A REGIONAL RESPONSE TO END THE HIV EPIDEMIC IN CALIFORNIA: KEY FINDINGS AND RECOMMENDATIONS

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ABOUT CHIPTS

The UCLA **Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)** is a collaboration of diverse, multi-disciplinary HIV researchers from UCLA, Charles Drew University of Medicine and Science, Friends Research Institute, and the RAND Corporation. Funded by the National Institute of Mental Health (NIMH), CHIPTS promotes collaborative research, fosters networking, and supports capacity building among communities and agency partners in efforts to eliminate new HIV infections and health disparities among key populations with HIV-associated comorbidities. Both domestically and globally, CHIPTS has expertise in HIV program administration, junior faculty and trainee development, policy impact and evaluation, and innovation in interventions to optimize care and treatment of HIV-infected individuals and to expand prevention opportunities for HIV-uninfected at-risk individuals.

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EXECUTIVE SUMMARY

Despite significant advances in HIV treatment and biomedical prevention, eight counties in California remain heavily impacted by the HIV epidemic: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Francisco, and San Diego. All eight counties share common challenges as they work to address the HIV epidemic. Furthermore, nearly all priority clusters of individuals recently diagnosed with HIV in California span multiple counties. Even so, limited partnerships currently exist across jurisdictions. Taking a regionally coordinated approach to HIV surveillance and service provision is critical to ending the HIV epidemic in California.

The Center for HIV Identification, Prevention and Treatment Services (CHIPTS) received a supplement award from the National Institute of Mental Health (NIMH) in September 2019 to engage the first regional effort for coordinated *Ending the HIV Epidemic* (EHE) response in California. CHIPTS partnered with the California State Office of AIDS (SOA) to prepare for and facilitate a regional stakeholder meeting on January 24, 2020 to initiate the regional response. The meeting included 150 community stakeholders, county representatives, state representatives, federal representatives, and other HIV partners committed to the EHE initiative. During the meeting, representatives of agencies and organizations serving the eight priority counties shared their efforts to address the HIV epidemic and highlighted key needs that are not being met in their counties. They also suggested opportunities for regional collaboration.

Meeting participants provided written feedback with ideas for the regional response through a pre-meeting survey, exercises during the meeting, meeting evaluations, and a post-meeting survey. CHIPTS also held follow-up calls with meeting participants who provided their contact information to gather further information about their ideas regarding infrastructural needs and recommended strategies for the regional response. The audio recording and presentation materials, written feedback, and follow-up call discussions from the meeting, as well as the draft EHE plans submitted to the Centers for Disease Control and Prevention (CDC) in December 2019 for the California consortium receiving CDC PS19-1906 funding, were reviewed and thoroughly analyzed for key themes. Current literature on effective HIV strategies and existing resources was also assessed. Through an iterative thematic analysis and synthesis process, several key findings and recommendations emerged.

Five primary areas of need that impact the EHE efforts in the priority counties and region-wide were identified: funding, social determinants of health, service provider education and workforce development, community engagement, and inter-county information sharing. These needs must be addressed for the regional response to be successful.

Six topics emerged as recommended priorities for the regional response. Recommended activities to address each priority topic were also identified:

1. Infrastructures to support regional information sharing and collaboration.
   - Activity 1: Steering committee and working group infrastructure.
   - Activity 2: Learning collaborative infrastructure.
   - Activity 3: Statewide HIV surveillance data dashboard.
   - Activity 4: Data sharing agreements.
2. PrEP education.
   - Activity 1: Regional/statewide PrEP social marketing campaign.
   - Activity 2: Provider-patient PrEP education.
3. Rapid ART and linkage to HIV care.
   - Activity: Rapid ART protocol implementation.
4. Emergency department HIV testing.
   - Activity: Universal HIV testing in emergency departments.
5. Substance use and mental health issues contributing to the HIV epidemic.
   - Activity 1: Methamphetamine use interventions.
   - Activity 2: Integrated care models that simultaneously address ART adherence and comorbid psychosocial factors.
6. Service provider education and workforce development.
   - Activity 1: Basic EHE education and training for all staff at organizations providing HIV services.
   - Activity 2: Primary care provider training on key topics related to HIV prevention and care.

Several entities across the region have key roles to play to ensure an effective regional EHE response, such as community members, health departments, HIV planning councils, community-based organizations, healthcare providers, and training and technical assistance organizations. CHIPTS is committed to work with all stakeholders to help facilitate ongoing efforts to develop and implement a coordinated response to the HIV epidemic. In the era of an ongoing pandemic from COVID-19, it has never been more important for the region to be collaborative and innovative in its approach to ending the HIV epidemic in California.

A Regional Response to End the HIV Epidemic in California: Key Findings and Recommendations

Introduction

Through advances in antiretroviral therapy (ART) and the advent of highly effective prevention mechanisms like pre-exposure prophylaxis (PrEP), we are better equipped than ever to care for those who live with HIV and to prevent new transmissions.[1] Despite these developments, eight counties in California remain heavily impacted by the HIV epidemic: Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Francisco, and San Diego. Several of these counties share borders and have significant commuting populations among them. All face shared challenges as they struggle to address the HIV epidemic. Without doing something different, stakeholder opinions and modeling studies agree that there will be no change in the number of predicted new HIV diagnoses in California.[2]

Local health departments currently manage a significant portion of California's public health response to HIV within their own county borders. Limited partnerships between community-based organizations, healthcare providers, and other HIV service settings exist across geographic barriers. However, California molecular surveillance data suggest that 90 percent of all priority clusters of individuals recently diagnosed with HIV span multiple counties.[3] Continuing to take a geographically restricted approach to eliminate this geographically unrestricted disease will not work. Moreover, a regionally coordinated approach to the HIV response has the potential for substantially greater public health benefits compared to the current siloed strategy at the same investment level.[4] There is a critical need for increased coordination of HIV surveillance and service provision across the eight priority counties to end the HIV epidemic in California.

In September 2019, the National Institute of Mental Health (NIMH) announced one-year supplement awards to help enhance the implementation science knowledge base for the national *Ending the HIV Epidemic: A Plan for America* (EHE) initiative (https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview). The Center for HIV Identification, Prevention and Treatment Services (CHIPTS) received a supplement award to engage a regional effort for coordinated EHE response in California. This award supported CHIPTS to bring together stakeholders from across the California priority counties; assess existing resources, key needs, and collaborative opportunities; and provide recommendations to help facilitate a regional EHE response. This document synthesizes the information CHIPTS

gathered and offers actionable recommendations to support a coordinated regional response to the HIV epidemic in California.

Methods

Regional Stakeholder Meeting

CHIPTS partnered with the California State Office of AIDS (SOA) to prepare for and facilitate an all-day regional stakeholder meeting entitled *A Regional Response to End the HIV Epidemic in California.* The purpose of this meeting was to provide the first opportunity for regional stakeholders from the eight priority counties to come together to share current EHE strategies, challenges, and opportunities for collaboration, with the overall goal of initiating a regional EHE response. The meeting had the following objectives:

- Gather ideas, feedback, and consensus from counties on collaborative opportunities to support EHE efforts.
- Identify resources, capacity building, and infrastructure needs to support these collaborations.
- Identify research and policy questions to support counties in the implementation of best practices and strategies to reach the EHE goals.
- Develop recommendations and articulate "next steps" for building and sustaining a regional approach to HIV care and prevention to make measurable reductions in new HIV diagnoses.

County health departments serving the eight priority counties were invited to participate in the meeting and were asked to identify and invite other HIV stakeholders in their counties to attend. Federal partners supporting the EHE initiative were also invited to participate and share their perspectives.

Registered participants received a pre-meeting online survey by email invitation. The survey collected information on existing collaborations within the region, suggested priority topics for the regional response, and anticipated challenges for the regional response. Survey findings were used to inform the meeting agenda.

On January 24, 2020, community stakeholders, county representatives, state representatives, federal representatives, and other HIV partners committed to the EHE initiative across the eight priority counties convened at the Los Angeles Music Center's Dorothy Chandler Pavilion for the regional stakeholder meeting. The meeting included six distinct sessions of presentations and panel discussions, during which representatives of agencies and organizations serving the

priority counties shared their efforts to address the HIV epidemic, highlighted challenges they face, and suggested opportunities for regional collaboration (see Appendix A for agenda):

1) *Priorities & Investments to Support Regional Coordination to End the HIV Epidemic: Federal and State Perspectives*
2) *Counties' Ending the HIV Epidemic Plans: Identifying Gaps & Building Bridges for Regional Coordination – Selected County Presentations*
3) *What's Already Accomplished? Building on Success with Existing County Collaborations*
4) *Diagnose and Treat Pillars: Develop a Plan to Increase HIV/STI Screening, Early Treatment, and Sustained Viral Suppression*
5) *Respond Pillar: Enhance Data System Coordination to Rapidly Respond to Outbreaks and Inform Service Planning*
6) *Prevent Pillar: Increase PrEP, Syringe Services Programs, and Other Proven Interventions*

The meeting structure provided question and answer opportunities between sessions, as well as a networking lunch to facilitate connections for regional stakeholders and federal funders. Participants were given the opportunity to share written ideas and feedback for the regional response throughout the day by submitting sticky notes pertaining to each EHE pillar:

- **Diagnose** all individuals with HIV as early as possible.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including PrEP and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

At the end of the meeting, participants were asked to complete written evaluations to share their reactions to the meeting and further suggestions for the regional response.

Additionally, stakeholders who provided their contact information were invited to participate in a follow-up phone call about their ideas for the regional response. A total of 16 stakeholders representing 14 organizations participated in 45-60 minute follow-up calls with two CHIPTS research team members (Appendix B). These calls allowed the research team to gather more details about the key needs impacting each county's and the region's ability to respond to the HIV epidemic, and to learn more about recommended priorities for the regional response.

To ensure all meeting participants had the opportunity to provide feedback after the meeting, an online follow-up survey was distributed to meeting participants. This survey elicited specific feedback on the infrastructure needed to support regional collaboration and suggested activities to prioritize as part of that collaboration.

Data Analysis and Synthesis

The data analysis and synthesis process for this project involved a thorough review and assessment of the following data sources:

- Complete audio recording and presentation materials from the regional stakeholder meeting.
- Written feedback provided during the regional stakeholder meeting on sticky notes and evaluation forms.
- Pre- and post-meeting survey responses.
- Follow-up call discussions.
- Draft EHE plans submitted to the Centers for Disease Control and Prevention (CDC) in December 2019 for the California consortium receiving CDC PS19-1906 funding for Alameda, Orange, Riverside, and Sacramento, San Bernardino, and San Diego counties.
- Current literature on effective HIV strategies and existing resources.

To begin, descriptive statistics were calculated on the satisfaction rating scale responses from the evaluations to assess participant satisfaction with the meeting. Then, qualitative data from each source of written feedback (i.e., evaluations, sticky notes, pre-/post-meeting surveys) were reviewed independently by a member of the research team. An inductive thematic analysis approach with descriptive coding was used to assess the needs and recommended priorities for the regional response present in each source. Through comprehensive review of the meeting recording, follow-up call discussions, and draft EHE plans, additional themes arose, and initial themes were refined. Identified themes across all sources were then reviewed and synthesized by two research team members to discern key needs and recommended priorities for the regional response. Finally, a review of current literature was performed to supplement data from the primary sources on recommended activities and existing resources for addressing the identified priorities. The key findings and recommendations presented in this report reflect this iterative process of data analysis and synthesis.

Community stakeholders who were invited to and/or attended the meeting were asked to review a draft version of this report. This final version of the report incorporates feedback received during the community review process.

Key Findings and Recommendations

Initiating the Regional Response

On January 24, 2020, 150 community stakeholders, county representatives, state representatives, federal representatives, and other HIV partners committed to the EHE initiative across the eight priority counties participated in the regional stakeholder meeting. Of the 150 stakeholders who participated in the meeting, 77 completed evaluations. Based on the evaluation feedback, the meeting was successful in facilitating foundational discussions and connections among key stakeholders to initiate the regional EHE response. Participants commonly reflected that the meeting provided a unique opportunity to connect with and learn from a diverse group of regional HIV stakeholders. With a score of 1 equating to Excellent, 2 to Good, 3 to Fair, and 4 to Poor, the average meeting component scores were favorable across all categories (Table 1).

Table 1. *Regional Meeting Evaluation Results*

	Average Scores
Registration	1.17
Venue	1.24
Federal & State Session	1.39
Counties Session	1.36
Diagnose/Treat Session	1.38
Respond Session	1.40
Prevent Session	1.28
Overall Meeting	1.24

While the meeting effectively provided the first opportunity for the eight priority counties to come together under the goal of pursuing a regional EHE response, evaluations suggested that it would have been useful to have more opportunity for collective "direction-setting" and "decision-making" for the regional response. Stakeholders noted that the meeting generated important information exchange and built momentum for a regional response, but more discussion of how to implement the regional response was needed to facilitate action.

In the post-meeting survey, stakeholders were asked to share activities their organizations had pursued since the January 24 meeting to further the regional EHE response. Stakeholders reported activities such as communicating with new partners in the region about opportunities for collaboration and convening stakeholders in their area to discuss strategies they learned at the meeting.

Key Needs Impacting a Regional Effort to End the HIV Epidemic

Regional stakeholders expressed a wide range of needs that impact the EHE efforts in their counties and region-wide. Five key areas of need emerged from the thematic analysis and synthesis process (Figure 1).

Figure 1. *Key Areas of Need Impacting Regional EHE Response*

1. Funding

The most vital need that emerged from the analysis is dedicated funding to support regional efforts. Funding is typically tied to jurisdictions, and stakeholders noted the need for more flexible funding sources to meet complex patient needs; to support a "syndemics approach" to address the related epidemics of HIV, sexually-transmitted infections (STIs), hepatitis C, mental illness, and substance use – including expansion of syringe exchange programs; to address HIV in HIV transmission clusters; and to coordinate HIV resources across the region to support a regional response. Stakeholders from the Inland Empire (i.e. San Bernardino and Riverside Counties) expressed a need for increased funding to support basic healthcare and social service infrastructures that facilitate access to HIV services in their more rural, under-resourced, and geographically dispersed communities. One stakeholder elaborated that Ryan White funding is allocated using Health Resources and Services Administration (HRSA) prevalence data based on the initial HIV testing site instead of reflecting real-time care data, which contributes to inaccurate assessments of funding need and inadequate funding allocation in some communities. Disparities were also noted between counties that do and do not receive direct HIV funding from CDC in terms of how quickly they are able to procure and use their funds.

Stakeholders emphasized that having adequate funding dedicated to supporting region-wide EHE planning and implementation efforts is a critical need for the regional response. In the pre-meeting survey, the most commonly chosen facilitator of success for the regional response was "funding to support and maintain regional activities," and the most commonly chosen

anticipated challenge was a "lack of funding/resources to support the regional effort."

2. *Social Determinants of Health*

Stakeholders emphasized that the EHE initiative will not succeed without addressing the key social determinants of health impacting populations most affected by HIV ("priority populations") in the priority counties and across the region.

- **Systemic discrimination and stigma.** Systemic discrimination and stigma have profound impacts on health seeking behaviors and health outcomes in priority populations, and contribute to the related epidemics of substance use and mental illness. Structural racism, and particularly pervasive anti-blackness, fuels disparities across the social determinants of health. Stigma and discrimination related to sexual and gender identities, as well as HIV status, also persist, causing grave health inequities for HIV priority populations living at the intersection of these systematically oppressed identities (e.g., Black men who have sex with men, transwomen of color). Without dismantling these systems of oppression, we will fail to end the HIV epidemic in California.

- **Substance use and mental health.** People living with HIV are much more likely to struggle with substance use and mental health issues than the general population. These issues can not only increase vulnerability to new HIV infection, but they often inhibit the ability for individuals living with HIV to engage in care across the HIV care continuum. Stakeholders noted that methamphetamine use is of particular concern in the region, and that addressing comorbid substance use and mental health issues is integral to ending the HIV epidemic in California.

- **Housing.** A severe shortage of affordable and accessible housing plagues the region, resulting in large homeless and unstably housed populations. One stakeholder shared, "Housing is the backbone of reaching the 15-20% [of individuals for whom standard approaches to HIV care and prevention are not effective]. People need to have housing immediately available in order to address the HIV, mental health, and substance use disorder issues."

- **Access to Healthcare.** A lack of healthcare service sites and healthcare providers fuels healthcare access issues in the region – particularly in the geographically massive and decentralized Inland Empire, and in Orange County, which has just two Ryan White-funded HIV medical providers, no county hospital, and one dedicated HIV clinic.[5] San Diego County also faces unique barriers meeting care access needs, as it works to serve significant populations in urban, suburban, and rural communities; tribal reservations; military

installations; and an international border region. Across the eight priority counties, affordable and accessible transportation remains a challenge, especially in low-income and rural communities. Even where service sites are physically accessible, health education and health literacy needs act as barriers to engagement in prevention and care services.

All six counties represented in the PS19-1906 California consortium shared challenges related to the social determinants of health in their draft EHE plans,[6] demonstrating the breadth and depth of this area of need.

3. Service Provider Education and Workforce Development

Stakeholders expressed concerns that the workforce on the front lines of the EHE effort is not adequately supported to achieve the EHE goals.

- **Coordinated Services and Strategic Alignment.** Current services for HIV care and prevention are concentrated with specialists, when coordinated, integrated approaches would best serve both service providers and clients. For example, one stakeholder noted that "in order to increase retention and re-engagement in care, the skill of community health workers must be accessible to healthcare providers," yet system and policy barriers prevent collaboration between healthcare providers and community health workers in healthcare settings. Stakeholders also commented that many staff providing HIV-related services at federally funded organizations do not know what EHE is nor how their work intersects with EHE strategies, causing a lack of strategic alignment in the HIV services workforce. The EHE initiative has largely had a "top-down approach," which has left community partners feeling unsupported and disconnected from the initiative in their roles on the front lines. Stakeholders suggested that all HIV service staff need to be strategically aligned with the EHE initiative for it to be successful.

- **Provider Education.** Stakeholders also noted that healthcare providers across the region, particularly primary care providers who do not specialize in HIV and clinicians in more rural and/or culturally conservative communities, need additional education and support on key topics related to HIV prevention and care. These topics include evidence-based clinical strategies to improve HIV prevention, testing, and treatment, and to promote treatment adherence by addressing adverse reactions and offering adherence supports; comorbid factors that may impact HIV patients; workarounds for insurance and policy barriers that may impact patient care; cultural humility; and HIV-related stigma. As one stakeholder stated, "We need investment in education and training for medical and social service professionals."

- **Support Services.** Additionally, stakeholders expressed concern that some counties do not have the capacity in their public health workforce to address gaps in core HIV services like testing, education, and linkage to care. Even where there is high service capacity, service providers have heavy workloads and competing priorities, and they frequently face emotionally charged situations, often resulting in significant burnout. The region needs to consider innovative ways to address the uneven service capacity across the priority counties and to better support existing service providers.

4. Community Engagement

Stakeholders emphasized the need to increase community engagement and partnership as part of the regional EHE response. They shared that response activities should be rooted in addressing community needs using a process that involves active engagement of all stakeholders. Most crucially, the regional response must deliberately and authentically reflect the voices of priority populations.

- **Priority Populations.** One stakeholder stated, "For this new EHE work, we really need to focus on the community engagement part and reaching the most at risk, vulnerable folks that we've historically not been reaching...we need to figure out how to physically get community to the table to engage in meetings and implementation of EHE." All eight priority counties are pursuing community engagement activities as part of their individual EHE plans; there is a need to ensure this engagement occurs in a way that effectively and sustainably reaches those "hardly reached" populations. There is also a need for coordinated community engagement efforts as part of the regional response.

- **Using Existing Resources.** Stakeholders communicated a need to identify and leverage existing resources to engage communities, such as the Prevention through Active Community Engagement (PACE) program (https://www.hiv.gov/blog/pace-announcement), which works to engage members of the public to increase the effectiveness and reach of evidence-based HIV strategies. The Region 9 PACE officers are currently working to enhance community engagement around EHE in California and are willing to be implementation partners for regional community engagement efforts. Stakeholders also mentioned that community-based organizations and HIV planning councils across the region can help to engage priority populations.

Stakeholders stressed that the region needs to be innovative in its approach to increasing engagement of priority populations, and that the regional EHE response will not succeed without community voices.

5. Inter-county Information Sharing

Stakeholders conveyed a strong need for infrastructures that support information sharing across county lines. Priority counties need to be able to quickly and easily communicate about best practices, relevant resources, opportunities for collaboration, and HIV surveillance data to end the HIV epidemic in California. Stakeholders noted that a lack of data sharing is a key barrier to responding to the HIV epidemic both in and across jurisdictions. HIV surveillance data are not centralized in California, with data elements currently reported to local health department HIV databases, the AIDS Regional Information and Evaluation System (ARIES), the Enhanced HIV/AIDS Reporting System (eHARS), the California Reportable Disease Information Exchange (CalREDIE), and the Local Evaluation Online (LEO) system – in addition to documentation in provider electronic health record systems and laboratory record systems. Each of these systems has strict permissions that limit data access across county lines. While sharing data across local health jurisdictions is legally allowed in California, there are few technological infrastructures or coordinated systems in place to help facilitate this process, and privacy concerns with data sharing persist in many counties. Data sharing limitations are only magnified in the California/Mexico international border region. The region needs ready access to primary HIV surveillance data elements across jurisdictional lines to ensure successful linkage to care and care coordination as part of the regional EHE response.

Other Needs Identified by Stakeholders

Other needs that emerged from the thematic analysis include access to real-time, complete HIV data – with stakeholders noting particularly significant data gaps regarding trans and Native-American populations; EHE-supportive laws and policies (e.g., lifting syringe services restrictions in certain counties, enacting new policies to help achieve EHE goals); increased engagement in local planning councils, particularly among healthcare providers; comprehensive health education and other youth programming that proactively addresses HIV and related conditions; tailored and effective HIV messaging strategies; expansion of HIV testing and PrEP/PEP services; and identification of innovative strategies to reach priority populations, including expanded use of technology as a service delivery tool.

Recommended Priorities for the Regional Response

Regional stakeholders expressed a wide range of possible priorities for the regional response. Six recommended priority topics emerged from the thematic analysis and synthesis process (Figure 2).

Figure 2. *Recommended Priority Topics for Regional EHE Response*

Infrastructures to support regional information sharing and collaboration

PrEP education

Rapid ART and linkage to HIV care

Emergency department HIV testing

Substance use and mental health issues contributing to the HIV epidemic

Service provider education and workforce development

Recommended activities to address the priority topics are detailed below. These activities reflect stakeholder suggestions, current literature, and supportive resources.

Recommended Activities to Address Regional Response Priorities

Infrastructures to support regional information sharing and collaboration

- **Activity 1: Steering committee and working group infrastructure.** This infrastructure supports representatives from across the priority counties to collaborate to determine regional EHE goals, implement activities to address those goals, and monitor progress on the regional EHE effort. Stakeholders commonly recommended pursuing this infrastructure to ensure regional coordination in the EHE response. This infrastructure could be implemented with the entire region across the state or in more targeted regions to improve inter-county coordination while focusing on localized priorities. The Center for Sharing Public Health Services (https://phsharing.org/) offers roadmaps, toolkits, and technical assistance to support cross-jurisdictional collaborations focused on improving public health services. The Collective Impact Forum (https://www.collectiveimpactforum.org) also

provides helpful resources to support working group development and sustainability. Existing collaborative entities, such as the California Regional Group (CARG), the End the Epidemics Statewide Working Group (https://www.chprc.org/end-the-epidemics/), the Ending the Epidemic Scientific Working Group (https://cfar.ucsd.edu/en/meetings/scientific-working-groups/ehe-swg/), and the California Planning Group (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_CPG.aspx), may act as partners under this working group infrastructure to achieve regional EHE goals.

- **Activity 2: Learning collaborative infrastructure** to share best practices, resources, and information about funding opportunities across priority counties. Stakeholders suggested that an online platform that facilitates regional information exchange and offers useful tools to support effective EHE strategies would help move the regional EHE response forward. There are existing learning collaborative models that could serve as templates for this infrastructure, including the ISC3I Community of Practice (https://isc3i.isgmh.northwestern.edu/) that currently supports the NIH-funded implementation science EHE supplement projects, and the TRACE initiative collaborative (https://trace-recency.org/) that includes an online resource library and international community of practice.

- **Activity 3: Statewide HIV surveillance data dashboard** development and implementation support. Inter-county data sharing was a critical need noted by stakeholders to support effective HIV surveillance and targeted interventions as part of the regional EHE response. Stakeholders expressed strong support for a data dashboard infrastructure that allows for inter-county access to key HIV data elements. The SOA is currently working on the Local Interventional Surveillance Access (LISA) data exchange platform, which may fulfill this infrastructure need. As part of this activity, the region could inform and support LISA development, or recommend an alternative shared surveillance platform.

- **Activity 4: Data sharing agreement** implementation. In the absence of a statewide HIV surveillance data dashboard, stakeholders suggested pursuing data sharing agreements to facilitate inter-county data sharing. This infrastructure could help provide the inter-county data access necessary to support the regional EHE response while a shared surveillance platform is in development. This activity may also be a pre-requisite for implementing a shared surveillance platform.

PrEP education

- **Activity 1: Regional/statewide PrEP social marketing campaign** focused on sharing PrEP information and increasing PrEP acceptability among priority populations. A lack of

education and awareness about PrEP, its benefits, and how to access it, as well as PrEP-related stigma,[7] remain barriers to HIV prevention among priority populations. Stakeholders recommended pursuing a coordinated messaging campaign as part of the regional response. Some counties have individually implemented social marketing campaigns for PrEP, such as San Diego's "PrEP San Diego" (https://getting2zerosd.com/) and Los Angeles County's "GET PrEP LA" (http://getprepla.com/), which could help inform development of a regional/statewide campaign. The National Prevention Information Network also provides guidance and tools to support planning and implementation of effective health communications campaigns (https://npin.cdc.gov/pages/health-communication-strategies).

- **Activity 2: Provider-patient PrEP education** scale-up in clinics across the priority counties. Healthcare providers play a critical role in PrEP implementation, yet many are not prepared to effectively communicate about and prescribe PrEP.[8] By training providers to implement evidence-based PrEP communication strategies and prescribing practices – particularly primary care providers who do not specialize in HIV – the region could make significant progress on PrEP education and PrEP uptake.[9] The Pacific AIDS Education & Training Center (http://paetc.org/) could help support this activity as a technical assistance provider and implementation partner. Please PrEP Me also has helpful resources to support PrEP training and education for providers (https://www.pleaseprepme.org/provider-resources).

Rapid ART and linkage to HIV care

- **Activity: Rapid ART protocol** implementation or scale-up in the eight priority counties to target immediate treatment initiation and linkage to care among newly diagnosed individuals. Stakeholders indicated that increased Rapid ART adoption is critical to the regional EHE response. Some counties in the region have found significant success implementing Rapid ART, while others have not yet been able to widely implement the intervention. This activity could be an opportunity for counties that have found success adopting Rapid ART, such as San Francisco, to provide leadership and share implementation facilitators to support regional scale-up. Intervention guidance is available in the Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention (https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html).

Emergency department HIV testing

- **Activity: Universal HIV testing in emergency departments** scale-up across the eight priority counties. Universal HIV testing in healthcare settings has long been recommended by the CDC to increase early diagnosis and linkage to care.[10] Stakeholders shared that members of priority populations often primarily seek care in emergency department settings, and emergency departments are also utilized by HIV-infected individuals at much higher rates

than the general population.[11] Stakeholders recommended partnering with emergency departments to implement universal testing and provide initial linkages to care as part of the regional EHE response. Some emergency departments in the region have already found success implementing universal HIV testing, such as Arrowhead Regional Medical Center in San Bernardino County. This activity could be an opportunity for counties with emergency departments that have implemented universal testing to provide leadership and share implementation facilitators to support regional scale-up. The SOA recently provided a report to the California State Legislature on *HIV Testing in Hospital Emergency Departments: Findings and Recommendations* (https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAMain.aspx) that could also be used to inform this activity. Additionally, emergency departments can be engaged as Rapid ART and rapid linkage sites that can reduce time to treatment for both newly diagnosed and out-of-care patients.

Substance use and mental health issues contributing to the HIV epidemic

- **Activity 1: Methamphetamine use interventions** in collaboration with substance use and mental health service partners across the eight priority counties. Stakeholders commonly reflected that substance use and mental health issues are heavily intertwined with the HIV epidemic in the region, and that methamphetamine use is a key psychosocial risk factor for HIV infection. Unfortunately, these issues continue to grow statewide, particularly among Black, Latinx, and Native-American youth. This activity could involve scaling up San Francisco's evidence-based Positive Reinforcement Opportunity Project (PROP) intervention across the region, or implementing another contingency management or cognitive-behavioral intervention to address methamphetamine use region-wide.

- **Activity 2: Integrated care models that simultaneously address ART adherence and comorbid psychosocial factors** implementation or scale-up. Stakeholders emphasized that mental health and substance use issues are key barriers to HIV treatment adherence. Integrated care models can help address medical and psychosocial needs and support medication adherence for HIV patients.[12] Some counties in the region have already found success implementing integrated care models, such as Los Angeles County's Medical Care Coordination (MCC) program. This activity could be an opportunity for counties that have successfully implemented integrated care models to provide leadership and share implementation facilitators to support regional scale-up.

Service provider education and workforce development

- **Activity 1: Basic EHE education and training for all staff at organizations providing HIV services** across the eight priority counties. Stakeholders noted that all staff providing HIV-

related services should be aware of the EHE initiative and strategically aligned with the EHE goals, but many have not received the education and training necessary for them to engage. Lack of strategic focus and alignment in the region could inhibit progress with the regional EHE response. The Pacific AIDS Education & Training Center could provide technical assistance and implementation support for this region-wide EHE education activity. The NMAC Training Center to End the HIV Epidemic in America (http://www.nmac.org/programs/thecenter/) and the California HIV/STI Prevention Training Center (https://californiaptc.com/) may also be useful resources.

- **Activity 2: Primary care provider training on key topics related to HIV prevention and care**. Stakeholders shared that many primary care providers – particularly those in rural or conservative areas with less HIV-related infrastructure and cultural acceptability – need additional HIV education and training. Training should focus on clinical strategies to improve HIV prevention, testing, and treatment; comorbid factors that may impact HIV patients; workarounds for insurance and policy barriers that may impact patient care; cultural humility; and HIV-related stigma, which has been found to undermine health outcomes – particularly in diagnosis and treatment – when experienced in health facilities.[13] The California HIV/STI Prevention Training Center (https://californiaptc.com/) could help support this activity as an implementation partner. The CDC's HIV Nexus (https://www.cdc.gov/hiv/clinicians/) can also provide key resources and tools. One stakeholder suggested a clinic partnership model that could complement this activity, which would involve "pairing of urban and rural clinics so that rural clinics or more remote areas without expertise have easy and ready access to expert advice on management of acute cases of HIV or newly diagnosed patients."

A summary figure reflecting the key needs, priority topics, and recommended activities for the regional EHE response is available at the end of the report (Appendix C).

Regional Response Roles

Several entities across the region have key roles to play in implementing an effective regional EHE response. Recommended roles are detailed below, listed in no particular order.

Community members must be at the center of the regional EHE response. All regional response activities must involve active community engagement to ensure priority population voices are at the table, heard, and remain engaged in the development and implementation of regional response activities.

County health departments from the eight priority counties are integral to the regional response. The success of the regional response depends on active participation from all counties in shared goal-setting, resource and best practice exchange, and activity monitoring. Counties with significant experience addressing priority topics for the regional response are also well-positioned to support other counties during activity implementation or scale-up.

HIV planning councils set service priorities and support the planning, coordination, and delivery of HIV services in their local Ryan White grant-funded area. Their active engagement in planning and implementation of regional response activities will be crucial to the success of the regional response.

Community-based organizations, healthcare providers, and other stakeholders providing HIV services in the eight priority counties are critical partners in the regional response. They are well-positioned to inform regional response decision-making and activity implementation using their front-line experience working to address HIV. These stakeholders may also act as intervention participants in regional activities focused on improving HIV services for priority populations across the continuum of care.

The **State Office of AIDS (SOA)** is well-positioned to provide overall facilitation and coordination of the regional EHE response. As California's state government entity dedicated to addressing HIV, the SOA provides strategic leadership and funding for HIV efforts statewide. The SOA also currently supports six of the eight priority counties to plan and implement EHE activities under funding opportunity PS19-1906.

CHIPTS is well-positioned to contribute to the regional EHE response as a research and capacity-building partner. CHIPTS has existing relationships with stakeholders across the eight priority counties and at the SOA. As a research center with expertise in HIV program

administration, CHIPTS can help facilitate the regional response by contributing implementation science to inform and drive regional response activities.

The **Pacific AIDS Education and Training Center (PAETC)** provides training, technical assistance, and capacity-building to HIV organizations, clinics, clinicians, and service providers in region IX, which includes Local Partners (LPs) that serve the US Pacific Jurisdictions, Hawai'i, California, Nevada, and Arizona, including the eight EHE priority counties in California. PAETC is an essential resource for implementing training, education, and capacity-building activities across the region.

The **California HIV/STI Prevention Training Center (CA PTC)** provides training and technical assistance in HIV, STIs, and sexual and reproductive health to strengthen healthcare provider workforce capacity. CA PTC is an essential resource for implementing training, education, and capacity-building activities in healthcare settings across the region.

Cicatelli Associates, Inc (CAI)/Technical Assistance Provider Innovation Network (TAP-IN) was recently funded by HRSA to provide technical assistance to EHE jurisdictions to help break down barriers and silos and share best practices within and between jurisdictions. This HRSA initiative also includes a Systems Coordination Provider (NASTAD) to ensure coordination across jurisdictions and regions, including across the California EHE priority counties.

RTI International/Substance Use Strategies for HIV Care (STS4HIV) is a National Institute on Drug Abuse (NIDA)-funded implementation science project that will bring trainings and technical assistance on evidence-based substance use disorder (SUD) treatment to HIV organizations in EHE jurisdictions across the country. This project is an important partner for regional response activities related to substance use.

Conclusion

As the region looks toward innovative, collaborative approaches to end the HIV epidemic in California, it faces unprecedented challenges in the wake of the global COVID-19 pandemic. In-person meetings, clinician visits — even blood tests to monitor that people living with HIV are "undetectable" (and therefore "untransmittable") — are greatly reduced. Most public health and healthcare resources are repurposed to address the pandemic response.

What we did not know at the January 2020 meeting was that HIV care and prevention would forever be changed by the pandemic. This situation will serve to both magnify the weaknesses

that already existed in our public health and health care systems and elucidate ways to change these systems for the better in the future.

As the pandemic rages on, our country is concurrently experiencing a long overdue reckoning on racism, anti-blackness, and the entrenched systems that perpetuate racial injustice and oppression. As with HIV, the pandemic has disproportionately affected communities of color – yet another stark example of inequity bred by the systemic undervaluing of Black lives and obstruction of power for communities of color. We must act to change these entrenched systems as we continue the work to lower barriers, to improve access, and to broaden the reach of HIV care and prevention in California. We must also recognize that the challenges posed by the pandemic threaten to leave those living with the intersecting and ongoing epidemics of social and structural inequities, mental health, substance use, and HIV further behind. It is imperative that we do more and different.

In this uncertain time, CHIPTS is poised to help the region to assess its public health and healthcare capacity for HIV services, and to be agile in its approach to addressing community needs. This will require a greater focus on telehealth technologies for HIV care, including home-based and mail-in HIV testing, viral load monitoring, and PrEP and ART provision and support. In recognition of the challenges posed by the pandemic and the unique needs faced by different sub-regions in California, we may also need to explore multiple approaches to regional coordination, including statewide coordination and coordination within smaller sub-regions (e.g., Southern California and Northern California). Regardless, as we build a new system of HIV prevention and care, CHIPTS is committed to facilitate the conversations vital to coordinating ongoing efforts to develop and implement interventions that integrate the voice of the community, the stakeholders, and the funders. It has never been more important for the region to leverage its collective commitment and ingenuity as it works to end the HIV epidemic in California.

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Appendix A

A Regional Response to End the HIV Epidemic in California Meeting Agenda
Friday, January 24, 2020 | 8:00 am – 4:00 pm
Dorothy Chandler Pavilion at the Music Center

8:00 a.m.	**Registration and Breakfast**
9:00 a.m.	**Welcome and Opening Remarks: Vision for the day** • *Steve Shoptaw, PhD, Director, CHIPTS*
9:15 a.m.	**Priorities & Investments to Support Regional Coordination to End the HIV Epidemic: Federal and State Perspectives** • *Harold Phillips, Senior HIV Advisor and COO, Office of Infectious Disease and HIV/AIDS Policy, HHS* • *Christopher Gordon, PhD, Branch Chief, Division of AIDS Research, National Institute of Mental Health* • *Paul Weidle, PharmD., MPH, CAPT USPHS, Office of the Director, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention* • *CAPT John F. Moroney, MD, MPH, Regional Administrator, Region 9, Health Resources & Services Administration* • *Michelle Sandoval-Rosario, DrPH, MPH, Prevention through Active Community Engagement (PACE) Regional Director for Region 9, Office of the Assistant Secretary for Health (OASH)* • *Benjamin Ayers, Deputy Director, Office of HIV/AIDS Housing, US Department of Housing and Urban Development* • *Andrew Forsyth, PhD, Director, California HIV/AIDS Research Program* Moderator: Steve Shoptaw, PhD, CHIPTS
10:15 a.m.	**Audience Q&A session**
10:45 a.m.	**Break**
11:00 a.m.	**Counties' Ending the HIV Epidemic Plans: Identifying Gaps & Building Bridges for Regional Coordination – Selected County Presentations** • *Mario J. Perez, MPH, Director, Division of HIV and STD Programs, County of Los Angeles* • *Cynthia Turk, Health Education Specialist, San Bernardino County, Department of Public Health* • *Natalie Silva, Program Manager, HIV/STD Clinical Services, Orange County Health Care Agency* • *Lea Morgan, MPH, HIV/STD Branch Chief, Riverside University Health System – Public Health* • *Patrick Loose, Chief, HIV, STD & Hepatitis Branch of Public Health Services, County of San Diego* • *Hanna K. L. Hjord, MPH, HIV/HCV/STD Behavioral Health Coordinator, & Bill Blum, MSW, Director of HIV Health Services, San Francisco DPH* Q & A Session Moderator: Kevin Sitter, MSW, MPH, SOA
12:00 p.m.	**Network Lunch**

12:45 p.m.	**What's Already Accomplished? Building on Success with County Existing Collaborations** • *Erica Washington, California Regional Collaboration* • *Jadawn Wright, Deputy Director, Pacific AIDS Education & Training Center, UCSF* • *Aunsha Hall-Everett, MA, CBA Manager, California Prevention Training Center* Moderator: Steve Shoptaw, PhD, CHIPTS
1:10 p.m.	**Diagnose and Treat Pillars: Develop a Plan to Increase HIV/STI Screening, Early Treatment, and Sustained Viral Suppression** • *Sonali Kulkarni, MD, Medical Director, Division of HIV and STD Programs, County of Los Angeles* • *Erica Washington, MSW, Medical Case Manager, Upland Healthcare Center, Riverside/SB County* • *Weyman Edwards, Program/Linkage Care Coordinator, Arrowhead Regional Medical Center, San Bernardino County* • *Dennis Tankersley, Program Director/Lead AAP, Vituity/Arrowhead Regional Medical Center, Emergency Department, San Bernardino County* Q & A Session Moderator: Tom Donohoe, MBA, LA Area AETC/CHIPTS
1:50 p.m.	**Respond Pillar: Enhance Data System Coordination to Rapidly Respond to Outbreaks and Inform Service Planning** • *Philip Peters, MD, Medical Officer, California Department of Public Health, Office of AIDS* • *Ryan Murphy, PhD, MPH, Chief, Surveillance, Epidemiology, Assessment, and Evaluation Section, California Department of Public Health, STD Control Branch* • *Andrea Kim, PhD, Chief of HIV/STD Surveillance, Division of HIV and STD Programs, County of Los Angeles* Q & A Session Moderator: Pamina Gorbach, DrPH, CHIPTS
2:40p.m.	**Prevent Pillar: Increase PrEP, Syringe Services Programs, and Other Proven Interventions** • *Gabriel Maldonado, CEO, TruEvolution, Riverside/San Bernardino County* • *Luckie Alexander, Founder, Invisible Men, Los Angeles County* • *Lello Tesema, MD, MSHPM, Associate Medical Director of Prevention, Substance Abuse Prevention and Control, Los Angeles County* • *Mark Casanova, Executive Director, Homeless Healthcare Los Angeles* Q & A Session Moderator: Steve Shoptaw, PhD, CHIPTS
3:15 p.m.	**Next Steps & Closing Remarks**
3:45 p.m.	**Adjourn**

Appendix B

Organizations Participating in Follow-Up Calls

- APLA Health
- Black AIDS Institute
- California Planning Group
- California Regional Group (CARG)
- Desert AIDS Project
- Families Living with AIDS
- Janssen Pharmaceuticals (Johnson & Johnson)
- Kaiser Permanente
- LA Children's Hospital
- LA County Commission on HIV
- Merck Pharmaceuticals
- Prevention through Active Community Engagement (PACE) HHS program
- TruEvolution
- UCLA Art and Global Health Center

Appendix C

Summary: Key Needs, Priority Topics, and Recommended Activities for the Regional EHE Response