Getting to Zero San Mateo County

San Mateo County HIV Program

Community Board Meeting

August 14, 2019



CDPH – Office of AIDS Getting to Zero

- CDPH OA finalized an Integrated HIV Surveillance,
 Prevention and Care Plan in September 2016
- The Integrated Plan establishes a blueprint to guide the work of the state and local health departments from 2017 to 2021 to strive to "Get to Zero"
 - Zero new HIV infections
 - Zero AIDS-related deaths
 - Zero stigma and discrimination against people living with HIV (PLWH)



CDPH – Office of AIDS Getting to Zero Plan Structure

- Four Main Goals
- Twelve Objectives that align with 1 or more goals
- Fifteen strategies that correspond to the objectives
- Multiple activities/interventions within each strategy



CDPH – Office of AIDS Getting to Zero Goals

- Reduce new infections in California
- Increase access to care and improve health outcomes for PLWH in California
- Reduce HIV-related health disparities and health inequities in California
- Achieve a more coordinated statewide response to the HIV epidemic



How this presentation is organized:

Objective Number

Examples of activities/interventions in San Mateo



Objective 1: Increase the estimated number of Californians living with HIV who know their serostatus to at least 95 percent

- Targeted HIV testing to high-risk populations
- Incorporating Partner Services throughout Prevention and Care services
- Encouraging routine opt-out HIV testing in primary care settings

Objective 2: Reduce the number of new HIV diagnoses in California by at least 50 percent, to fewer than 2,500 per year

- PrEP education, referrals and linkage to care
- Linkage to and retention in care for those who are positive
- Incorporating Partner Services throughout Prevention and Care services



Objective 3: Increase the number of Californians at risk for HIV infection who are on PrEP to 60,000

- PrEP education, referrals and linkage to care
 - Identify PrEP candidates through HIV Prevention, STD Clinic and STD Surveillance
 - Integrated into case investigations for all positive rectal gonorrhea cases
 - Addition of PrEP Linkage to Care staff
 - Outreach to private providers providing PrEP
 - HIV Prevention team are all certified PrEP-AP enrollment workers



Objective 4: Decrease the percentage of persons with new HIV diagnoses in California that are diagnosed with Stage 3 (AIDS) within 12 months of diagnosis

- Targeted HIV testing to high-risk populations
- Incorporating Partner Services throughout Prevention and Care services
- Encouraging routine opt-out HIV testing in primary care settings
- Linkage to Care services for newly diagnosed
- Rapid Antiretroviral Treatment (ART) implementation



- Objective 5: Increase the percentage of sexually active PLWH in care who are tested at least once in a year for gonorrhea, syphilis and chlamydia to at least 75 percent
- Monitor this clinical metric through ARIES for all patients seen at Edison Clinic and Fair Oaks Health Center
- Assignment of all STI infections in HIV-positive residents to specific Communicable Disease Investigator for interview and Partner Services



- Objective 6: Increase the percentage of newly diagnosed persons in California linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent
- Specific Linkage to Care position that is integrated with HIV Surveillance so all newly reported cases are contacted and linked to care, including private providers
- Linkage to Care position works closely with Medical Case
 Management staff for clients of Edison Clinic and Fair Oaks Health
 Center



- Objective 7: Increase the percentage of newly diagnosed persons in California who are virally suppressed within six months of diagnosis to at least 75 percent
- Specific Linkage to Care position that is integrated with HIV Surveillance so all newly reported cases are contacted and linked to care, including private providers
- Rapid Antiretroviral Treatment (ART) implementation
- Monitor this clinical metric through ARIES for all patients seen at Edison Clinic and Fair Oaks Health Center
- Monitor this clinical metric through eHARS for all patients seen by private providers

Objective 8: Increase the percentage of Californians with diagnosed HIV infection who are virally suppressed to at least 80 percent

- Specific Retention in Care position that is integrated with HIV
 Surveillance so all cases identified as out-of-care are contacted
- Monitor this clinical metric through ARIES for all patients seen at Edison Clinic and Fair Oaks Health Center
- Ryan White funded services to support client retention in care
- Monitor this clinical metric through eHARS for all patients seen by private providers



Objective 9: Increase the percentage of Californians with diagnosed HIV infection who are in HIV medical care (at least one visit per year) to at least 90 percent

- Specific Retention in Care position that is integrated with HIV
 Surveillance so all cases identified as out-of-care are contacted
- Monitor this for all patients seen at Edison Clinic and Fair Oaks Health Center, referred to Retention in Care position if needed
- Ryan White funded services to support client retention in care
- Monitor this clinical metric through eHARS for all patients seen by private providers

- Objective 10: Increase the percentage of Californian ADAP clients with public or private health insurance to at least 85 percent
- All Medical Case Management staff at Edison Clinic and Fair Oaks
 Health Center are ADAP enrollment workers, can directly refer to
 Community Health Advocates to be screened for and apply for public
 health insurance options as well as Covered California
- Applying for public or private health insurance is requirement of ADAP enrollment process, tracked by CDPH - OA



Objective 11: Reduce the percentage of Californians with diagnosed HIV infection who are homeless to less than 5 percent

- Much larger system issue but some things we can do to help mitigate:
 - Ryan White and HOPWA funded services to support clients in establishing and/or maintaining stability across different aspects of their lives
 - Provide advocacy for the needs of PLWH, in particular affordable housing in our communities
 - Create collaborations with other entities that are attempting to address similar disparities



Objective 12: Reduce the age-adjusted death rate among Californians with diagnosed HIV infection to less than 650 per 100,000 persons per year

- Impact on this objective by addressing all prior objectives:
 - Improve Linkage to Care and Retention in Care services to keep people engaged in care and remaining healthy
 - Provide excellent HIV primary care, including support services
 - Monitor quality of care through clinical metrics (rapid ART, viral load suppression, annual STI screening)
 - Integrate services and programs for efficiencies in providing services to clients

CDPH – Office of AIDS Getting to Zero

"Laying A Foundation For Getting To Zero: California's Integrated HIV Surveillance, Prevention and Care Plan"

https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP 2016 Final.pdf

Executive Summary for "Laying A Foundation For Getting To Zero: California's Integrated HIV Surveillance, Prevention and Care Plan"

https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/IP 2016 ExecSum.pdf.pdf



CDPH – Office of AIDS Getting to Zero

- Common acronyms
 - CDPH OA: California Department of Public Health Office of AIDS
 - PLWH: People Living With HIV
 - PrEP: Pre-Exposure Prophylaxis
 - PrEP-AP: Pre-Exposure Prophylaxis Assistance Program
 - ART: Antiretroviral Therapy
 - ARIES: AIDS Regional Information and Evaluation System
 - STI: Sexually Transmitted Infection
 - eHARS: Enhanced HIV/AIDS Reporting System
 - ADAP: AIDS Drug Assistance Program
 - HOPWA: Housing Opportunities for People With AIDS

