Ending the HIV Epidemic (EHE) Regional Learning Collaborative

Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco Counties

Session 23:
Integrated Statewide Strategic Plan and EHE

Tuesday, February 28, 2023
10 AM-12 PM PT
Session Agenda

1) Overview and Process Update
   - California Department of Public Health, Office of AIDS
   - California Department of Public Health, STD Control Branch
   - Facente Consulting

2) Panel Presentations
   - End the Epidemics Coalition
   - California HIV/AIDS Research Program
   - San Diego County Department of Public Health
   - San Francisco Department of Public Health

3) Discussion/Q&A
   - Enter questions using Q&A
   - Share comments/resources using Chat
CA Statewide Integrated Strategic Plan: Addressing HIV, HCV, and STIs: Process Update

CDPH Office of AIDS and the STD Control Branch, in partnership with Facente Consulting
February 28, 2023
Overview

Update: CA Integrated Strategic Plan
Process and Progress

Community Engagement

Implementation Blueprint

Strengths and Challenges

Ways to Get Involved
MAKING THE CONNECTION: Multiple Initiatives

National HIV/AIDS Strategy and the Ending the HIV Epidemic Initiative

State; County EHE plans

CA Strategic Plan to address HIV, HCV, and STIs*

...plus, other programmatic initiatives (i.e. GTZ, HIV Prevention Group Plans, etc)

* Strategies proposed meet legislative and programmatic requirements for CDC DHAP and HRSA HAB.

CDPH is prioritizing six key social determinants of health, each with five broad strategies, over the next five years.

**Racial Equity**
1. Leadership and workforce development
2. Racial/Ethnic data collection and stratification
3. Equitable distribution of funding and resources
4. Community engagement
5. Racial and social justice training

**Housing First**
1. Data collection and use
2. Infrastructure changes
3. New models of housing access
4. Street medicine strategies
5. Low-barrier housing options

**Health Access for All**
1. Redesigned Care Delivery
2. Trauma-Informed and Responsive Services
3. Fewer Hurdles to Healthcare Coverage
4. Culturally and Linguistically Relevant Services
5. Collaboration and Streamlining

**Stigma Free**
1. Nothing about us without us
2. Reframe policies and messaging
3. Positive, accurate information
4. Acknowledge medical mistrust
5. Ongoing partnerships

**Economic Justice**
1. Workforce development
2. Employment for people with lived experience
3. Equitable hiring practices and fair pay
4. Leadership development
5. Universal hiring and housing policies

**Mental Health & Substance Use**
1. Overdose prevention in correctional setting
2. Mental health and substance use disorder treatment access through telehealth
3. Build harm reduction infrastructure
4. Expand low-threshold SUD treatment options
5. Cross-sector collaboration
Strategy Partners

• California Correctional Health Care Services (CCHCS)
• California Department of Corrections and Rehabilitation (CDCR)
• California Department of Social Services (CDSS)
• California Pathways into Public Health Initiative (Cal-PPH)
• Department of Education (CDE)
• Department of Health Care Services (DHCS)
• Department of Housing and Community Development (DHCD)
• Pacific AIDS Education and Training Center (PAETC)
• California STD/HIV Prevention Training Center (CA PTC)
COMMUNITY ENGAGEMENT

- Initial presentation to Part A Planning bodies
  - Statewide, Inland/Empire, LA, Alameda, Sacramento, San Fran, Santa Clara
- Statewide Townhall (over 460 participants)
- 17 In-Person Meetings throughout 5 regions; 4 virtual meetings
  - April – July, 300+ attendees
- Virtual Input Survey
- Providers' Needs Assessment for Integrated Plan
  - 130 respondents from 27 counties throughout California
- Draft Blueprint review period December 2022
- **Planned: Second-round Presentations to Planning Councils**
- **Strategy Sessions**
- **Planned: Community Kick-off Meetings**
Implementation Blueprint

- Social Determinant of Health (6)
- Strategy (30)
- Recommended Activities (150+)
- Overall Considerations
- Local Considerations
- Key Population Notes
- Monitoring and Metrics
- Partners and Resources
Next Steps: Implementation Blueprint Customization

Finalize and Release Implementation Blueprint (March 2023)

Part A Commissions/Planning Council Presentations (Jan-April 2023)

Strategic Planning Sessions with Co-Author Counties and other LHJs (March-June 2023)

- How to customize the Implementation Blueprint:
  - Aligning/Leveraging Efforts
  - Prioritization, Scoping and Feasibility
  - Home for each implemented activity (with support and coordination assistance)
  - Communication
  - Collaboration/Partnerships
  - Indicators and Monitoring

Suggestion to Submit Local Plans to CDPH-OA/STDCB (December 2023)
Implementation Blueprint Overview
• CHIPTS Regional Meeting Feb 28th
• California Planning Group
• Part A Planning Councils
• CDC/HRSA Site visit (Late Summer)
• STD/HIV Controller’s Meetings
• Annual EHE/Strategic Plan Symposium
• What’s missing?
Strengths

• Community Plan
• Co-Author Counties
• Local Community Champions
• Consultant-led community roll-out
• Enriching statewide network of syndemic and SDH partners
• Reaching areas of the CA with fewer resources
• High-quality community conversations
• Well-received plan

Challenges

• COVID and MPox
• Resources
• One plan, multiple formats
• Communication
• Variable knowledge about what the Strategic Plan means to day-to-day HIV/STI/HCV work
Thank you!

Questions?
Follow our progress or get more information about how to get involved:

Leroy.Blea@cdph.ca.gov

https://tinyurl.com/CDPHStratPlan
EHE Regional Learning Collaborative: CA HIV, HCV, & STI Integrated Strategic Plan

Cross Program Collaboration & Alignment with the Integrated Strategic Plan

Ashley Dockter, Evaluation + Quality Improvement Unit Chief
California Department of Public Health, STD Control Branch
CDPH STD Control Branch + Office of AIDS: Taking an Integrated Approach

1. Screening for Syphilis, HIV, and HCV in Emergency Departments

2. Syphilis and Congenital Syphilis Outbreak Strategy Funding
Lack of accessible transportation

- Limited/no prenatal care,
- discrimination in health care
- fear of judgment for substance use

High community prevalence of STIs
- Drug use
- Recent incarceration

Gaps in health knowledge from lack of comprehensive sex education

Experiencing homelessness
- Burdens of poverty

EDs

Neighborhood + Built Environment

Health + Healthcare

Economic Stability

Social + Community Context

Education
Expanding technical assistance for syphilis screening in emergency departments to include HIV + HCV

- Revising resources: slide set + 1-pager resource
- Facilitating monthly community of practice
- Providing individualized technical assistance to EDs + LHJs
$15 million was appropriated for a one-time grant program to strengthen testing for infectious agents in hospital emergency departments, including, but not limited to, HIV, hepatitis C, and syphilis.

Grants to EDs to strengthen infectious agent testing shall be awarded to cover screening and navigation services to access treatment and prevention in high-volume, mid-volume, and lower-volume emergency departments in both urban and rural areas.
Grounding Funding in the Integrated Plan: Syphilis and Congenital Syphilis Outbreak Strategy (SOS) Funding

- Final FY22/23 budget: $9 million for LHJs and $1 million for CDPH
- Funded LHJs: Fresno, Kern, Los Angeles, Orange, San Bernardino, San Diego, San Francisco, and San Joaquin

Funding Focus:

Innovative and impactful syphilis/congenital syphilis prevention and control

+ Disproportionately impacted populations as determined by local epidemiology

1 Los Angeles excludes Cities of Long Beach & Pasadena
Grant Activities: Key Strategic Targets

Part I: Health Access for All: Syphilis Testing, Treatment, and Other Health Care

Part II: Supportive Services: Housing, Mental Health, and Substance Use

Part III: Core Surveillance and Disease Intervention
Other integrated activities

- Home self-collection STI + HIV Testing
- Congenital syphilis + perinatal HIV collaboration
- Internal + external racial and health equity work
Thank you!

Ashley Dockter, MPH | ashley.dockter@cdph.ca.gov
Evaluation + Quality Improvement Unit Chief | California Department of Public Health, STD Control Branch
Ending the Epidemics: Addressing HIV, HCV, and STIs in California
Integrated Statewide Strategic Plan

Blueprint Implementation

EHE Regional Learning Collaborative
February 28, 2023
OBJECTIVES

Provide an overview of technical assistance opportunities that are upcoming.

Launch activities

Blueprint how-to and strategy workshops

In-depth support
BACKGROUND

2021
Development of the Integrated Statewide Strategic Plan

2022
Development of the Implementation Blueprint

2023
Providing opportunities for assisted blueprint modification and implementation support
LAUNCH ACTIVITIES

- Video presentation
- Launch ‘commercial’ spot
- Launch parties
WORKSHOPS and TA

- Virtual workshops
- Technical Assistance Request Portal
- Tailored technical assistance
IN-DEPTH SUPPORT

Implementation support to CDPH

In-person landscape review and customized support

Support to finalize tailored local plans
BREAK
End The Epidemics and the California Integrated Strategic Plan

February 28, 2023

Ryan Clary
ETE Consultant
End the Epidemics: Mission

End The Epidemics advocates for anti-racist policies and funding priorities to eliminate health inequities among Black, Indigenous and People of Color (BIPOC) while working collaboratively to end the syndemic of HIV, viral hepatitis, sexually transmitted infections (STIs) and overdose in California.
Our Focus on the Syndemic

• ETE was founded with a syndemic philosophy
  – Initially HIV, HCV, STIs
  – Added HBV, overdose/harm reduction to expand syndemic approach

• Initial advocacy: urged Gov. Newsom to prioritize an End The Epidemics plan
  – More than 150 organizations signed letter
  – Meetings with Administration

• FY 2019-20: ETE secured funding for all 3 epidemics
  – HBV funding in 2022
ETE’s Support of the Strategic Plan

• ETE leaders participated in Strategic Plan Workgroup
  – Craig Pulsipher, APLA Health
  – Anne Donnelly, San Francisco AIDS Foundation, CalHEP
  – Dr. Demisha Burns, WORLD

• Strategic plan presentation on ETE coalition call

• Circulated for input

• Promoted Town Hall meetings

• Regular updates on call
Synergy: ETE and the Strategic Plan

- Community’s role: advocate for resources/policies to implement the plan
- Syndemic approach
- Centering racial justice and equity
- Impact of systemic racism
- ETE has requested state plan since 2019
- Access to health care and resources to stay healthy
- Social determinants of health
- Addressing stigma
- Prioritizing harm reduction
November 2022
ETE Strategy Meeting Outcomes

• First in person meeting in nearly 3 years
• 80 stakeholders from around the state
• Discussed gaps/needs in addressing all epidemics
• Informed by plan
• Identified priorities (recognizing fiscal climate)
  – Harm reduction, including integration of viral hepatitis screening/linkage
  – STIs and sexual health
  – Behavioral health
  – Housing first
  – Gender-affirming care
2023 ETE Budget Proposal

• Save the California Harm Reduction Initiative ($61 million)
  – Maintain staff and services

• Increase HCV testing and linkage services ($15 million)
  – At least 50% to community based services
  – Prioritize vulnerable populations

• Increase STI and sexual health service delivery models (tele-health, self-testing, etc.)
  – Focus on equity
Thank You

- Check out our website: www.eteca.org.
- Join us: http://www.eteca.org/get-involved/
- Follow us on Twitter: @endepidemicsca.org; #EndTheEpidemicsCA
- Questions/feedback?
  - clarystrategies@gmail.com
  - (323) 810-6184
EtE(s) and the Role of Research: A Perspective from the California HIV/AIDS Research Program (CHRP)

Ending the HIV Epidemic (EHE) Regional Learning Collaborative Special Session 23: Integrated Statewide Strategic Plan and EHE
Tuesday, February 28, 2023
What is CHRP?

- **Established 1983**
- **Unrestricted, State general funds**
  - FY2022-23 Budget: ~$8.75M
  - ~14% administrative and grants management management
  - Remaining ~$7.5M to grantees
- **Funded Studies**
  - $380+M total distributed
  - 2,000+ research and program evaluation projects
  - UC/non-UC, health depts, CBOs, clinics, foundations
- **Collaborative Decision Making and Support**
  - Independent Advisory Council
  - Grantees, advocates, and community partners
  - Strong support from OA and state legislators
CHRP Mission

To support PIs in CA to develop, evaluate, and disseminate innovative research for eliminating new HIV infections; optimizing treatment uptake and outcomes for all PLWH; and addressing the comorbidities and social determinants that threaten the health and well-being of persons at risk for or living with HIV infection.

Strategic Direction 2020

- Helping to achieve HIV epidemic control in CA by 2025
- High-risk, high-reward, high-rigor research
- Priority areas not addressed by other funders
- Implementation science to yield cost-effective approaches
- Complexity science recognizes bio/personal/soc/structural; syndemics recognizes common co-morbidities
- Social determinants of health; inequitable access; disparate outcomes
Operationalization of EtE(s) Strategies through Funding Initiatives

CHRP Research Priorities

- Basic Biomedical Research
  - Pilot early-investigator awards
  - Mechanisms at cellular/subcellular levels
  - 17 investigations across 2 initiatives

- Implementation Science
  - Often collaborative awards
  - Program development & scalability
  - 9 investigations across 3 initiatives

- Policy Research
  - HIV/AIDS policy research and analysis
  - Work with advocacy groups institutions
  - 3 sites (UC, CBO) through one initiative
Alignment with EtE(s) Strategic Priorities

Historical and Continued Support

- Hosted first “Ending the Epidemics” working groups meeting in 2018
- Supported multiple EtE(s) meetings across the state to gain support and feedback for the overall strategy across all stakeholder groups
- Initiated a “Community Consensus Statement” calling on the governor and state officials to support the EtE(s) strategies, currently has 140 signatories from state and local health agencies and CBOs
- Continued collaborative and administrative support for the EtE(s) coalition
Mobile-Enhanced Prevention Support for People Leaving Jail: A Three-Arm, Randomized, Controlled Trial
Nina Harawa (UCLA/Charles Drew)

- MSM and transgender women with history of substance use, recent incarceration, and HIV risk (PrEP candidates), n=221, 79% people of color
- Does the multi-component MEPS intervention improve engagement in preventive services (PrEP, HIV/STI, Hep C screening, SUD services) vs standard of care (e.g., client-centered counseling plus SUD services)?
- Intervention features: incentives for use of health and other prevention services, peer navigation, and a mobile app to facilitate service engagement (GeoPass)

Alignment with EtE(s) Strategic Priorities

- **Racial Equity Strategies**: 1 - Leadership and Workforce Development, 2 - Racial and Ethnic Data Collection and Stratification, 4 - Community Engagement
- **Housing First Strategies**: 1 - Data Collection and Use, 2 - Infrastructure Changes
- **Health Access for All Strategies**: 4 - Culturally and Linguistically Relevant Services
- **Mental Health and Substance Use Strategies**: 5 - Cross-Sector Collaboration
- **Economic Justice Strategies**: 1 - Workforce Development, 2 - Employment for People with Lived Experience
- **Stigma Free Strategies**: 1 - Nothing About Us Without Us, 3 - Positive, Accurate Information, 5 – Ongoing Partnerships
Implementation Science:

Community Collaborative Initiative

Alignment with EtE(s) Strategic Priorities

HOPE: A Status-Neutral Mobile Unit for African Americans Experiencing Homelessness in Alameda County

Albert Liu (SFDPH) and Natalie Wilson (AIDS Project of the East Bay)

- Syndemics approach leveraging Community Based Participatory Research principles to launch the HOPE mobile clinic model
- Deliver point-of-care tailored HIV prevention/treatment and HCV/STI services for African Americans experiencing homelessness in Alameda County
- Provide warm hand-offs to support other service needs (e.g., SSP, mental health)
- Supported by over 18 community partners

- **Racial Equity Strategies**: 1 - Leadership and Workforce Development, 2 - Racial and Ethnic Data Collection and Stratification, 4 - Community Engagement
- **Housing First Strategies**: 1 - Data Collection and Use, 2 - Infrastructure Changes, 4 - Street Medicine Strategies
- **Health Access for All Strategies**: 1 - Redesigned Care Delivery, 4 - Culturally and Linguistically Relevant Services, 5 - Collaboration and Streamlining
- **Mental Health and Substance Use Strategies**: 5 - Cross-Sector Collaboration
- **Economic Justice Strategies**: 1 - Workforce Development, 2 - Employment for People with Lived Experience
- **Stigma Free Strategies**: 1 - Nothing About Us Without Us, 3 - Positive, Accurate Information
“Much of the attention given to the epidemic has focused on national estimates and national needs. Ultimately, however, the epidemic and its impacts, and the responses to it, are experienced in specific locales, and responses are shaped by the resources, traditions, and leadership of the specific communities.”


Questions/Comments to:
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EHE LEARNING COLLABORATIVE

San Diego County Updates
February 28, 2023
EHE LEARNING COLLABORATIVE

HRSA 19-034: BUILDING CAPACITY FOR HIV ELIMINATION

- Address system mistrust and low health information
- Improve community outreach
- Improve access to support basic needs support
- Strengthen HIV Planning Group
- Address whole-person wellness
- Improve health outcomes
- Reduce burdens for service access
NEW SERVICES IN PLACE...

- Leadership Development
- Community Engagement
- Re-Engagement in Care
- HIV Prevention for Persons Who Inject Drugs
FUTURE SERVICES TO BE DEPLOYED NEXT 3 MONTHS

- Low-Barrier Medical Care
- HIV Prevention for Transgender Persons
- Peer-Based Mobile PrEP Delivery
- Getting to Zero App & Resource Guide
- Routine HIV Testing Implementation Grants
FUTURE DIRECTIONS

Disabled  Aging  Medical Advocacy
Ending the Epidemics
San Francisco Approach

Integration, Collaboration, Community, Engagement

Thomas Knoble, MSW
San Francisco Department of Public Health
thomas.knoble@sfdph.org
HIV Rates Not Declining In All Populations

Figure 2.4 Number of cis men newly diagnosed with HIV by transmission category, 2012-2021, San Francisco

1 Includes people with HIV by year of their initial HIV diagnosis.
SF Populations of Focus

People living with and at risk for HIV, HCV, STIs
- Black/African Americans
- Latinos/Latinas/Latinx
- Trans Women
- People Who Use Drugs
- People Experiencing Homelessness
- People with incarceration experience
- Youth and young adults
- Aging population living with HIV
SF Approach: "De-silo" HIV/HCV/STI and Overdose Syndemics Cross Cutting Themes

Root Causes: Structural Racism, and Economic Inequality

Cross-Cutting Issues
- Homelessness and Housing Instability
- Behavioral Health
- Access to Treatment and Prevention
- New Challenges for Older PLWH
- Incarceration

ROOT CAUSES
- Racism & Economic Inequality
- Incarceration
- New challenges for older PLWH
- Homelessness & Housing Instability
- Behavioral Health
- Access to treatment & prevention
- COVID-19
Funded Efforts: Integration, Collaboration, Community Engagement

- Need to provide wrap around services
  - Peoples have core needs that need to be met
  - Mental Health, Food, Housing, etc.

- Intersectionality
  - Clients have options
Some Examples ETE

- Workforce Development (CHLI)
- Street Medicine
- 6 Community Advisory Programs (CAPs)
- Have Good Sex Campaign
- Home Testing
San Francisco ETE Activities

Status-Neutral Services:
HIV Health Services and CHEP will jointly fund navigators and other services to provide status neutral services to people living with and at risk for HIV/HCV/STIs:

• Gender health navigation services
• Post-incarceration navigation services
• Expanded services for people experiencing homelessness
  • Street-based/mobile services
  • Mobile contingency management
  • Medical and wrap-around service
What is the role of the ETE SC?
- Strategic planning
- Community leadership
- Collective Impact
- Resource & information sharing

SFDPH Leadership
Many Networks - how can they connect
Opportunities to Expand and Enhance Existing Activities and Build New Partnerships

<table>
<thead>
<tr>
<th>Services for people experiencing homelessness</th>
<th>Psychiatric consultation</th>
<th>CoE &amp; Non-CoE community-based services</th>
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<tbody>
<tr>
<td>Mental health services</td>
<td>Administrative support for HIV Health Services</td>
<td>Augmented post-incarceration navigation</td>
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<tr>
<td>Intensive Case Management (ICM) programs</td>
<td>Housing case management</td>
<td>Status-neutral access points</td>
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<td>Black &amp; African American service delivery programs</td>
<td>Primary Medical Care during off hours and weekends</td>
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<td>Telepsychiatry support</td>
<td>LINCS (Linkage, Integration, Navigation Comprehensive Services)</td>
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Services for people experiencing homelessness:
- Psychiatric consultation
- Administrative support for HIV Health Services
- Augmented post-incarceration navigation

Mental health services:
- Housing case management
- Status-neutral access points

Intensive Case Management (ICM) programs:
- Primary Medical Care during off hours and weekends
- Street-based services

Black & African American service delivery programs:
- LINCS (Linkage, Integration, Navigation Comprehensive Services)
- Peer to peer support

Telepsychiatry support:
- Long-term injectable ART
- Additional stabilization rooms

Peer support to HIV-positive Trans Women:
- Additional stabilization rooms