

# Statewide Coordinated Statement of Need:

## Assessing the needs of Californians around HIV and using data to guide planning

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# BACKGROUND

# What is the Statewide Coordinated Statement of Need (SCSN)?

- SCSN required by CDC and HRSA as part of the Integrated Plan
- Ideally used to guide program planning

# Components of SCSN

Needs

—

Resources

= Gaps

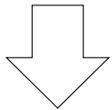
# Using the SCSN

Needs

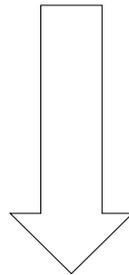
Resources

Gaps

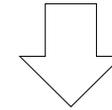
**Data Driven Decision Making**



**2016  
Integrated Plan**



**Program Planning**



**Priority Setting and  
Resource Allocation**

# Terminology

- Needs assessment
- Statewide coordinated statement of need
- Assessment of service needs

# IMPLEMENTING THE SCSN

# SCSN: Constraints

- Limited resources
- Limited time
  
- Need to prioritize assessment activities
  - Cyclical process

# Identifying SCSN priorities

- Collaborated with CPG to develop comprehensive list of services and activities
- Solicited input on services/activities and populations that were high priority to assess
  - In-person meetings and online survey
  - Obtained input from planning groups, providers, consumers, LHJs, etc.

# Services and activities

1. PrEP
2. Mental health and substance abuse
3. Retention in care
4. Housing
5. Medical case management
6. Cultural competence/sensitivity
7. Comprehensive medical care
8. Harm reduction for IDU
9. Transportation
10. Access to medications / ADAP
11. Linkage to care
12. Patient navigation
13. Partner services
14. STD testing and treatment
15. Testing (routine)
16. Translation/Interpretation
17. Benefits Counseling
18. Capacity for non-medical staff
19. In home care (MCWP)
20. Non-medical case management
21. Oral health care
22. Reengagement in care
23. Testing (targeted)
24. Alternative medicine/therapies
25. Capacity Building for medical staff
26. PEP
27. After hours access
28. Reproductive health
29. Hospice
30. Prevention with positives
31. Risk reduction activities
32. Treatment Adherence

# Selected priority areas

- Case management (medical and non-medical)
- Housing
- Linkage to care
- Mental health services and treatment
- Partner services
- PrEP
- Quality of HIV care
- Retention/re-engagement in care
- Routine HIV testing in healthcare settings
- Substance abuse care and treatment

# Sub-populations

1. Incarcerated & recently released
2. MSM of color
3. Transgender
4. Younger MSM
5. Substance users
6. Low income
7. MSM sex workers
8. Persons over 50 years old
9. Undocumented persons
10. Blacks
11. Newly infected
12. People with disabilities
13. Homeless Adults/Youth
14. Rural populations
15. Latino/Latina
16. Long term survivors
17. Aging
18. High risk / vulnerable negatives
19. Medi-Cal recipients
20. MSM
21. Sex workers

# Selected sub-populations

- Transgender persons
- Incarcerated and recently released persons
- MSM of color
- Young MSM

# Assessment process

- Identify key questions for each priority area
  - Goal: delineate scope/size of need
- Identify existing data sources
  - Focus on high-quality representative data
  - Literature
- OA staff and subject matter experts review data and literature, summarize findings

# Commonly used data sources

- HIV surveillance data
- Medical Monitoring Project (MMP)
- National HIV Behavioral Surveillance project (NHBS)
- Ryan White program data
- U.S. Census
- California Health Interview Survey (CHIS)
- Literature reviews

# Caveats

- Work ongoing
  - Limited information on sub-populations and some topics/service areas at this time
  - Findings are very preliminary
- Short presentation
  - Only presenting sample of our data
- Many data gaps

# PRELIMINARY FINDINGS

# PrEP

- How many people in California could benefit from PrEP?
  - 500,000 – 1.1 million men who have sex with men (MSM) in California
  - ~100,000 are already HIV positive
  - 36-66% engage in condomless anal sex
  - 144,000 – 660,000 MSM could benefit from PrEP
- How many MSM in California are already on PrEP?
  - 2-10% depending on the geographic area (2014)

# PrEP

- How many people in California could benefit from PrEP?
  - 144,000 – 660,000 MSM
- How many MSM in California are already on PrEP?
  - 2-10%
- Resources
  - ~130 PrEP providers in California
- Gaps
  - Many eligible MSM are not on PrEP
  - Insufficient providers to prescribe and monitor

# Expanded / routine testing

- How many Californians are being routinely screened for HIV?
  - 26 million Californians that should be screened at least once in their lifetime\*\*
  - Nationally ~42% general population report ever having HIV test
  - Estimate at least 13 million Californians need screening
- Resources
  - Under ACA, HIV screening covered by health insurance
- Gap?

# Linkage to care (LtC)

- How well are persons newly diagnosed with HIV linked to care within 30 days?
  - ~70% state-wide
  - Estimated newly diagnosed PLWH in California needing additional LtC outreach/support: 1,500/year
- Benchmark: NHAS Goal to link 85% newly diagnosed to care within 30 days of diagnosis
- Resources
  - # LHJs with surveillance-based LtC program: <10
- Gaps?

# Partner services

- How many PLWH have HIV negative sex and/or needle sharing partners?
  - Nationally, 11-29% report condomless sex with HIV negative or unknown status partner
  - Estimated 13,000-49,000 PLWH in California could benefit from partner services
- Resources
  - How many LHJ staff are training on performing partner services for PLWH? What caseload could they manage?
- Gaps?

# Case management

- How many PLWH need case management?
  - Nationally, 59% of PLWH in care receiving case management + 5% need, but not receiving
  - 37,000 PLWH are out of care in California
  - Estimate 80,000 – 93,000 PLWH in California need case management
- Resources
  - How many PLWH receiving case management services?
  - What capacity is there to expand?
- Gaps?

# Housing

- What proportion of PLWH are unstably housed?
  - ~8,000 Ryan White clients in California
  - Nationally, 8-17% of all PLWH are “homeless”
  - Estimated PLWH in California needing housing support services: 10,000 – 28,000
- Resources: How many PLWH receiving housing services in California?
  - Ryan White: ~2,000
  - Office of AIDS-administered HOPWA: ~2,000
  - Other HOPWA? Other public assistance?

# Substance abuse treatment and care

- How many PLWH use or abuse substances?
  - Nationally, among all PLWH
    - At least 30% smoke tobacco daily
    - 15-46% binge drink
    - 2-7% use injection drugs
    - 17-61% use non-injection drugs
  - Among PLWH in California, 17,000 likely acquired HIV through injection drug use
  - Estimated number PLWH in California who need substance abuse treatment services:  
2,500 – 50,000

# Substance abuse treatment

- How many PLWH use or abuse substances?
  - Estimated number PLWH who might need substance abuse treatment services: 2,500 – 50,000
- Resources
  - Ryan White programs in California served ~2,300 people for outpatient substance abuse treatment
  - Medi-Cal? Private sector?
- Gaps?

# Mental health

- How many PLWH have mental health conditions?
  - Nationally, among PLWH in care, 20% have moderate to severe depression
  - Estimated PLWH in California with depression: 25,000 – ?
- Resources
  - Ryan White programs in California provided mental health services to ~10,500 people
  - Medi-Cal? Private sector?
- Gaps?

# Quality of care

- How PLWH in care prescribed ART?
  - Nationally, 94-96%
- How many PLWH in care are virally suppressed?
  - 85.7% in California
  - Ryan White clients? Medi-Cal?
- Benchmark: World Health Organization goal: 90% viral suppression among those in care
- Resources
  - Ryan White, Medi-Cal, ADAP
- Gaps?

# Retention/re-engagement in care

- How many PLWH are at high risk of falling out of care?
  - Much more complex analysis
- Resources?
  - How many Ryan White clinics have active retention/re-engagement programs?
- Gaps?

# Preliminary lessons

- Major data gaps
- Major service gaps
  - Need to analyze more closely, particularly by sub-group
  - Need to identify the specific issues and barriers

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- OA Care Research and Evaluation Section
- Survey respondents