

# California's Integrated HIV Surveillance, Prevention, and Care Plan

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**October 1, 2014**



# Overview

- California Integrated Plan (IP) overview
- Response to CPG member comments
- Update on Goals 4-6
- Next steps
  - Integrated plan
  - Statewide coordinated statement of need



# CALIFORNIA'S INTEGRATED PLAN



# California's Integrated Plan

- In 2012, California released first *Integrated HIV Prevention, Surveillance, and Care Plan*
- CPG was directly involved in developing the *Integrated Plan*

# Integrated Plan Goals

1. Reduce New Infections
2. Increase Access to Care and Optimize Health Outcomes
3. Reduce HIV-Related Health Disparities
4. Achieve a Coordinated Response to the HIV Epidemic in California
5. Maximizing Resources Through Efficacy of Planning and Allocation, Flexibility, and Effective Program Fiscal Management
6. Monitoring the Epidemic Using Surveillance Data to Support and Direct Program and Policy Decisions

# Goal 1: Reduce New Infections

1. Decrease estimated number of new HIV infections by 25% by 2015
2. Increase estimated percentage of PLWHA who know their serostatus to 90% by 2015
3. Increase proportion of PLWHA in care with undetectable viral load by 20% by 2015

## **Goal 2: Increase Access to Care and Optimize Health Outcomes**

1. Increase proportion of newly diagnosed patients linked to care within three months of diagnosis to 85% by 2015
2. Increase proportion of PLWHA in continuous care to 80 percent by 2015

# Goal 3: Reduce HIV-Related Health Disparities

1. Increase proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20% by 2015
2. Increase proportion of HIV-diagnosed Blacks with undetectable viral load by 20% by 2015
3. Increase proportion of HIV diagnosed Latinos with undetectable viral load by 20% by 2015

# **Goal 4: Achieve a Coordinated Response to the HIV Epidemic in California**

1. Examine data elements for compatibility and comparability across systems and programs
2. Convene cross-branch meeting at least monthly to support coordinated response
3. Establish at least two forums for external partners provide feedback and input on OA activities
4. Develop and implement statewide Health Care Reform Communications Plan to support RW client transition to other payer sources

# **Goal 5: Maximizing Resources Through Efficient Planning and Allocation, Flexibility, and Effective Fiscal Management**

1. Engage CPG in integrated planning
2. Establish process to ensure allocations and contracts released in timely manner
3. Use Advisory Network to disseminate information about resources and grant opportunities
4. Review current allocation formulas and revise to ensure are data-driven, responsive to local need, and target highest risk populations and disproportionately affected communities

# **Goal 6: Monitoring the Epidemic Using Surveillance Data to Support and Direct Program and Policy Decisions**

1. Publish HIV surveillance reports
2. Publish reports on progress toward NHAS objectives; provide jurisdiction-specific reports
3. Establish and monitor program indicators on prevention, care, and treatment and provide feedback to contractors
4. Host data workshops to build local capacity for using data to enhance programs
5. Publish prevention, care, and treatment reports to describe OA's programmatic response

# **CPG COMMENTS AND CONCERNS**

# Updated IP goals and objectives

- Why did we update the IP goals and objectives?
  - Objectives not always clear and not SMART format
  - Need to report back to CPG on progress
- Process: Series of internal OA meetings with representatives from all branches and division
- Goals were to
  - Identify and revise unclear language
  - Change to SMART format
  - Make goals and objectives consistent with National HIV/AIDS Strategy
  - Maintain spirit of original goals and objectives

# Engagement with California tribes and tribal health corporations

- Prior to 2007, OA provided C&T funds to Dept's Indian Health Program.
  - Funds were re-allocated to Indian health clinics/CBOs
  - Limited resources prevented IHP from renewing agreement with OA (IHP moved from CDPH to DHCS)
- OA participated in NASTAD's Native American Work Group, a national advisory body, and encouraged inclusion of CA Indian health clinics and CBOs representatives.
- Current activities are coordinated through the Director's office and the Office of Health Equity

# **Goals 1 and 3: Use of 20% improvement**

- National HIV/AIDS Strategy set national objectives for 2015 to increase the proportion of persons attaining viral suppression by 20% compared to 2010 baseline

# Goal 4, Objective 2: Cross-branch workgroup

- Internal meeting to help coordinate activities across Branches
  - Focus on sharing knowledge
  - Does not generate products or initiate projects
  - No meeting minutes
- Meets every two weeks
- Regular attendees from Division and all Branches
- Recent topics
  - Medical Monitoring Project
  - Minority AIDS Initiative
  - Data to care
  - Overlapping activities between Prevention and Care

## **Goal 5, Objective 4: Definition for “disproportionately affected communities”**

- OA currently examines prevalence (number people living with HIV) and incidence (number of new infections) in different populations and geographic areas to identify impacted communities
- Review and revision of allocation formulas will examine need to take other measures in to account (e.g., disease progression, linkage and retention in care)

# Goal 6, all objectives: Clarification of term “annually”

- By 2015, OA expects to be releasing or performing the following on an annual basis
  - Surveillance report
  - Report on California progress toward meeting NHAS/IP objectives
  - Report on LHJ-specific progress toward NHAS/IP objectives
  - Reports on prevention, care, and treatment programs
  - Data workshops
  - Feedback to contractors on program effectiveness

# PEP and PrEP not mentioned in objectives

- Specific programs will be addressed in the revised activities in the 2016 IP
- Amy Kile-Puente presenting on OA work on PrEP

# Timing of the needs assessment



# Specific activities and action steps



# Questions regarding IP Goals and Objectives?

# **UPDATE ON GOALS 4-6**

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Moving forward

# **INTEGRATED PLAN AND THE STATEWIDE COORDINATED STATEMENT OF NEED**

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

- An overview of the needs of Californians living with HIV
- Based on epidemiological trends, barriers to care, and service needs
- Used to inform development of the 2016 Integrated Plan

# The 2016 Integrated Plan will...

- Articulate statewide goals for HIV prevention and care
- Highlight areas of need, service gaps, and barriers
  - Emphasizing populations and communities most affected by the epidemic
- Outline activities for implementing goals
- Identify ways of measuring progress toward goals

# 2012 IP vs. 2016 IP

- Recent revisions focused on 2012 IP
  - Clarifying language
  - SMART format
- Next steps?
  - Revise/update the 2012 activities versus
  - Focus on SCSN and IP for 2016

# OA Plan for SCSN and IP

- SCSN and IP must meet HRSA and CDC guidelines
  - OA focus on developing a useful and relevant document (data-driven decision making)
- Developed broad strategy and timeline to guide work during 2014-2016
- Key components of SCSN
  - Epidemiologic profile
  - Assessment of service needs
  - Resource inventory
  - Assessment of unmet needs and service gaps

# OA Plan for SCSN and IP

- Designated SRE Branch as lead for SCSN
- Division will lead IP development
- Identifying staffing needs
- Will convene work groups for SCSN components this fall

# CPG involvement with SCSN and IP

- Participate in assessment of needs and service gaps
- Help obtain input from providers, consumers, and stakeholders
- Help ensure that Plan is relevant at the local level and targeted to those most affected by the epidemic
- Assist with monitoring and documenting any challenges and successes in its implementation

**QUESTIONS?**