B	X	X	
	Part C	X	X	
	Part D	X	X	
	Part F			
CDC Prevention			X	X
SAMHSA		X	X	
HOPWA		X	X	
State/Local		X	X	
CDC EHE (Components A and C)				X
HRSA EHE		X		X
CARES Act			X	

*For more information and a complete HIV Prevention , Care and Treatment Resource Inventory, please refer to page 76 of the full [2022-2026 Integrated Plan](#).

**Information provided on this page is reflective of the Orange County Integrated Plan submission in December 2022

ACKNOWLEDGEMENTS

The development and finalization of the Integrated Plan and its supplemental material has been an on-going project. While the Integrated Plan is finalized, its strategies will be continuously evaluated and the Working Plan will be updated annually to reflect available data. Thanks to the continuous work and dedication that the HIV Planning Council and its subcommittees provide, we can work towards a healthier Orange County.

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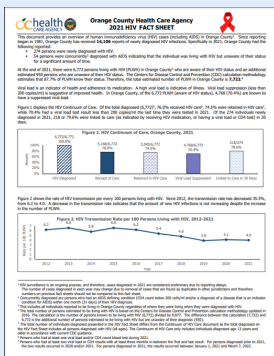
*Names listed reflect Planning Council and subcommittee membership as of December 2022.

APPENDIX A

REFERENCE DOCUMENTS

Orange County Resources

National and State Resources



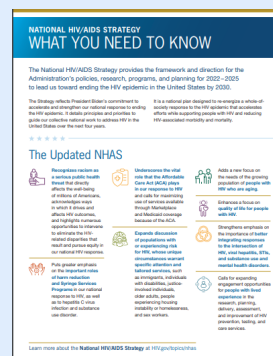
The [2021 Orange County HIV Fact Sheet](#) provides an annual overview of HIV/AIDS cases in Orange County.



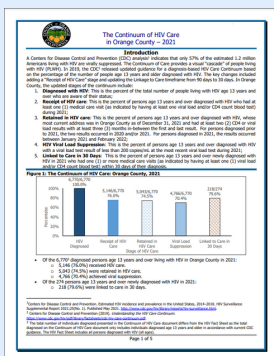
The [National HIV/AIDS Strategy](#) provides a roadmap to guide efforts to end the HIV epidemic.



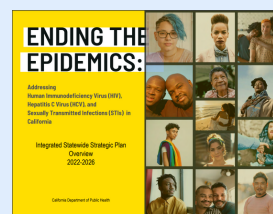
The [2018 HIV/AIDS Surveillance Statistics Report](#) provides a summary of HIV/AIDS cases in Orange County through December 31, 2018.



The [NHAS What You Need to Know Page](#) provides a summary of the NHAS framework.



The [2021 Continuum of Care Fact Sheet](#) provides an overview of the demographics at each stage of the continuum.



The [California's Ending the Epidemics Strategic Plan](#) provides an overview of HIV/AIDS cases in Orange County.

Please click on any of the reports above to visit their website and find more information.



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