

# GETTING TO ZERO

SILICON VALLEY  
SANTA CLARA COUNTY

## Getting to Zero Retreat September 8, 2017

### **Attendees:**

Rajat Bansil (PACE CLINIC), Rodrigo Garcia (Public Health Department), Daniel Marin (AACI), Malaya Arevalo (AACI), Patty Cerrato (Public Health Department), Claire Nartker (HIV Commission), Chris Wilder (VMC Foundation), Matt Capriati (SJSU), Karuna Chibber (JSI), Bob Reed (HIV Commission), Jenna Peterson (Planned Parenthood), Amanda Newstetter (AETC), Jen (JSI), Lorraine Flores (Bill Wilson Center), Amy Langtaine (County Office of LGBTQ Affairs), Raj Gill (Public Health Department), Maribel Martinez (County Office of LGBTQ Affairs), Paul Hepfer (The Health Trust), Gabrielle Antolovich (Billy DeFrank LGBTQ Community Center), Sarah Lewis (Public Health Department), Mike Torres (Public Health Department), Christine Taylor (Valley Homeless Healthcare Program), Supriya Rao (Public Health Department),

### **Summary:**

The leadership team reached consensus on the following strategies and activities. These items will be incorporated into the four year strategic plan and presented at the October 13th Leadership team meeting.

### **PrEP/PEP**

- Increase provider capacity thru education/training/detailing and facilitate a network of resources and how to navigate systems
- Workflow streamlining
- IT system support/structural change
- PrEP Navigation: Current test counselors initiate initial PrEP assessment
- Increase funding for more PrEP navigators at FQHCs

### **Universal HIV/STD Testing**

- Routine testing with large providers: Kaiser, SCCVHHS, SC Family Health Plan, Blue Cross, CHP, Stanford, SJSU
- Community wide Awareness Campaign
- Increase availability of testing – co-location of HIV/STD testing

### **Linkage & Retention to Care**

- Gather all AETC linkage tools and customize for Santa Clara County
- Identify a plan to link to care for clients during off hours
- Rapid ART
- Plan for retention to care for clients outside of RW/ACA eligibility / \$
- Data to care to ID areas of intervention

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- Letter to BOS to change housing criteria

## Stigma Reduction

- Multi-level awareness campaigns
- Provider outreach for PrEP & Education (public health detailing)
- Identify and have well-known, high profile people and business to champion GTZ
- Have each action team always work to reduce stigma (include in their work plan)

## Summary: (cont.)

Leadership team agreed to further develop three or four local policy items for BOS consideration. Possible first three policy items are as follows;

- 1) Increase local prioritization on the "vulnerability index" of people living with HIV and are homeless or lack stable housing.
- 2) Propose a policy for "opt-out" HIV/STD testing in the county jail system.
- 3) Propose a policy for access to condoms and PrEP in the County jail system

## Notes:

Data Review: HIV Continuum of Care Santa Clara County Presentation by Supriya

- 86.6% of people linked to care
- 70.8% in care at least 1 visit to care (CD4, VL test)
- 48.5% retained in care bc person has to come in for a visit at least twice in one year (is 2 visits necessary if health is optimum? Is 1 visit enough?)
- 60.8% viral load suppression
- 30% of lab data is missing from the reports bc labs don't directly report into data systems
- IDU least likely to be retained in care

High Priority Focus Areas for further consideration:

- Provider PrEP awareness and capacity
  - We're not there yet, big challenge
  - STD treatment, PEP
- More HIV care providers, e.g. FQHCs
  - Warm lines, e-referrals
- Data to Care
  - Data informed program decision making
- Visibility of GTZ - **HIGH PRIORITY - Additional Funding Needed**

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- Social media events
- Benefit of stigma reduction
  
- Scale PrEP navigation
  - Fund contractors
- Housing, especially meth users and homeless
- Promoting and resourcing support groups
  - Empower people to feel supported and loved
- Building partnerships (private, behavioral health, mental health, pharmacies)
- Resource map and referral network
- Prescription filling tracking
- Mental health/substance use
- How to use supplemental funding
- Who is missing from our team
- Comprehensive resources

Ideas: – Brainstormed by group of participants

- Add routine testing prompts in EMR
- Increase work with jails
- Increase extra genital STD testing
- More video and media info resources
- Condoms in jail
- Leadership team include policy reviews
- Review housing need scoring metrics
- Increase routine testing → new id PLWH
- Build stronger partnerships
- Testers increase service provision e.g. STD testing/referral info
- PrEP packets with meds
- PrEP protocols for health care systems
- Increase capacity of providers prescribing PrEP
- Increase marketing of clinics and their services e.g. Planned parenthood + primary care
- Pride Model: STD testing, PrEP promotion, HIV testing
- Bring more services with housing programming eg substance use
- Rapid re-housing
- Collaborate with office of supportive housing/measures
- Mixed population housing
- Prevention policy re: HIV, housing
- Test, treat, PrEP
- Got PrEP? Campaign
- Begin public/private partnership

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- Work stronger with CSU
- Serve monolingual and undocumented with rapid services
- AETC support for rapid services for retention in care
- Decrease wait time
- Use EIS model for STI & HIV
- One stop shop
- Chlamydia and gonorrhea testing with HIV test
- Work with non-RW clients
- Data to care (data driven program decision)
- Attend to trans population → data, needs assessment → services

## Concerns and Gaps:

- Housing
- Drug use & Mental Health
- Incarceration
- Immigration status
- RAPID access to ART
- PrEP Awareness and Knowledge
- Retention especially non Ryan White clients
- Policy Advocacy