EAST BAY GETTING TO ZERO

HIV Care Continuum Meeting
Sept 25, 2026

https://www.wvgazettemail.com/news/health/ribbon-statue-in-living-aids-memorial-garden-to-be-dedicated-sunday-visitors-urged-to-reflect/article_a57f7f81-e078-52ea-82d0-7e8899a11284.html

Welcome!

Please share your name, pronouns, agency, and role in the chat!

Agenda

Welcome to the EBGTZ HIV Care Continuum Meeting!

- Announcements & Updates
- Harm Reduction Approaches to Pregnant and Birthing People – Finn Black, SFDPH
- Strengthening perinatal care coordination for people using substances in the East Bay

Updates & Announcements

Public Health Department
Alameda County Health

EAST BAY GETTING TO ZERO

Autumn Lights Festival

Thurs Oct 15 – Sat Oct 17, 2026

Annual Fundraiser at the Gardens at Lake Merritt benefiting the East Bay AIDS Memorial Garden

Get tickets now!
This event typically sells out!

Spanish Language HIV/STI Case Management Manual

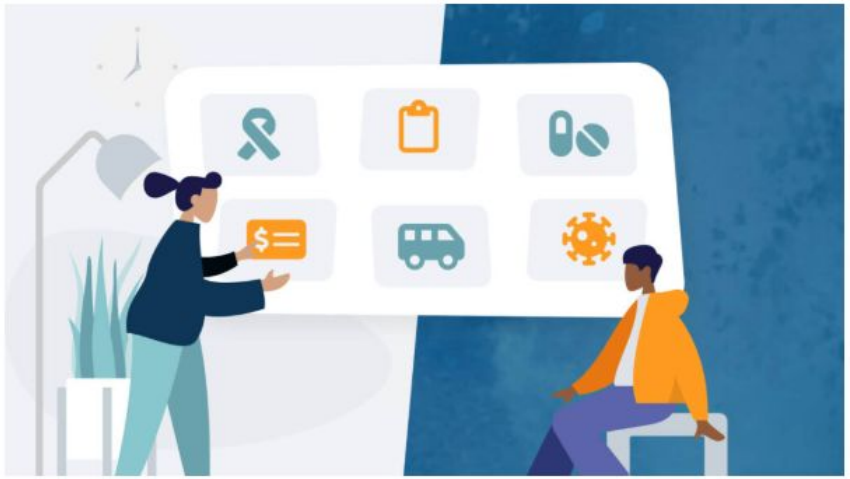
CARMEN F. FOSTER

TRUCHA-La Clinica De La Raza
HIV Prevention Services
Supervisor

MANUAL DE ADMINISTRACIÓN DE CASOS DE VIH/ITS DEL ESTE DE LA BAHÍA

Actualizado: diciembre de 2024

IMPRIMIR O EXPORTAR EN PDF



Saludos,

Bienvenido(a) al **Manual de Administración de Casos de VIH/ITS del Este de la Bahía**.

Este esfuerzo, liderado por **East Bay Getting to Zero**, reunió a algunas de las personas con mayor experiencia en la red de servicios de VIH/ITS del Este de la Bahía. Cada sección fue escrita en el espíritu de la misión, visión y valores fundamentales de EBGTZ.

NUESTRA MISIÓN

Manual de Administración de Casos de VIH/ITS del Este de la Bahía

1: Alcance de la Práctica de la Administración de Casos

2: Estrategias de Administración de Casos: Desarrollo de Su Filosofía de Administración de Casos

3: Evaluaciones y Planificación de Cuidados

4: Historia del VIH y el Estigma

5: Epidemiología del VIH en el Condado de Alameda

6: VIH 101 y Tratamiento del VIH

7: Salud Sexual 101

8: Cómo Hacer Derivaciones Efectivas y Transiciones Asistidas ("Warm Handoffs") en la Comunidad de Gestión de Casos

Syndemics Prevention and Harm Reduction Collective (SPAHRC): formerly the PrEP Navigators Group

Formerly known as the East Bay PrEP Navigators Group, the **Syndemics Prevention and Harm Reduction Collective (SPAHRC)** brings together outreach workers, case managers, PrEP navigators, community health workers, and other professionals supporting HIV, hepatitis C (Hep C), sexually transmitted infection (STI) prevention, and harm reduction efforts throughout the East Bay.

Join colleagues to exchange resources, discuss emerging trends and best practices, receive program updates, and strengthen collaboration across prevention and harm reduction services.

Annual Regional Case Managers + Syndemics Prevention and Harm Reduction Collaborative Meeting

Wed, Dec 2, 10:30 - 1 pm

California Endowment Building
2000 Franklin St, Oakland

Look out for registration details!

East Bay Ending the HIV Epidemic Progress

America's HIV Epidemic Analysis Dashboard

AHEAD

AIDSVu

America's HIV Epidemic Analysis Dashboard

Understanding HIV Where You Live

AIDSVu is an interactive online mapping tool that visualizes the impact of the HIV epidemic on communities across the United States.

Local Progress

AHEAD

America's HIV Epidemic Analysis Dashboard

ahead.hiv.gov

Ending the HIV Epidemic (EHE) Indicators

Diagnoses

ALAMEDA COUNTY, CA

2023	2025 Goal
194	51

Diagnoses

ALAMEDA COUNTY, CA

2024	2025 Goal
172	51

Linkage to Care

ALAMEDA COUNTY, CA

2023	2025 Goal
87.1 %	95 %

Linkage to Care

ALAMEDA COUNTY, CA

2024	2025 Goal
92.4%	95%

Viral Suppression

ALAMEDA COUNTY, CA

2023	2025 Goal
73.5 %	95 %

Viral Suppression

ALAMEDA COUNTY, CA

2024	2025 Goal
74.1%	95%

U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: New Diagnosis Rates

AHEAD

America's HIV Epidemic Analysis Dashboard

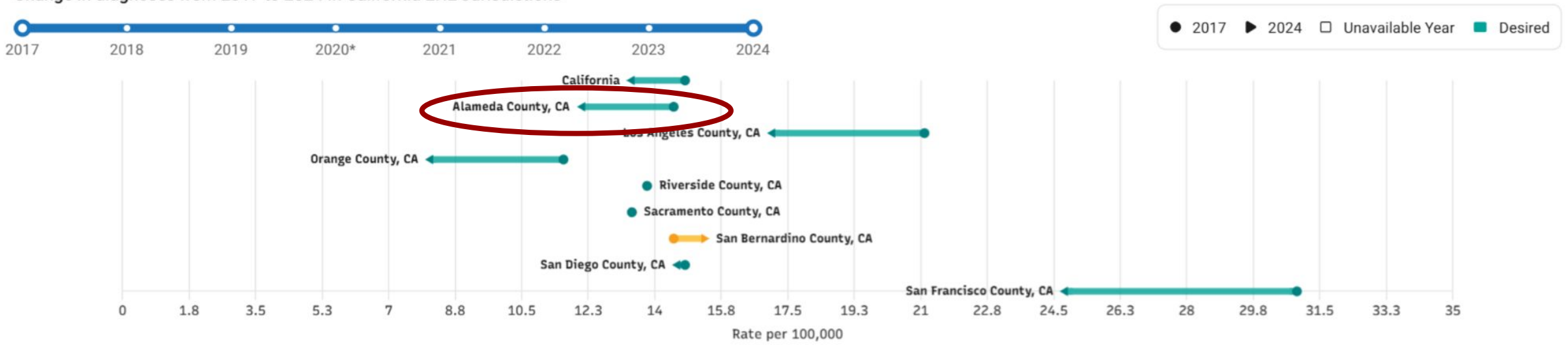
ahead.hiv.gov

Indicator Progress Tracker

Rate of people who received an HIV diagnosis per 100,000

California

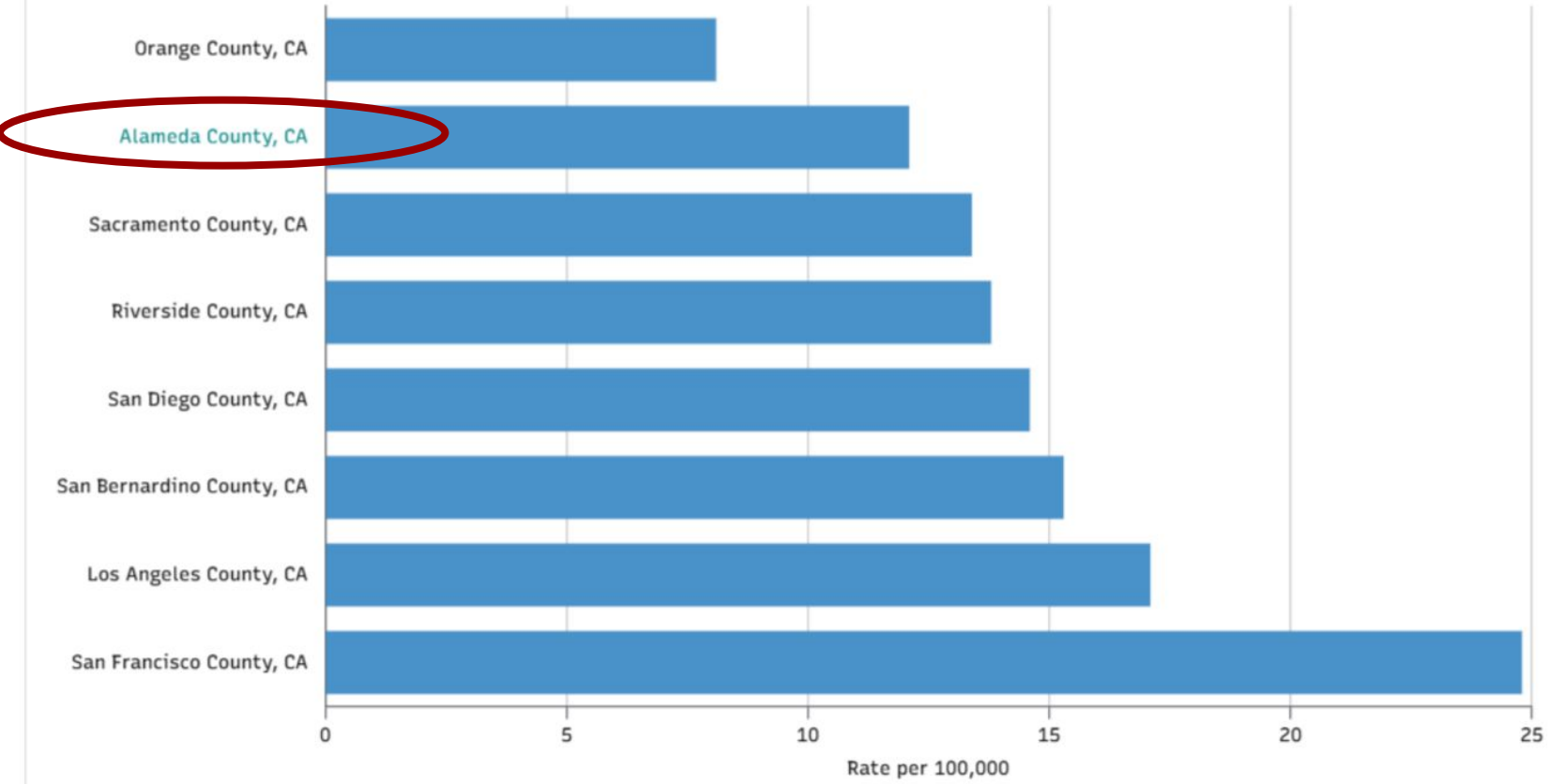
Change in diagnoses from 2017 to 2024 in California EHE Jurisdictions



Local Progress: 2nd Lowest New Diagnosis Rates

EHE Jurisdiction Bar Chart

Rate of people who received an HIV diagnosis per 100,000
California



Alameda County

Alameda County is an EHE Jurisdiction and plays a critical role in the national effort to end the HIV epidemic.

In Alameda County, there were **172** newly diagnosed HIV cases in 2024. With a total population of **1,424,761** the HIV Diagnoses rate in Alameda County is **12.1** per 100,000 people.

How does this compare to California?

In California, there were **4,503** newly diagnosed HIV cases in 2024. With a total population of **33,573,522** the HIV Diagnoses rate in California is **13.4** per 100,000 people.

U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: Linkage to Care in 30 days

America's HIV Epidemic Analysis Dashboard

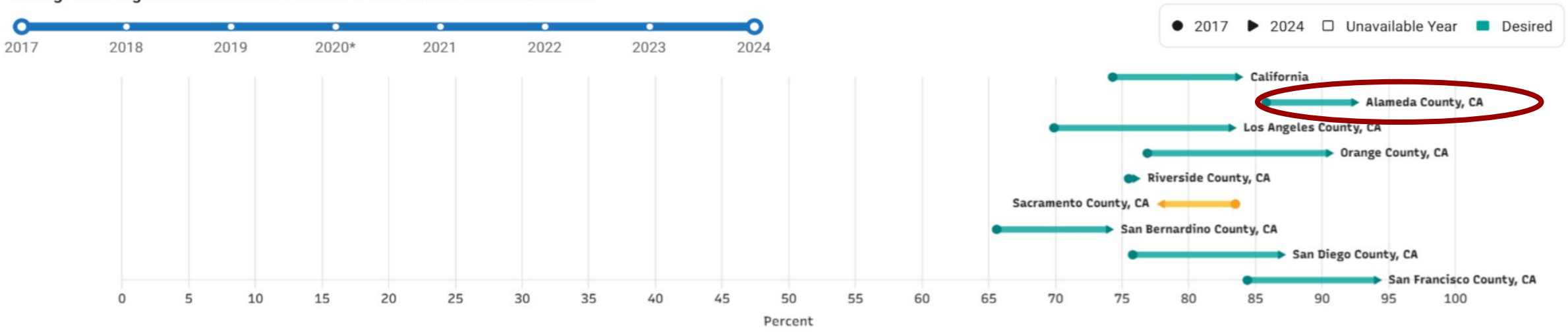
ahead.hiv.gov

Indicator Progress Tracker

Percentage of people who received an HIV diagnosis and received HIV medical care within one month of diagnosis

California

Change in linkage to care from 2017 to 2024 in California EHE Jurisdictions



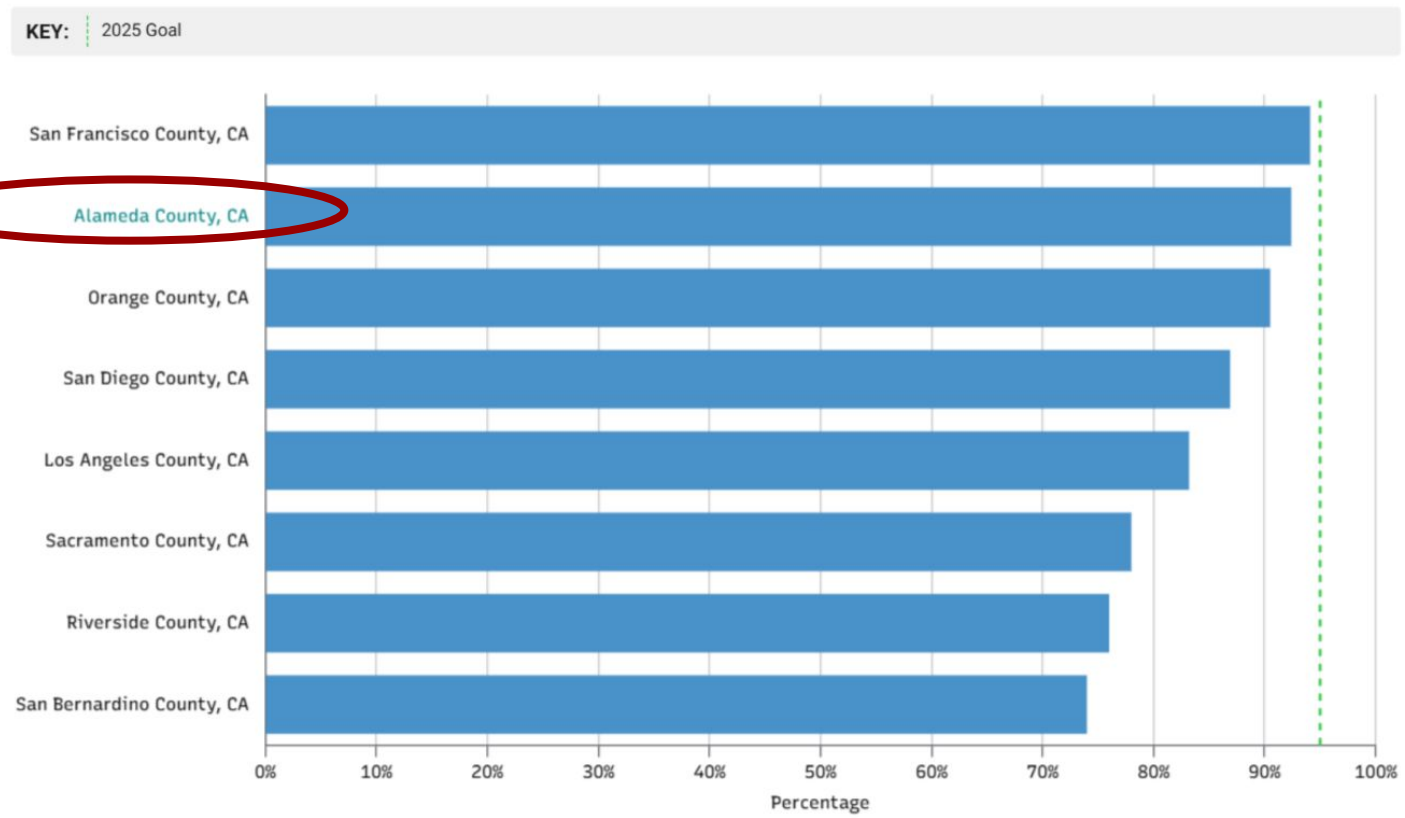
U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: 2nd Highest in Linkage to Care

EHE Jurisdiction Bar Chart

Percentage of people who received an HIV diagnosis and received HIV medical care within one month of diagnosis

California



Alameda County

Alameda County is an EHE Jurisdiction and plays a critical role in the national effort to end the HIV epidemic.

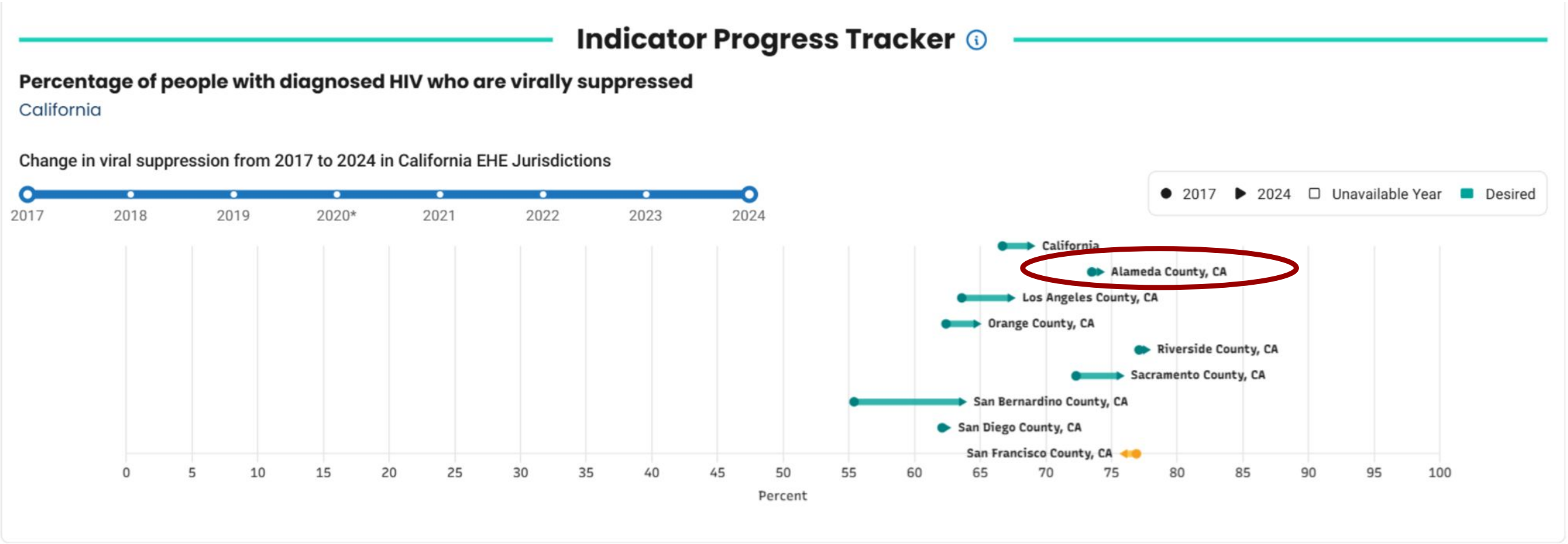
In Alameda County, there were **172** people who received an HIV diagnosis in 2024. Of that population, **159** received HIV medical care within one month of a new HIV diagnosis, which is **92.4%**.

How does this compare to California?

In California, there were **4,503** people who received an HIV diagnosis in 2024. Of that population, **3,769** received HIV medical care within one month of a new HIV diagnosis, which is **83.7%**.

U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: Viral Suppression



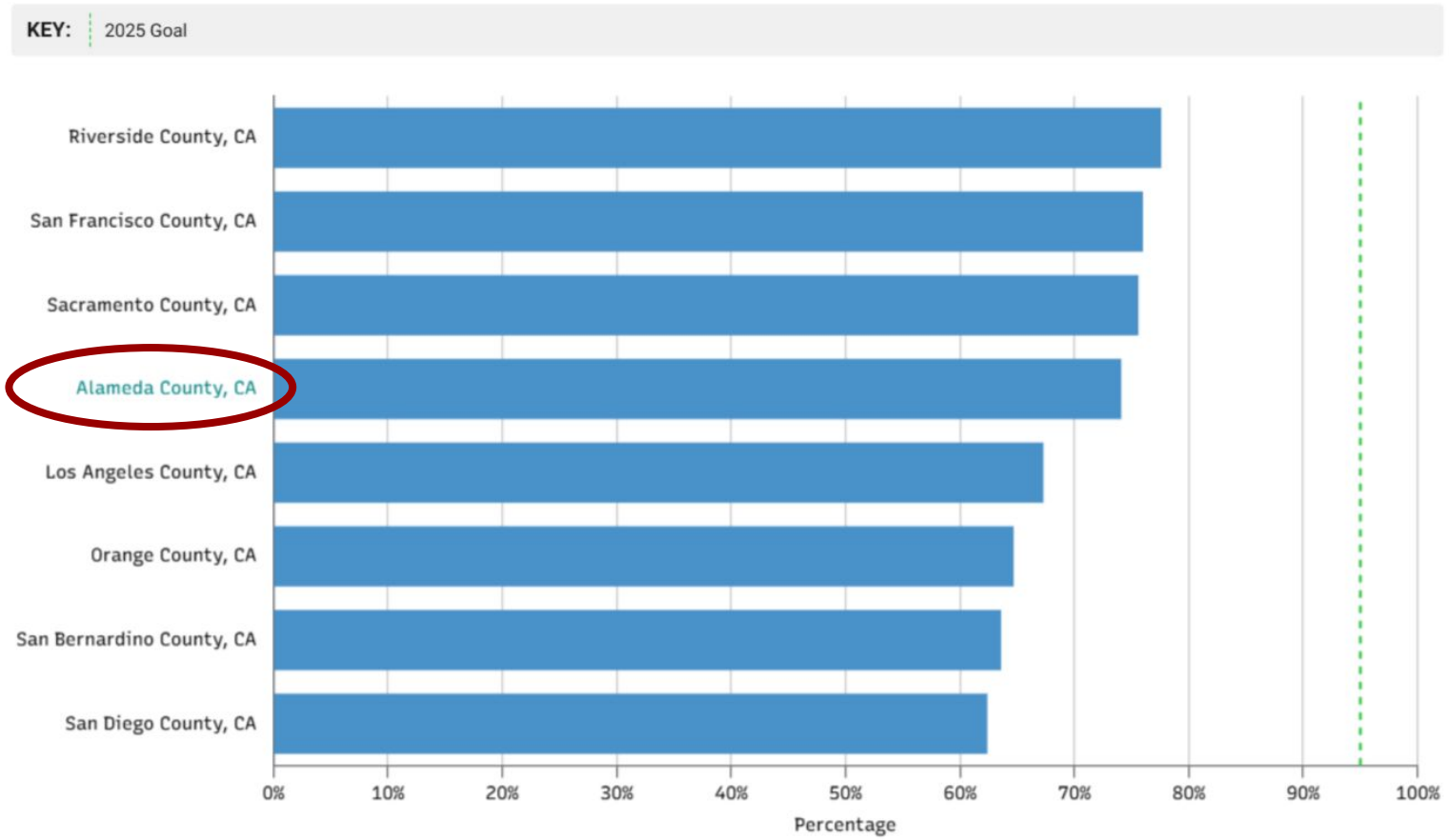
U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: Viral Suppression

EHE Jurisdiction Bar Chart

Percentage of people with diagnosed HIV who are virally suppressed

California



Alameda County

Alameda County is an EHE Jurisdiction and plays a critical role in the national effort to end the HIV epidemic.

In Alameda County, there were **5,972** people with HIV in 2024. Of that population, **4,425** achieved viral suppression, which is **74.1%**.

How does this compare to California?

In California, there were **139,033** people with HIV in 2024. Of that population, **95,595** achieved viral suppression, which is **68.8%**.

U.S Health and Human Services, (2019, August 18). America's HIV Epidemic Analysis Dashboard (AHEAD). Retrieved September 24, 2026, from https://ahead.hiv.gov

Local Progress: PrEP Use
PrEP-to-Need Ratio Target = 40:1

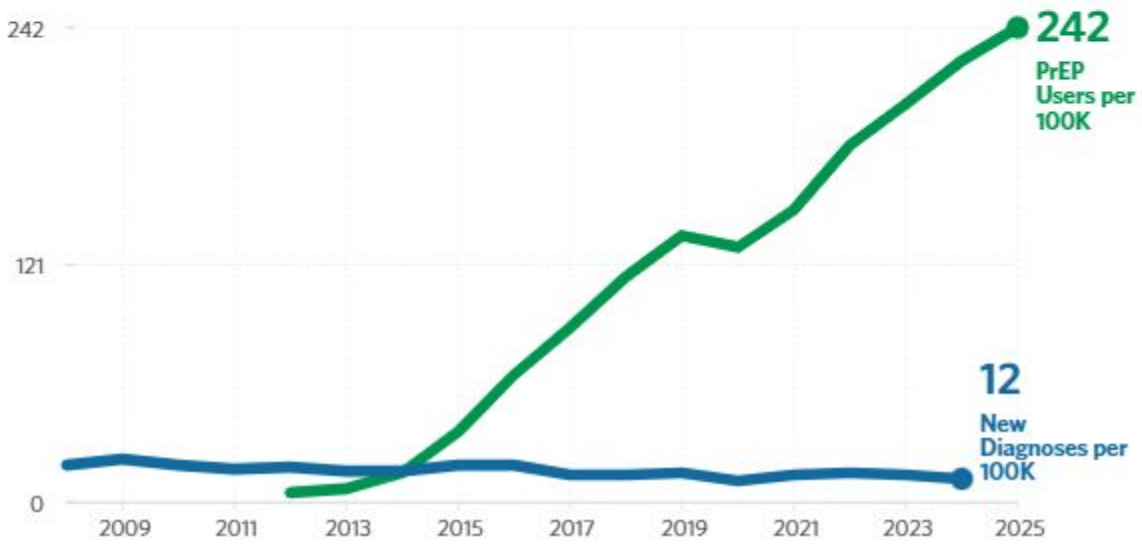
Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) is a highly effective medication that reduces the risk of getting HIV. Ongoing efforts to raise awareness, improve accessibility and ensure affordability are instrumental in HIV reduction.

242 users/100K

3,445 people received PrEP to reduce the chances of getting HIV in 2025

ANNUAL PREP USAGE RATES VS NEW DIAGNOSES RATES (PER 100K), 2008-2025



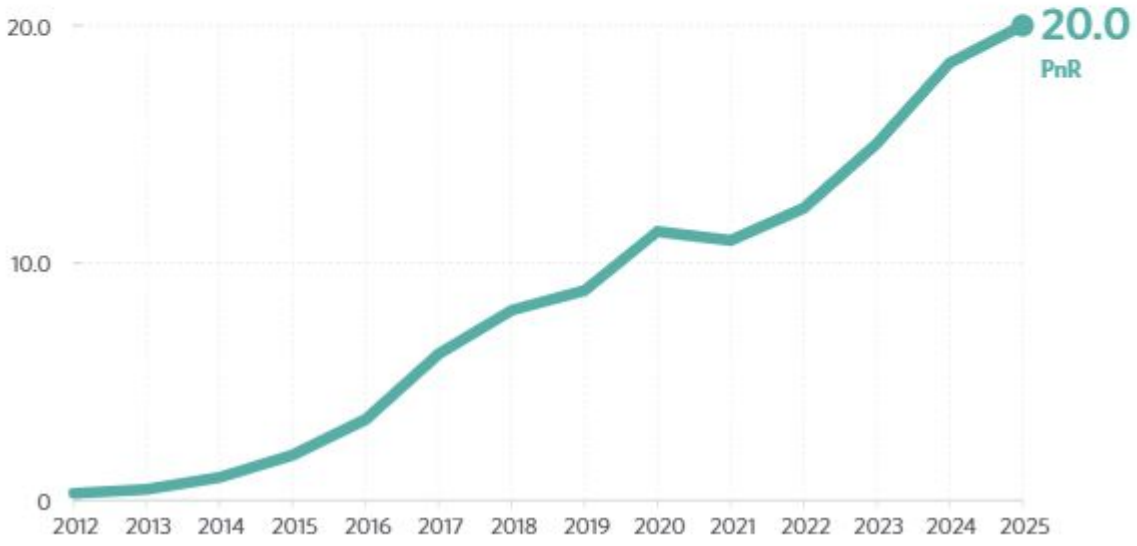
PrEP-to-Need Ratio (PnR)

To identify gaps in PrEP prevention, PrEP-to-Need Ratio (PnR) compares the number of people using PrEP to the number of people newly diagnosed with HIV. This shows how well PrEP usage aligns with need for HIV prevention. A lower PnR indicates more unmet need for PrEP.

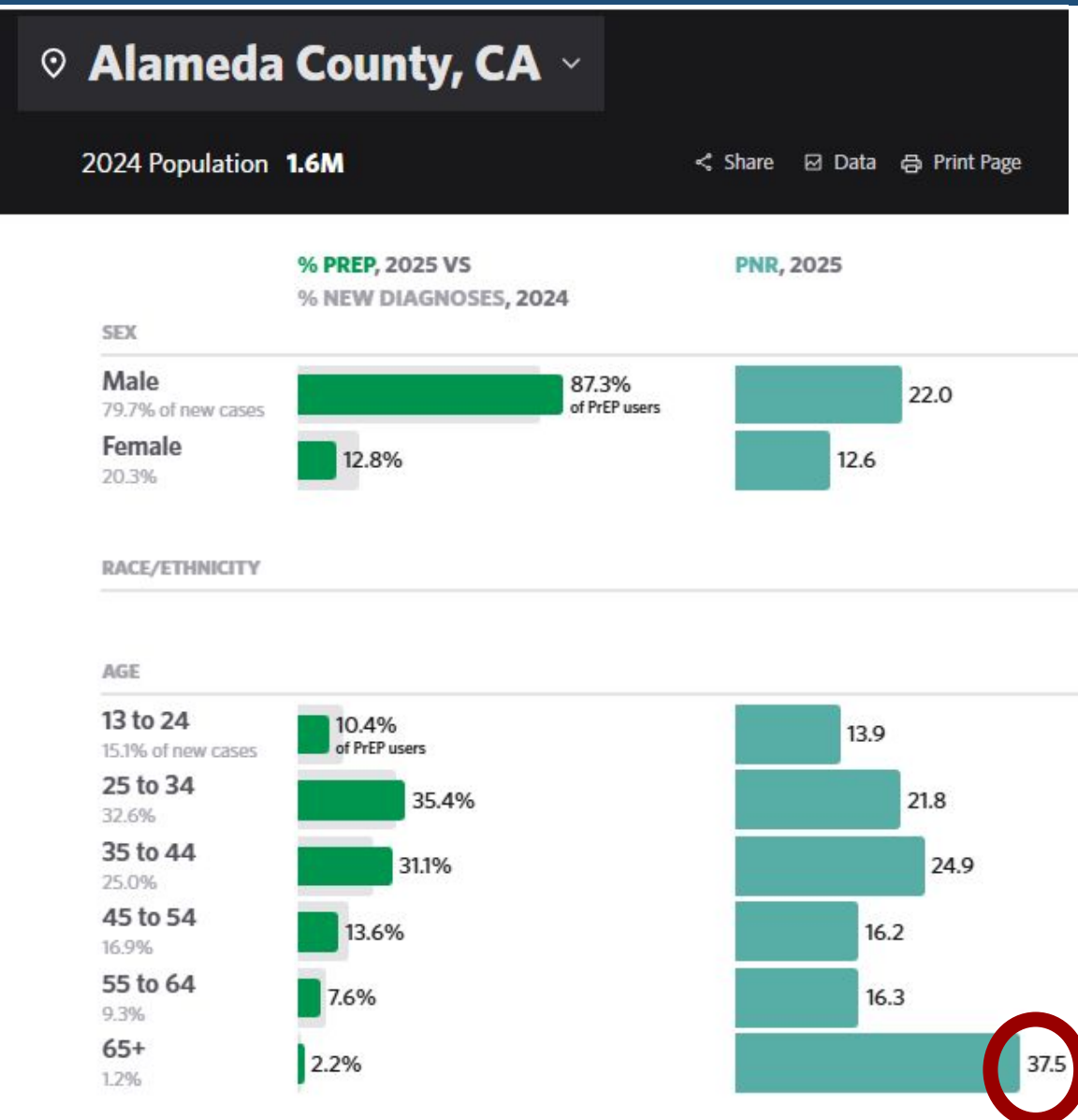
20.0

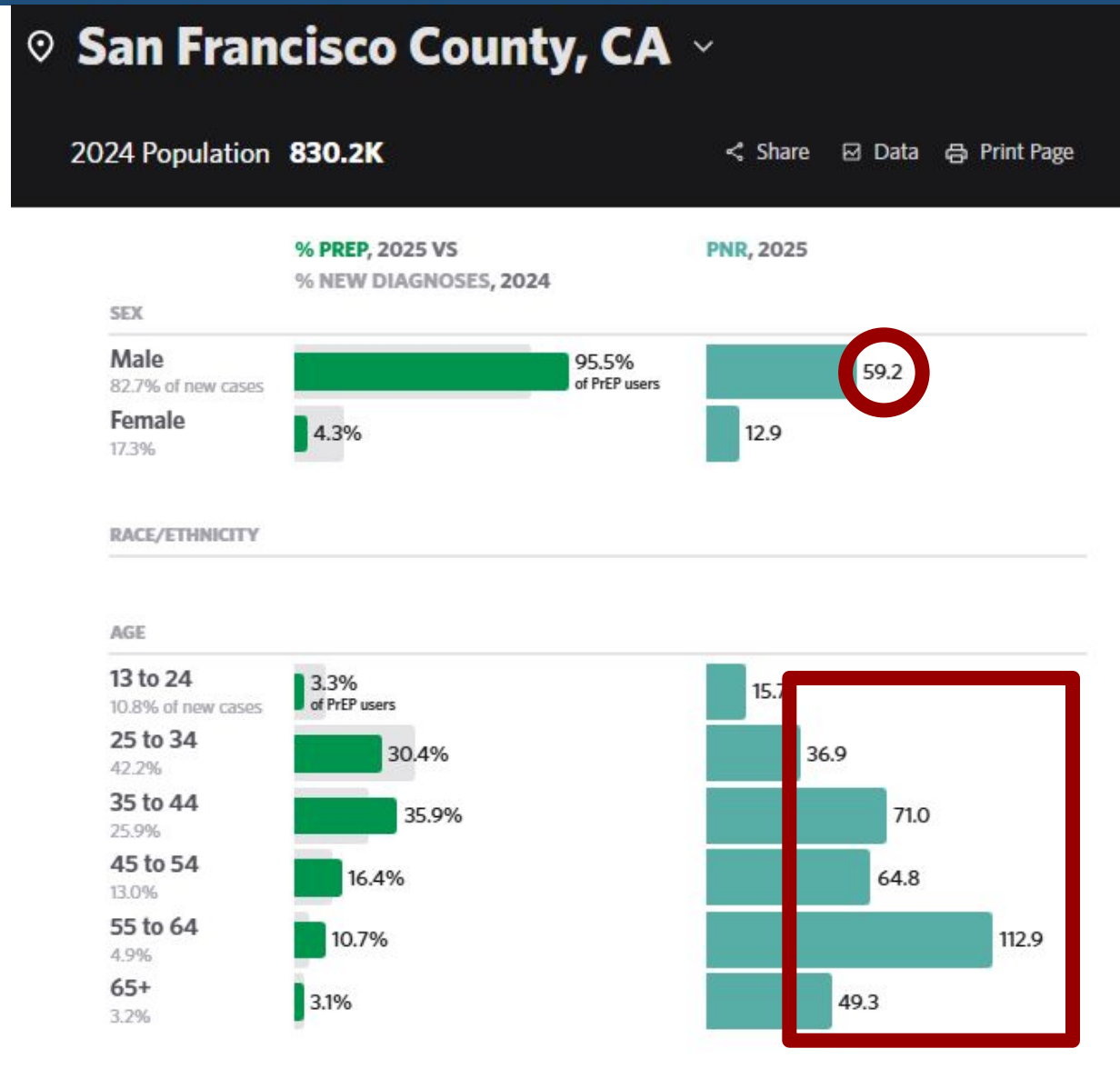
PnR reflects how well the need for PrEP was addressed in 2025

ANNUAL PNR, 2012-2025



Local Progress: PrEP Use
PrEP-to-Need Ratio Target = 40:1





Summary

- **172 new HIV diagnoses in 2024**
  - **Lowest in Alameda County history!**
  - **2nd lowest rate among CA EHE counties**
- **92% of new diagnoses in 2024 were linked to care in 30 days**
  - **Goal of 95% by 2025**
  - **2nd highest among CA EHE counties**
- **74% of PWH have achieved Viral Load Suppression**
  - **Goal of 95% by 2025**
- **PrEP use continues to climb (PrEP-to-Need Ratio = 20)**
  - **Goal of PrEP-to-Need Ratio of 40**

East Bay Getting to Zero Strategic Priorities for 2026 - 2030

IMPROVING COLLABORATIONS:

Systems Transformation & Care Coordination

Strategic Partnerships (Housing & Behavioral Health)

INNOVATIVE MODELS:

Street & Mobile Services

Injectable Medications for HIV Treatment & Prevention

COMMUNITY BUILDING:

HIV Workforce Development

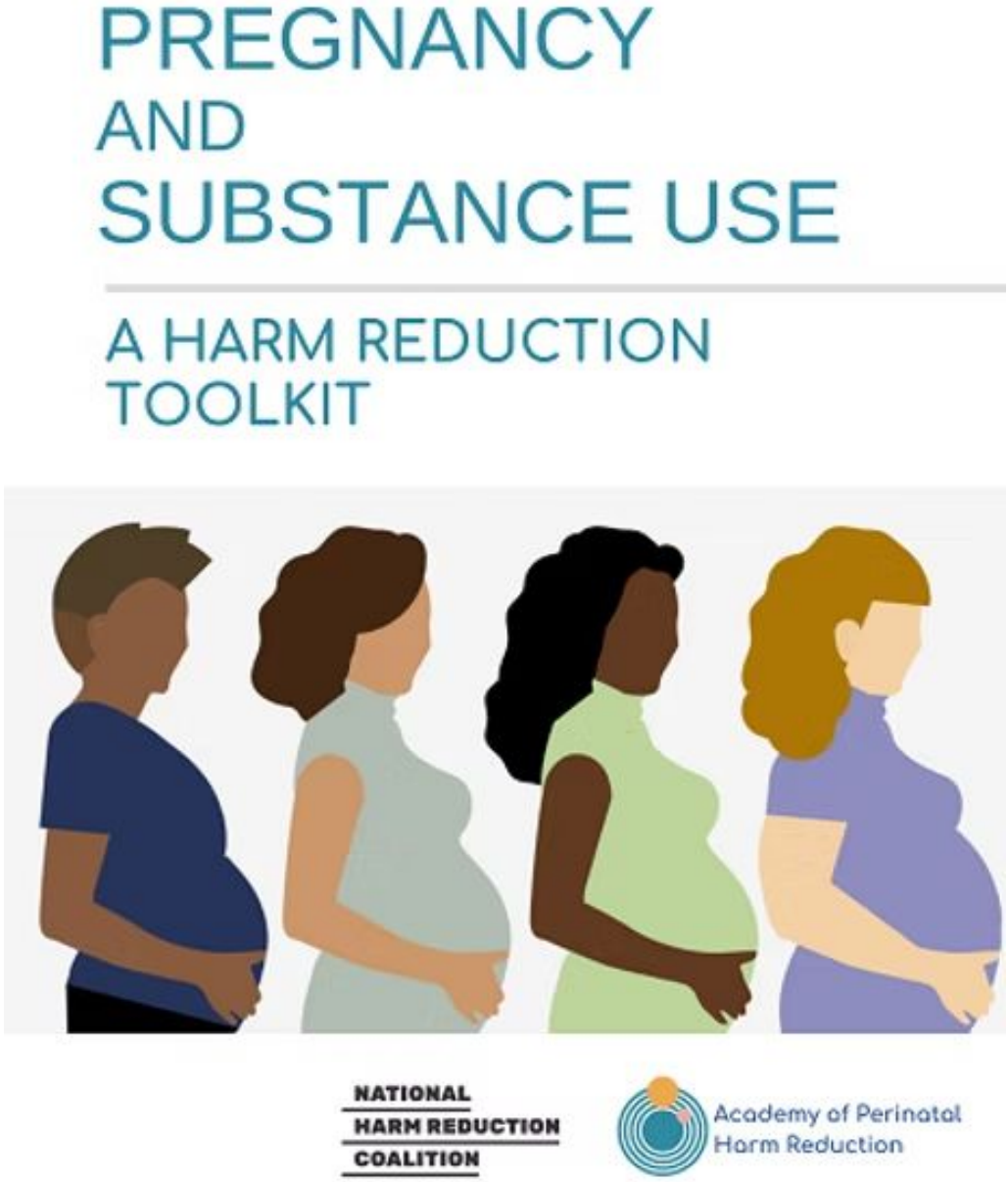
Networks of Support

Harm Reduction Approaches to Substance Use in Pregnancy

Finn Black, RN MS

Sept 2026

The Center for Innovative Academic Detailing on Opioids and Stimulants



Pregnancy & Substance Use Toolkit

Training Guide

PREGNANCY AND SUBSTANCE USE: A HARM REDUCTION TOOLKIT

This toolkit was written in collaboration with Academy of Perinatal Harm Reduction. For a full list of authors, see the acknowledgements. For visuals and worksheets, you can download the full toolkit. Check out APHR's website for more resources.

Using Harm Reduction with Clients Who Use Substances

www.perinatalharmreduction.org

Have a conversation about the **risks + benefits** of the client's substance use.

Client identifies their primary goal as...

- **abstinence** → Refer to detox if desired. Then inpatient or outpatient treatment, psychotherapy, group therapy, or community group - as desired by client
- **safer use** → Offer information about safer use methods and strategies. Collaborate on plan
- **reduced use** → Offer information on strategies to reduce use. Collaborate on plan
- **something unrelated to use** → Work collaboratively on client-identified priority

Was treatment effective in helping patient achieve detoxification and abstinence?

- **no** → Reaffirm or reevaluate goals. Offer referral to appropriate treatment.
- **yes** → SUCCESS "Any Positive Change"

Resources on Safer Use

Resources to Reduce Use

Because relapse is an expected part of the recovery process, every client needs education + tools for safer substance use.

This includes providing naloxone (Narcan ®) and overdose education for those who use opioids.

Academy of Perinatal Harm Reduction

OPIOID OVERDOSE + PREGNANCY

When overdoses happen, giving naloxone (Narcan®) saves lives - including the lives of pregnant people and their babies

1. NARCAN 2. RESCUE BREATHS 3. GET HELP

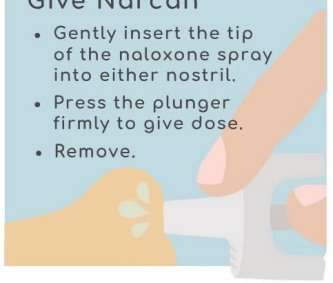
An overdose slows or stops breathing and keeps oxygen from getting to the body and brain.

Check for breathing

* Give rescue breaths.

Give Narcan

- Gently insert the tip of the naloxone spray into either nostril.
- Press the plunger firmly to give dose.
- Remove.



Place the person in the recovery position on their left side to improve blood flow to the placenta.

If you think they have injured their back or neck don't move them.

Get Naloxone nextdistro.org/naloxone

Call 911

Tell the dispatcher that you are with a pregnant person who is not breathing and you need paramedics.

You do not need to tell them that this may be a drug poisoning or overdose. If you do, they may send police officers.

Stay with the person or find someone who can until paramedics arrive.

"Good Samaritan" laws and statutes protect people who help those who may be experiencing an overdose.

When help arrives...

Tell the responders that the person takes opioids and may have taken too much and overdosed.

Respond to overdose in a pregnant person exactly the same as you would for anyone else.

Academy of Perinatal Harm Reduction

NATIONAL HARM REDUCTION COALITION

BEST PRACTICES
Human Milk and Substance Exposure

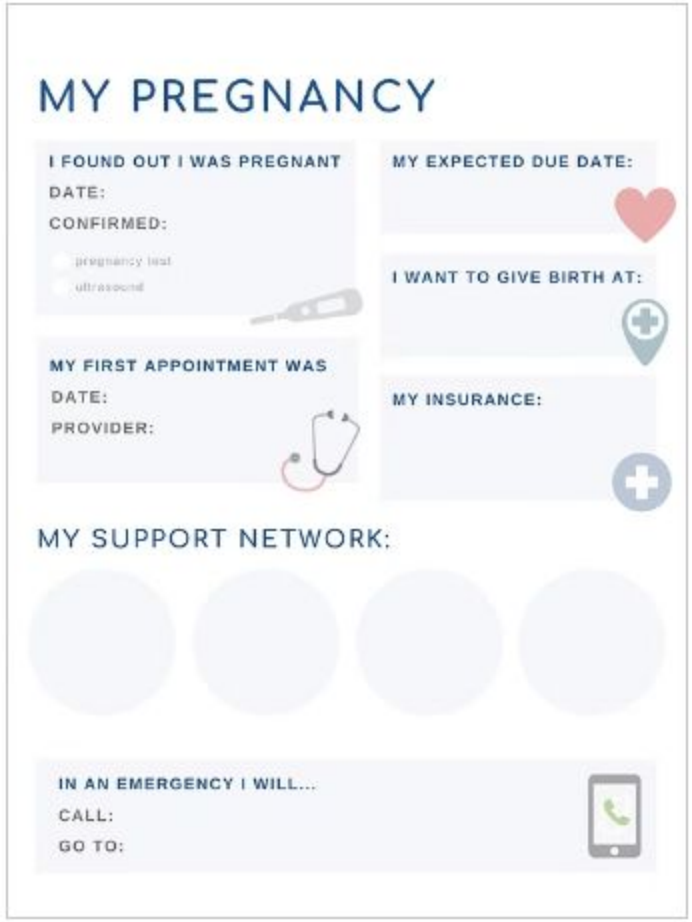
www.perinatalharmreduction.org/NANN

SUBSTANCE	BEST PRACTICES	EVIDENCE
Alcohol	Pump or feed before you drink. Wait 2 hours after each alcohol serving before providing milk to the baby.[1, 2]	Alcohol is present in human milk and has been linked to many of the same problems seen with prenatal exposure. Alcohol does not increase milk production or let-down. [1, 2]
Benzodiazepines	Take medication as prescribed. Feed the baby.[3] Watch for signs of sedation.[4]	Most benzodiazepines are considered safe or moderately safe at therapeutic doses.[3] Infants exposed to benzodiazepines via breastmilk may exhibit signs of sedation, such as apnea. [4]
Cannabis	It is safest to reduce or eliminate use during the lactation period. [5, 6, 7] However, in the case of continued medical or recreational use, experts agree that the proven benefits of human milk likely outweigh the risk of cannabis exposure. It is unacceptable to withhold lactation support. [8, 9]	Cannabis transfer rate into human milk is estimated to be 0.8-1% of maternal dose.[8, 10, 11, 12] Bioavailability is incomplete in infants' GI tract. So infants absorb 0.1% of the parent's dose.[11] Little data on the effects of exposure via breast milk, with inconclusive results.[13, 14]
Opioids	Long- or short-term opiate use is not a contraindication to breastfeeding, regardless of dose.[15, 16] Because of individual differences in metabolism, codeine is not recommended while breastfeeding, due to risk of infant overdose.[16]	Most opioids transfer into human milk at rates estimated at 1-3 % of maternal dose.[17] Because bioavailability is poor in infants' gastrointestinal tracts, it is likely that even less is absorbed.
Stimulants	Abstinence during lactation is recommended. In the case of a relapse, wait 24 hours after cocaine use and 48 hours after methamphetamine use to provide milk.[16, 18] Caffeine doses of ≤ 200mg are considered safe for lactation.[19]	Caffeine, cocaine, and methamphetamine are present in the human milk of parents who use them. Infant exposure should be limited by feeding or pumping before use. [16, 18, 19, 20]
Smoking	Despite the risks, breast/chestfeeding while smoking is considered safer than formula feeding while smoking because of the proven health benefits of human milk, including a 50% reduction in the incidence of SIDS. [5, 21, 22]	Smoking during lactation has been associated with decreased milk supply, shorter lactation duration, altered composition of milk, increased incidence of SIDS, and asthma in offspring.[5, 23]

1. ABM (2023))
2. LactMed (2025)
3. Uguz (2021)
4. AAP (2013)
5. AAP (2012)
6. ACOG (2017)
7. Reece-Stretman and Marinelli (2015)
8. Hill and Reed (2013)
9. Metz and Stickrath (2013)
10. Perez-Reyes (1982)
11. Bertrand (2018)
12. D'Apolito (2013)
13. Astley and Little (1990)
14. NIDA (1985)
15. Dorke, et al. (2007)
16. LactMed
17. ABM (2012)
18. Bartu, Dusci, and Ilett (2008)
19. LLL (2006)
20. Temple, et al. (2017)
21. Dorea (2007)
22. Vennemenn, et al. (2009)
23. Napierala (2016)

Joelle Puccio BSN RN Joelle@perinatalharmreduction.org

Link to References



Find Care

Create a Birth Plan

Know Your Rights

navigating the legal + child welfare systems

Because substance use is stigmatized, substance use disorders (SUDs) are treated differently from any other health condition.

START HERE:

Call the If/When/How free Repro Legal Helpline. **844-868-2812**

Quoted from If/When/How

It can be overwhelming to hear that you are being investigated for abuse or neglect of your children.
Everything you say and do can be documented, so keep in mind:

- You have the right to know why you are being investigated.
- Ask what the allegations are before answering any questions.
- You may be able to talk to a lawyer before talking to child welfare. Fill out the If/When/How secure form to talk to a lawyer.

repro legal helpline

READ: Your Rights When Contacted by CPS

PATHWAYS FOR CHILD PROTECTIVE SERVICES INVOLVEMENT

FINDING OR SUSPICION

This may be based on:

- Getting opioid agonist treatment (methadone and buprenorphine)
- A record of taking controlled substances (prescribed or unprescribed)
- Diagnosis of a substance use disorder
- Positive urine or blood screening

DISCUSSION ABOUT YOUR USE

This is the hospital's internal process for documentation. This may be among providers at the hospital. It is based on the initial finding/suspicion. They may have this conversation while filing a CPS report.

REPORT

Child Protection Services (CPS) is contacted.

DEVELOP PLAN OF SAFE CARE

Hospital staff will inform you of findings and the hospital providers' discussions. You will them meet to develop a Plan of Safe Care (PSC).

If you have previously had your parental rights terminated, CPS may remove this child or another child without completing the process again.

Due to the Adoption and Safe Families Act (ASFA), if your child is out of your custody for 15 out of 22 months, you parental rights may be terminated

CASE WORKER ASSIGNED

INVESTIGATION BEGINS

With your permission CPS will talk with family, friends, and providers about you and your parenting ability. There will be home visits. Now is the time for your support system to advocate for you.

IF DEEMED "UNSAFE"

CONDITIONAL PLAN

May include:

- attending a treatment program
- going to parent-infant classes
- getting medical care
- consenting to unannounced "check-ins" and home visits

A COURT CASE IS OPENED

This is when court proceedings begins. You will need a lawyer. The court will appoint you one but they may not be an expert in this kind of advocacy. There may be an organization in your area who can provide you with free legal counsel.

IF DISAGREE TO TERMS OF PLAN

AGREE TO PLAN

Consent to supervision until the plan is completed.

Many of the decisions made by people involved in these systems, such as a decision by a doctor to test someone for drugs, a nurse to call in a CPS report, a case worker to deem a situation unsafe, are up to that individual.

This means that this system, like all others, favors those with the most privilege in our society. Those who are black and brown, poor, un-housed, and have familial structures deemed "untraditional" are under the most scrutiny and are most likely to be tested for substance use, have reports filed, and lose custody of their children.

www.harmreduction.org

2025 Strategic Priorities

Top 3 selected by East Bay HIV Network:

#1: Coordinated street & mobile HIV services

#2: Substance use harm reduction & recovery

#3: Care coordination for PWH who are out of care

Other areas:

#4: Spanish-language workforce support & training

#5: Injectable ART & PrEP community messaging

#6: Improving housing case management skills & Coordinating access to housing opportunities

Thank you!
Please complete an evaluation!

https://forms.gle/YmGrsdR3F3NWX4ts8

Upcoming Meetings & Events

- **Regional Case Managers meeting** - Thurs Oct 8, 10:30-1 pm. Creekside Plaza, 1100 San Leandro Blvd, San Leandro. **RSVP here.**

- **Autumn Lights Festival** - Oct 15-17 at the Gardens at Lake Merritt Buy tickets here & spread the word: proceeds benefit the East Bay AIDS Memorial Garden!

- **East Bay SPAHRC Meeting** - Thurs Oct 28, 12-1 pm (virtual)

- **Annual Regional Case Managers + SPAHRC Joint Meeting** - Wed Dec 2, 10:30-1 pm. California Endowment Building, 2000 Franklin St Oakland.