

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



- Share comments/resources using



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

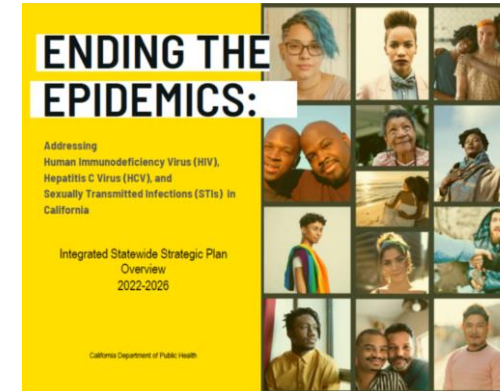
Ways to Get Involved

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.

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



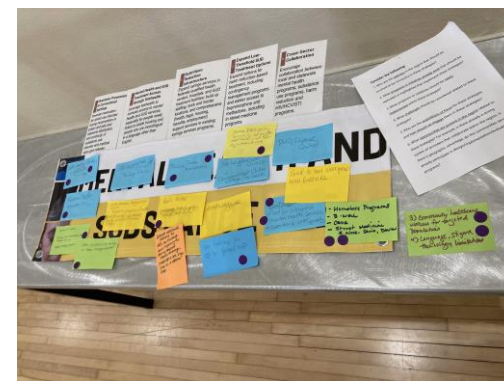
1. Overdose prevention in correctional setting
2. Mental health and substance use disorder treatment access through telehealth
3. Build harm reduction infrastructure
4. Expand low-threshold SUD treatment options
5. Cross-sector collaboration

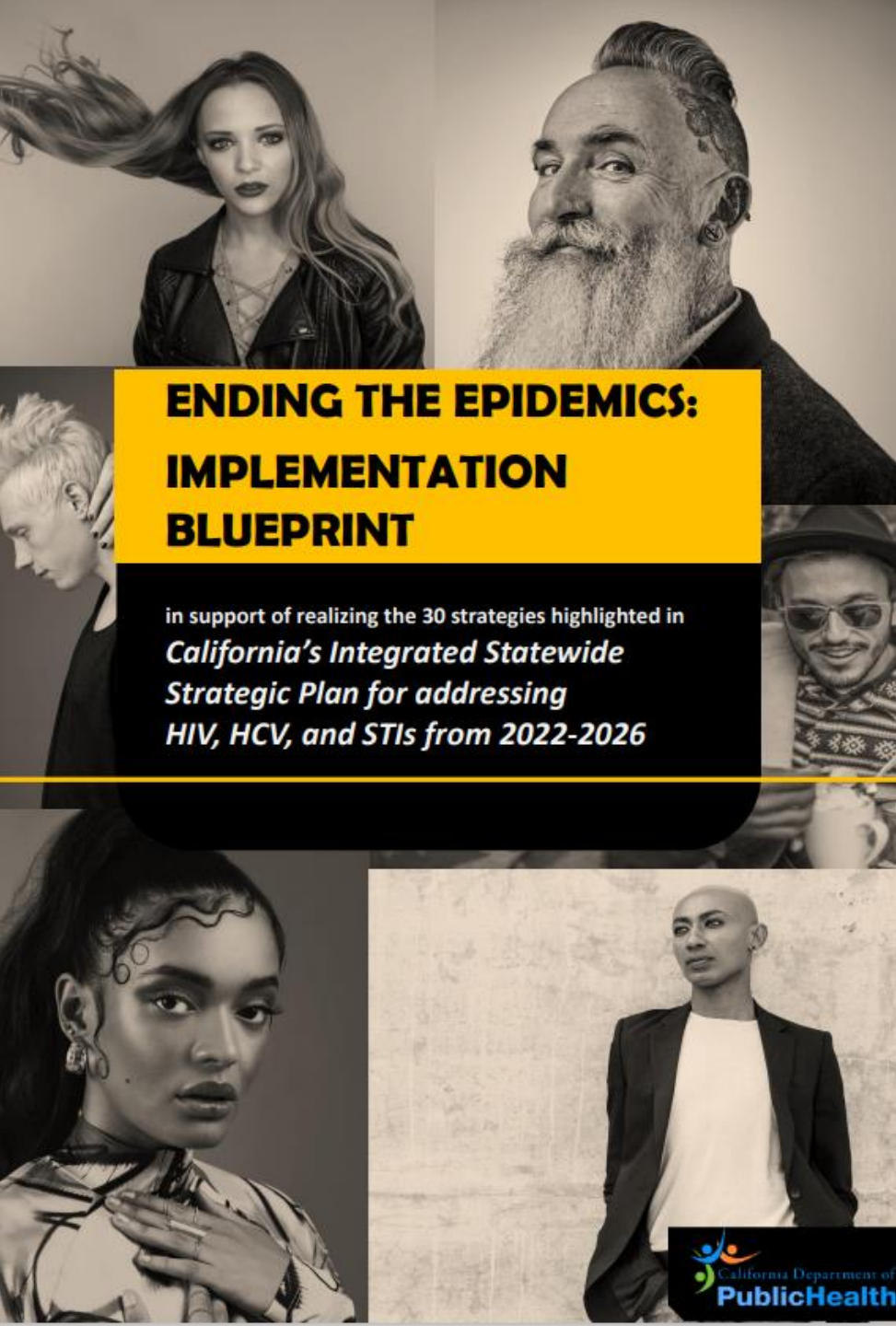
Strategy Partners

- 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**





ENDING THE EPIDEMICS: IMPLEMENTATION BLUEPRINT

in support of realizing the 30 strategies highlighted in
*California's Integrated Statewide
Strategic Plan for addressing
HIV, HCV, and STIs from 2022-2026*



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 Initial Roadshow

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 and Challenges

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

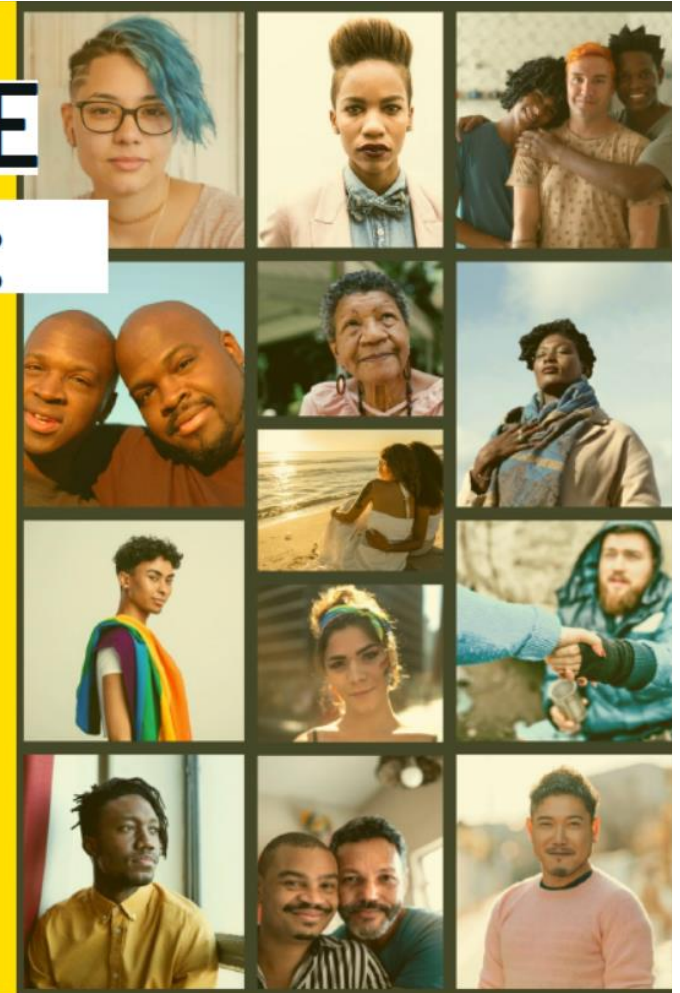
<https://tinyurl.com/CDPHStratPlan>

ENDING THE EPIDEMICS:

Addressing
Human Immunodeficiency Virus (HIV),
Hepatitis C Virus (HCV), and
Sexually Transmitted Infections (STIs) in
California

Integrated Statewide Strategic Plan
Overview
2022-2026

California Department of Public Health



EHE Regional Learning Collaborative: CA HIV, HCV, & STI Integrated Strategic Plan

Cross Program Collaboration & Alignment with the Integrated Strategic Plan

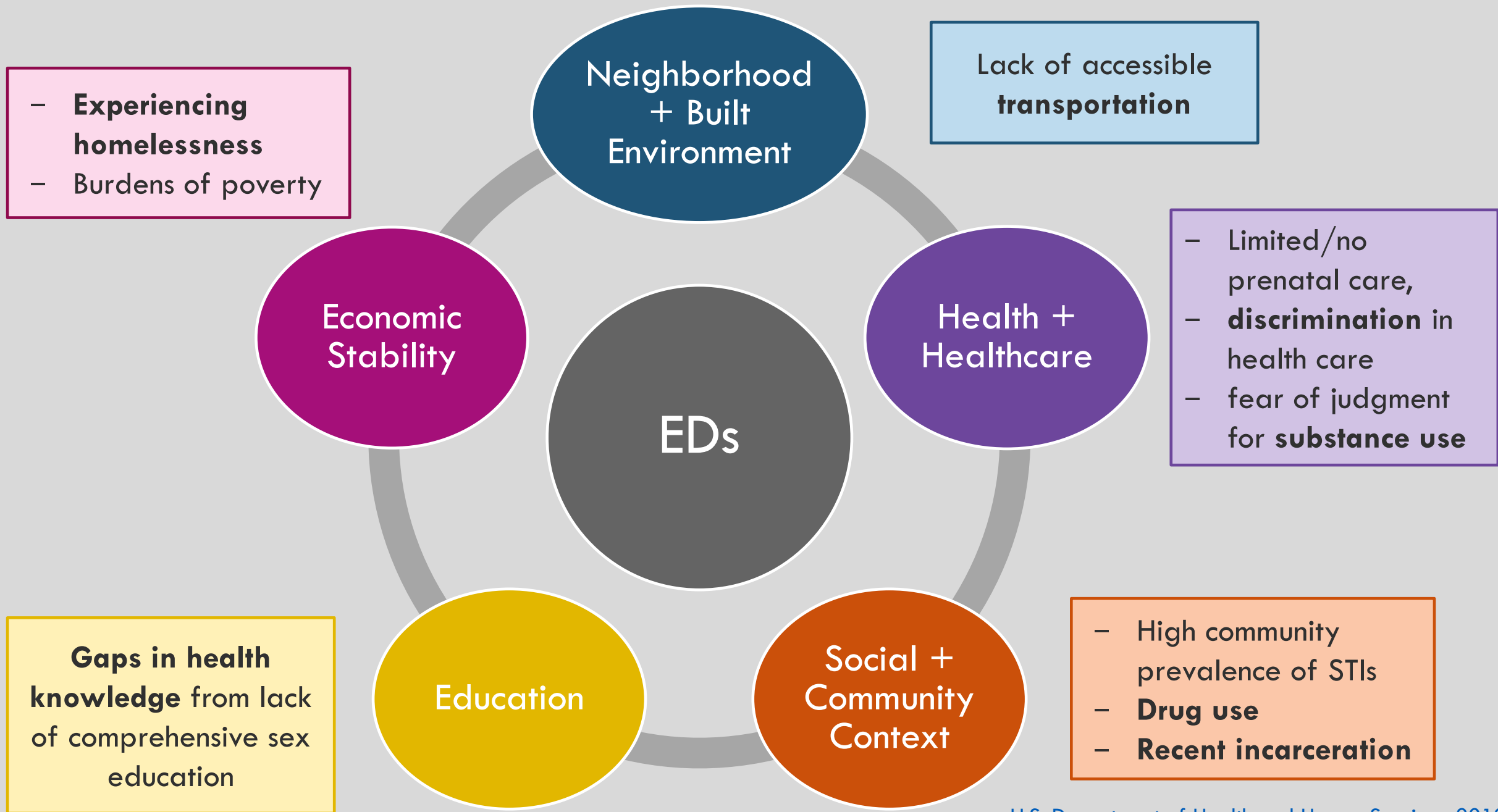
Ashley Dockter, Evaluation + Quality Improvement Unit Chief
California Department of Public Health, STD Control Branch





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



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

New Funding for HIV/HCV/Syphilis Screening in EDs

- **\$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,¹ 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

RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY

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

RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY RACIAL EQUITY



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



**FACENTE
CONSULTING**
UNDERSTAND • IMPLEMENT • TELL YOUR STORY

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

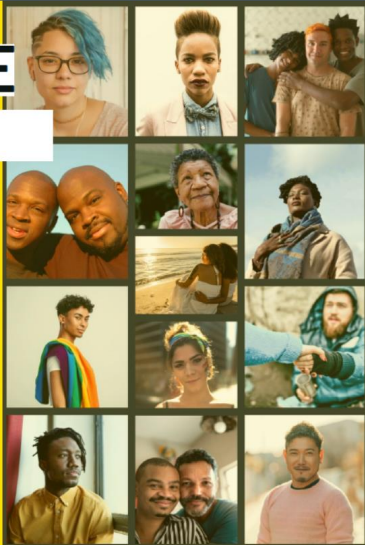
2023 Providing opportunities for assisted blueprint modification and implementation support

ENDING THE EPIDEMICS:

Addressing Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) in California

Integrated Statewide Strategic Plan Overview 2022-2026

California Department of Public Health



LAUNCH ACTIVITIES

Video presentation

Launch 'commercial' spot

Launch parties

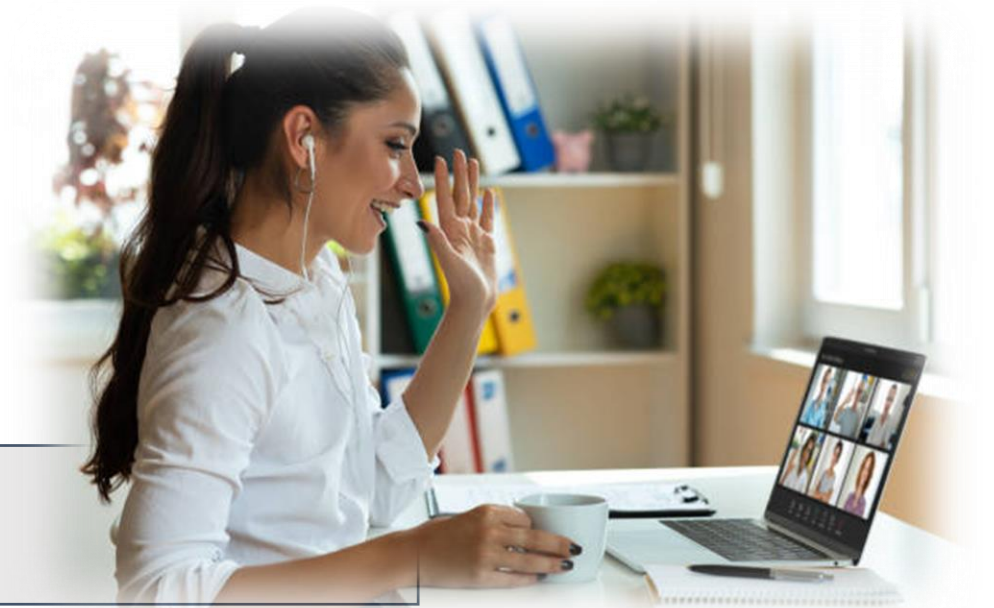


WORKSHOPS and TA

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



THANK YOU!

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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.

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
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Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose

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

**END THE
EPIDEMICS**

Californians Mobilizing to End HIV,
STIs, Viral Hepatitis & Overdose



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
 - 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



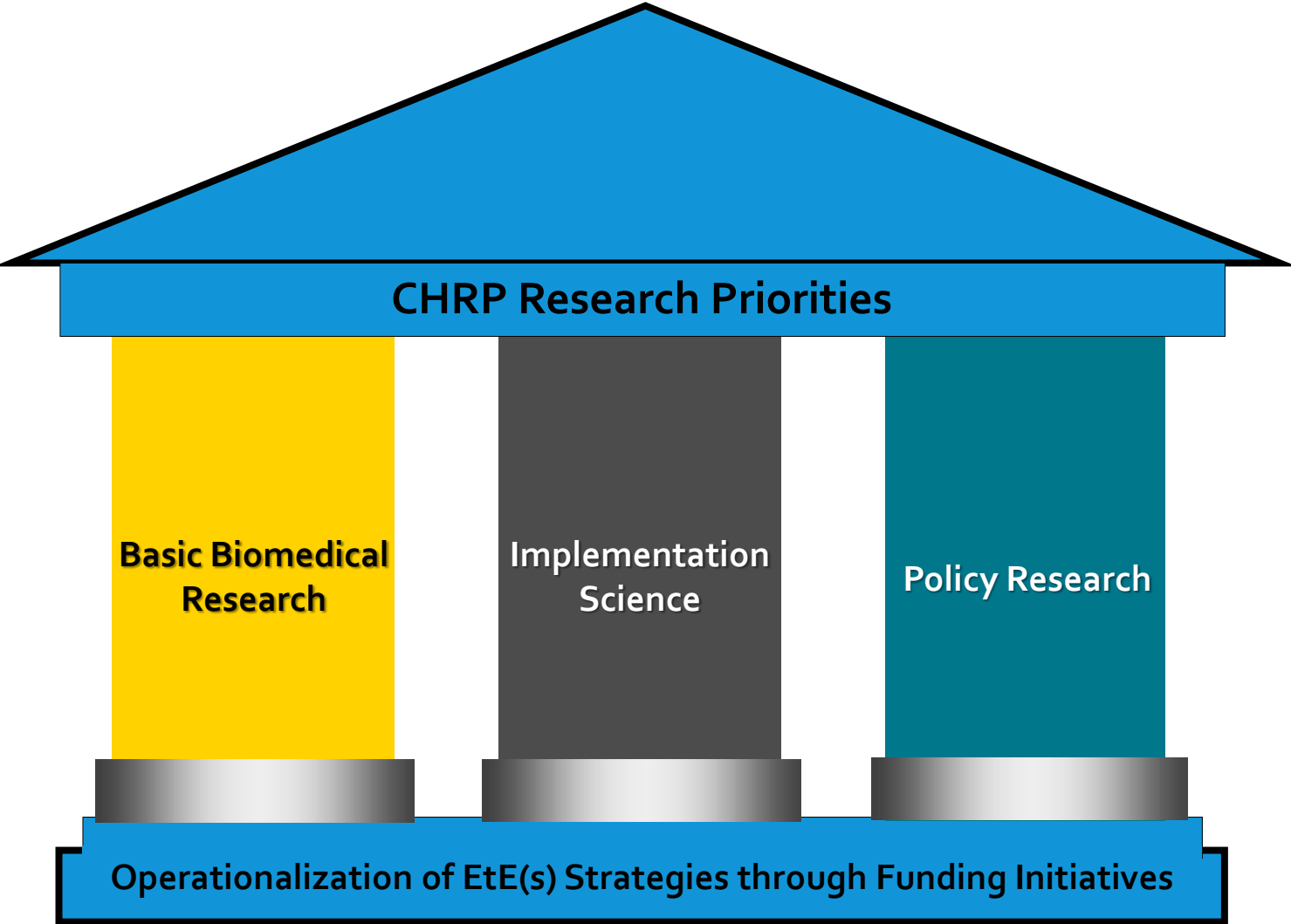
CHRP Mission & Strategic Direction

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



Current Portfolio

Basic Biomedical

- 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

California HIV/AIDS Policy Research Centers (CHPRC)

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

END THE EPIDEMICS

It's time to end the HIV, HCV, & STD epidemics in California.

Community Consensus Statement

March 6, 2019

We, the undersigned organizations, call on Governor Newsom and the California Legislature to act now to end the HIV, HCV, and STD epidemics.

THE OPPORTUNITY: California is at an unprecedented moment in response to HIV, hepatitis C (HCV), and sexually transmitted diseases (STDs). With highly effective treatments and proven prevention tools, California can now dramatically reduce new transmissions, improve the health of people living with these conditions, and bring these epidemics to an end.

THE CHALLENGE: Over 5,000 Californians are newly diagnosed with HIV each year—more than any other state in the nation—and over 400,000 California residents are currently living with HCV.¹ STD cases reached a record high for the third year in a row, with more Californians being diagnosed with chlamydia, gonorrhea, and syphilis in 2017 than ever before.²

HIV, HCV, and STDs are interrelated epidemics—also known as a syndemic—impacting many of California's most disadvantaged communities, including people of color, gay and bisexual men, transgender individuals, women, people experiencing homelessness, youth, and people who use drugs. Bold action is needed to integrate our response to these epidemics and eliminate health disparities and inequities.

THE SOLUTION: Ending these epidemics will require renewed commitment from elected officials and strategic new investments in effective education, prevention, and treatment programs. It will also require structural responses to address the economic and social conditions that drive these epidemics, including stigma and discrimination, poverty, and unstable housing. Failure to act decisively will only result in more transmissions and significantly higher public and private health care costs.

On April 10, 2018, a group of 50 public health and community leaders convened in Los Angeles to build support for a statewide strategy to end the HIV, HCV, and STD epidemics.³ The convening was informed by other recent statewide efforts, including California's Integrated HIV Surveillance, Prevention, and Care Plan and Viral Hepatitis Prevention Strategic Plan.⁴ While these plans outline important goals and recommendations, they do not adequately speak to the need for broad-based community engagement or the political will, resources, and cross-departmental collaboration that will be required to address these epidemics effectively.

California's strategy will only work if it is endorsed by the state's Governor and Legislature and brings all relevant stakeholders to the table—including government and public health officials, health care and social service providers, researchers, the private and nonprofit sectors, and

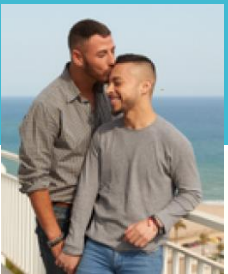


August 2, 2019
Los Angeles, CA

Alignment with EtE(s) Strategic Priorities

Implementation Science:

One Step Ahead Initiative



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)

- **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

Alignment with EtE(s) Strategic Priorities

Implementation Science:

Community Collaborative Initiative

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

Thank You and Closing Thoughts

“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.”

Jonsen & Stryker (Eds.). The Social Impact of AIDS in the United States. Washington, DC.; National Academies Press, 1993.

Questions/Comments to:

Rhodri Dierst-Davies, PhD, MPH

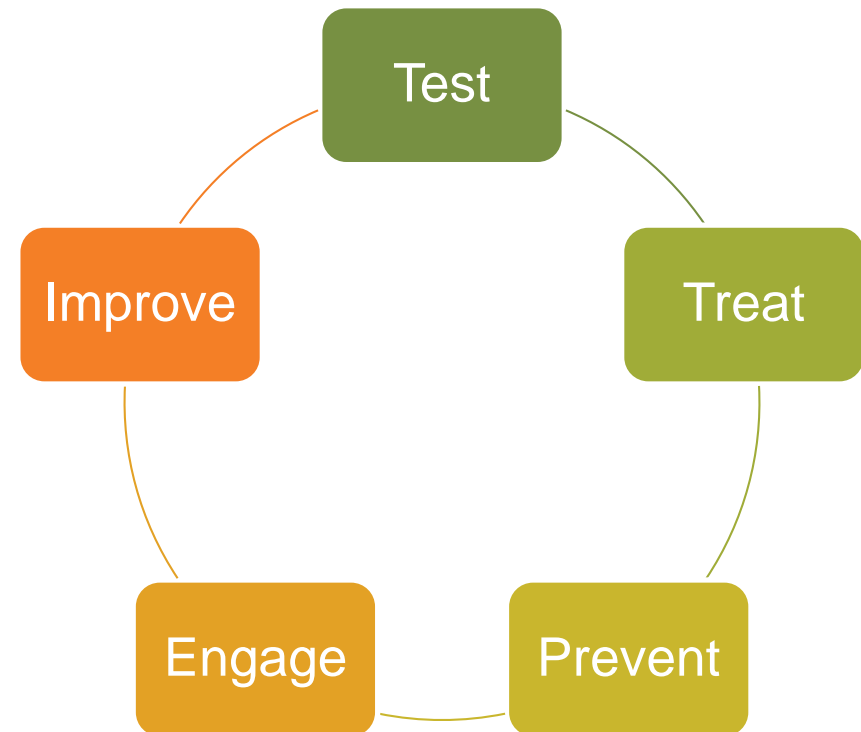
Rhodri.Dierst-Davies@ucop.edu



EHE LEARNING COLLABORATIVE

San Diego County Updates
February 28, 2023







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

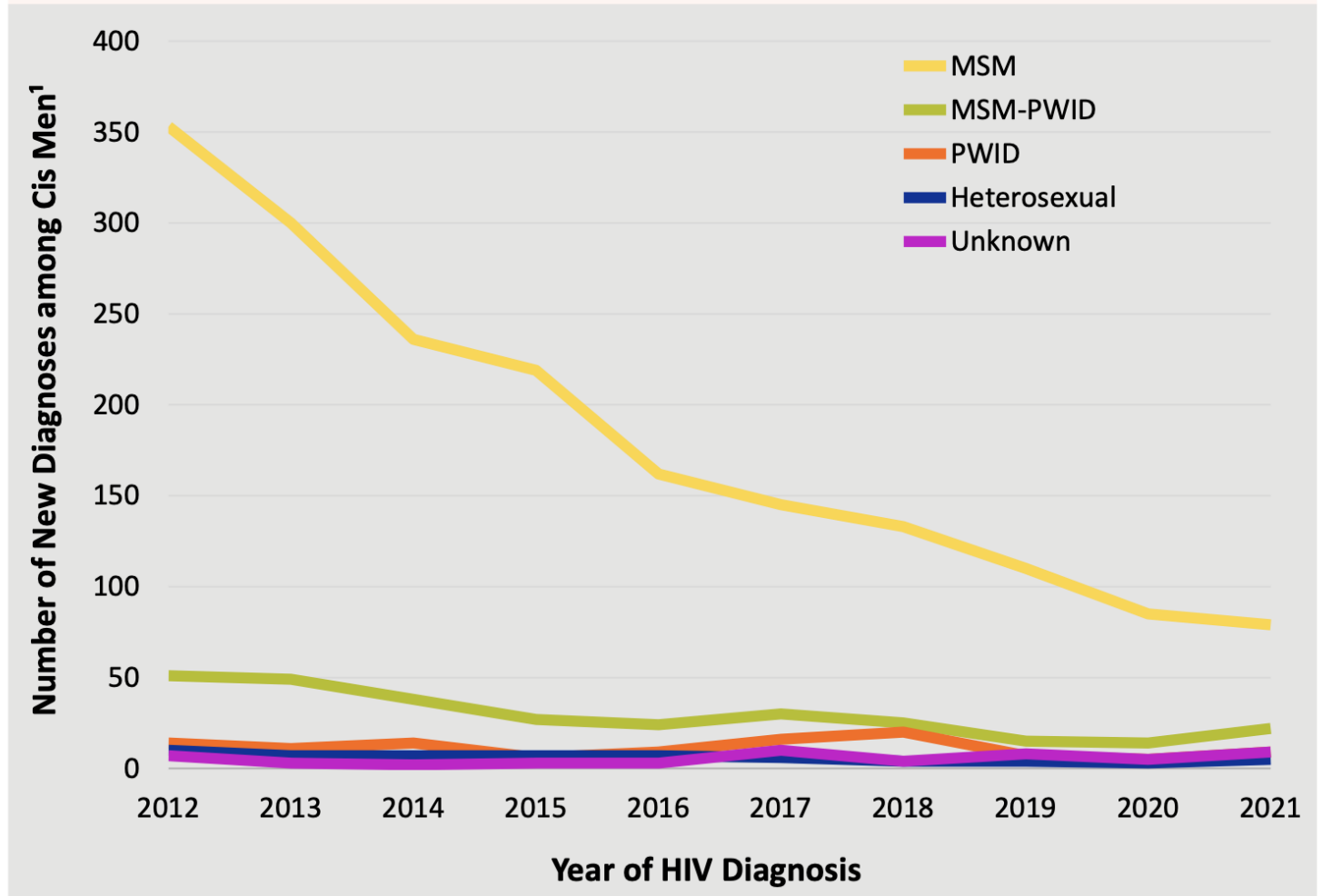
Integration, Collaboration,
Community, Engagement

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

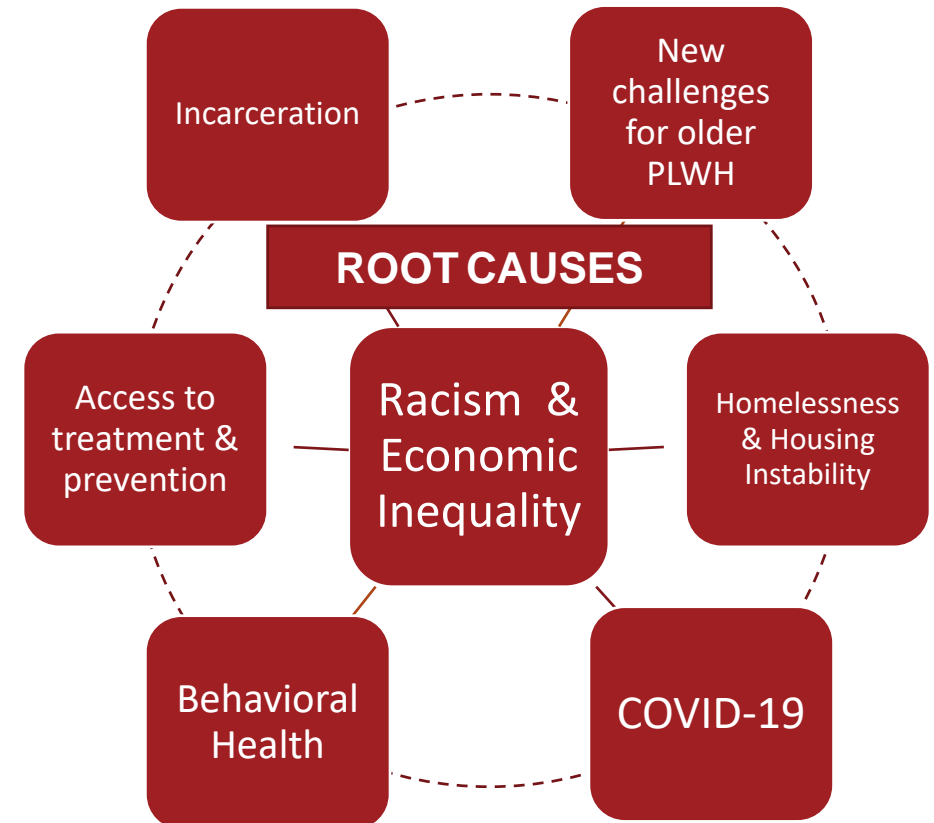


SF Approach: "De-silo" HIV/HCV/STI and Overdose Syndemics Cross Cutting Themes

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



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



EXISTING



SF HIV FOG

BAAHI



SF.GOV

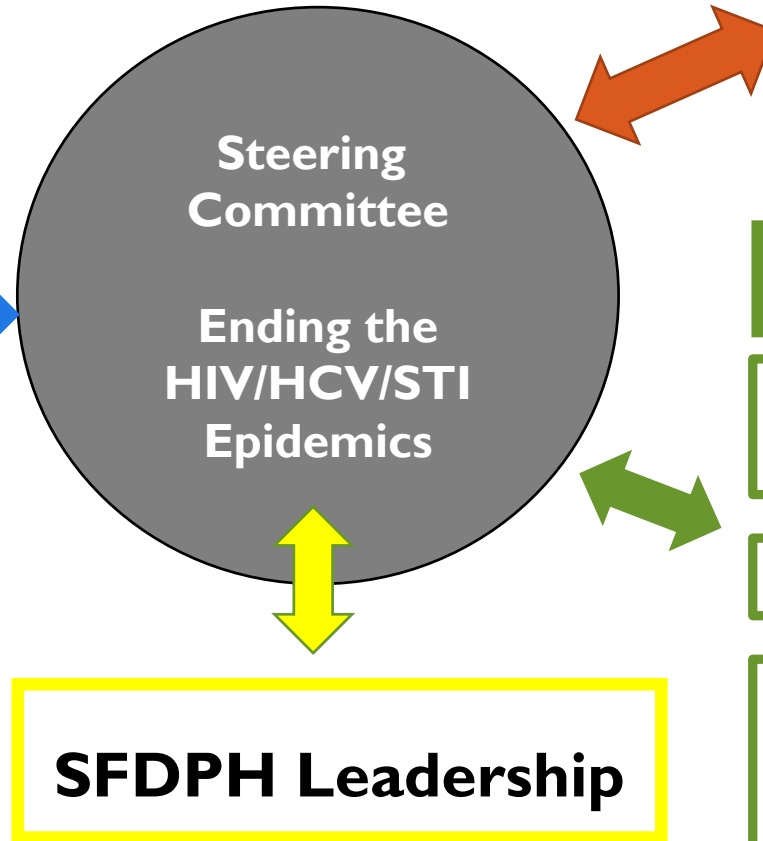


Office of Transgender Initiatives

OTI works with community and the City to advance equity for transgender and gender nonconforming people.

What is the role of the ETE SC?

- Strategic planning
- Community leadership
- Collective Impact
- Resource & information sharing



IN PROGRESS

Community Advisory Processes (CAPs)

Workforce Development: Community Health Leadership Institute (CHLI)

FUTURE POSSIBILITIES

Racial Equity Working Group

Incarceration Focus

Regional Work

STI Task Force

Housing and Homelessness: HIV and Housing Working Group



Many Networks - how can they connect



Opportunities to Expand and Enhance Existing Activities and Build New Partnerships

Services for people experiencing homelessness	Psychiatric consultation	CoE & Non-CoE community-based services
Mental health services	Administrative support for HIV Health Services	Augmented post-incarceration navigation
Intensive Case Management (ICM) programs	Housing case management	Status-neutral access points
Black & African American service delivery programs	Primary Medical Care during off hours and weekends	Street-based services
Tele-psychiatry support	LINCS (Linkage, Integration, Navigation Comprehensive Services)	Peer to peer support
Peer support to HIV-positive Trans Women	Long-term injectable ART	Additional stabilization rooms