



CALIFORNIA
HIV / AIDS POLICY
RESEARCH CENTERS

December 31, 2016

Dear Community Stakeholders,

Thank you for attending our Community Input Meetings in San Francisco and Los Angeles in October and November of 2016. We greatly appreciate the time and energy you contributed to brainstorming and prioritizing research ideas that can inform policies impacting the lives of people living with HIV or at-risk for acquiring HIV in California.

Following the two Community Input Meetings, the Executive Committee of the policy centers—consisting of investigators from the academic and community partners at both centers, as well as CHRP project officers—met to review the priority areas, identify commonalities and overlap, consider feasibility, and map out plans for the coming year. This letter summarizes the decisions we made during that meeting.

Priorities Identified at the Two Community Input Meetings

Northern California Meeting

1. Mental Health & Substance Use
2. Quality metrics for “Getting to Zero”
3. Where do those at risk for HIV prefer to access prevention and treatment services?
4. Best practices for rapid HIV treatment
5. How to design ideal ADAP/PrEP-DAP enrollment system

Southern California Meeting

1. Provider education and training to better assess risk, and increase knowledge of treatment and PrEP
2. Trauma informed services, linkage to care, peer navigation, and basic needs for women living with HIV
3. Data to improve gaps re: linkage to care, viral suppression, information sharing, de-aggregating data, improving quality, coordination of services, and adherence support
4. Transgender population workforce development - including training and hiring for positions as HIV testers, peer navigators, etc.
5. Trauma-informed and trauma-responsive provision of services - assessing safety and post-trauma in social services and medical settings; understanding syndemic trauma; evidence base for use of peers, skills and building interventions
6. Housing - more permanent, supportive housing; amount of time to access housing opportunities; location and community (dislocation, perceived and real stigma); disclosure and discrimination

Identifying Areas of Overlap Among the Priorities

Our first task was to determine, if any, of the priority areas could be combined and addressed under overarching topic areas. After discussion, we were able to collapse the priority areas as follows:

1. **Systems/Data:**
 - Quality metrics
 - ADAP/PrEP DAP
 - Rapid treatment and its scalability
2. **Provider/Workforce Development:**
 - Trauma-informed care
 - Provider training (PrEP, models of care, lay of land, opt-out testing, integrated systems)
 - Preferred care settings for testing, linkage, retention
 - Workforce development (trans, homeless youth, YMSM)
3. **Vulnerable Populations:**
 - Substance use, Mental health
 - Homelessness
 - People who have experienced trauma (broadly defined)
 - Women
 - Transgender people
 - Undocumented

Identifying Specific Projects

The Executive Committee members next discussed the kinds of think tanks (i.e., small, focused meetings with key stakeholders) and rapid response (RR) projects (i.e., research projects that can be completed within a 6-month time frame) that might be conducted based on identified priorities. Below we describe here the specific projects we intend to complete within the 2017 calendar year.

Think Tanks

1. Lay of the Land Think Tank: Given current political climate and the new federal administration, and the potential repeal of the Affordable Care Act, we will convene a think tank to discuss what we need to do to preserve HIV-related care and services in California in early 2017. This meeting will be held in northern California.
2. Transgender Health Think Tank: Transgender people (especially transgender women) remain disproportionately impacted by HIV across our state. We will convene a think tank in southern California in early 2017 that seeks to identify priorities for “zero new infections, zero deaths and zero stigma” for transgender people in California.
3. Quality Metrics Think Tank: Building on the momentum of California’s plan for “getting to zero,” we will convene a think tank to understand and measure progress toward the

goals set out in the State's plan. This meeting, slated for May 2017, will pay particular attention to what drives disparities across the HIV Continuum of Care.

4. Best Practices Think Tank Series: Our remaining think tank for 2017 (and likely into 2018) will focus on identifying best practices and potential scalability of interventions at key points along the HIV Continuum of Care, including (1) engagement and retention in HIV treatment and (2) PrEP delivery.

Rapid-Response Research

ADAP/PrEP enrollment RR Project: This project seeks to answer the question: What would an ideal ADAP/PrEP-DAP enrollment system look like? What are the alternatives to the current ADAP enrollment worker structure and reimbursement schedule?

Rapid Treatment/Scalability of Same-day Treatment RR project: This project will examine rapid HIV treatment practices across the state, including best practices and barriers to implementation, cost-effectiveness, and potential policy proposals. This project may be preceded by the Best Practices Think Tank outlined above.

Women/Sex Work/Criminalization RR Project: This project will examine the criminalization of communities of color and its relation to HIV status. Attention will be paid to vulnerable California minorities among PLWH, including cisgender black women engaging in or suspected of engaging in sex work.

SAMSHA Set-Aside/Cures Act RR Project: This rapid response study will identify how counties have previously used Substance Use Prevention and Treatment (SAPT) block grant HIV-set aside funding, with an aim toward developing recommendations for allocating new 21st Century Cures Act funding for mental health and substance use-related prevention services for people living with and at risk for HIV in California.

Housing/Homelessness RR Project: Housing availability and affordability remained important topics raised by our community stakeholders. We are currently working on a "lay of the land" piece about housing services for PLWH in California that will be released in January, 2017. We intend to deepen this work with a second follow-up policy brief focused housing and homelessness.

Intersection of Tobacco and Cannabis use and HIV: California stands to benefit from revenue generated through taxes on tobacco and cannabis in 2017. While not identified as a priority issue in our community input meetings, our Executive Committee thought it prudent to conduct a literature review on HIV, tobacco and cannabis use and how some of these funds may be use to address HIV and comorbidities related to cannabis and tobacco use.

Optional Projects

In addition to the priority think tanks and RR projects outlined above, we will continue to explore the feasibility of the following optional projects:

Trauma informed care RR project: This project would explore how HIV care providers assess trauma, refer patients for additional services, and how is this paid for. Specific questions might also include: What data points are being collected to measure trauma? How to link people who have experienced trauma to care/mental health services? How is trauma informed care structured?

Substance Use/Mental Health Think Tank: Co-morbid HIV infection, substance use and mental health issues often arise as priority issues during our community input meetings. Rapid response research currently underway in Northern California will likely inform additional areas of exploration for a think tank about how PLWH can better access integrated mental health and substance use services and treatment.

Since we met, the election results stand to dramatically impact the way that healthcare and other social services for PLWH and other vulnerable communities are delivered throughout the country. While California is in a better position than many other states to weather the storm, we remain concerned about the ways in which a repeal or “gutting” of the Affordable Care Act may impact the thousands of PLWH or at risk for HIV in our state. We remain committed to producing high-quality rapid-response research that can inform policies and programs for our communities. We ask for your patience and support should we re-prioritize emerging policy issues in the year ahead.

Thank you for participating in the Community Input meeting. Your feedback is of critical importance in ensuring our work is focused on topics of greatest need to stakeholders in California. In the coming months, we will update you again on how our work is progressing. If you have any questions, please do not hesitate to reach out to us.

Sincerely,

The Executive Committee of the California HIV/AIDS Policy Research Centers

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