

# **Process Update: CA Statewide Integrated Strategic Plan and Implementation Blueprint**



San Francisco HIV Community Council Update  
June 26, 2023





# Overview

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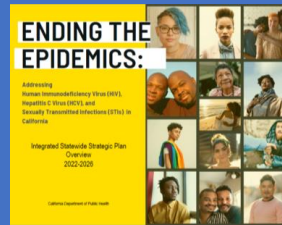
- Making the Connection to Syndemic Work
- Where are we in the process of the Strategic Plan?
- Review some HRSA/CDC/HAB Feedback
- What is the Implementation Blueprint?
- What is your role?
- Key Activities and Timeline
- Key Questions

# 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\*



**Ending the Epidemics Plan: Why  
and how at a high-level**

**Implementation Blueprint: Details  
how**

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

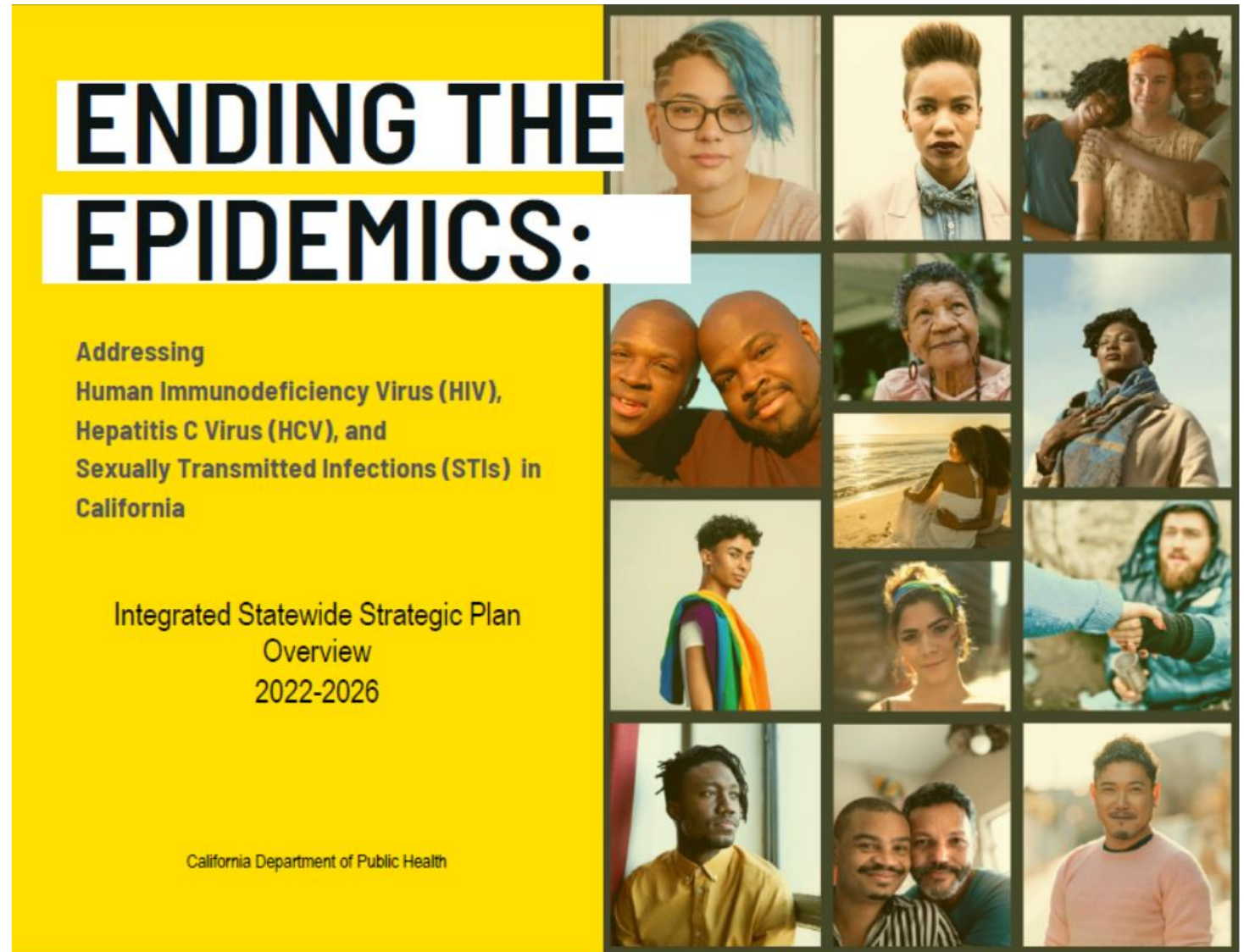
\* Strategies proposed meet legislative and  
programmatic requirements for CDC DHAP  
and HRSA HAB

# The Strategic Plan: HRSA/HAB/CDC

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## Strengths

- Syndemic-focused
- Multi-EMA/TGA collaboration
- Social justice
- Resource Inventory
- Accepted our Plan



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

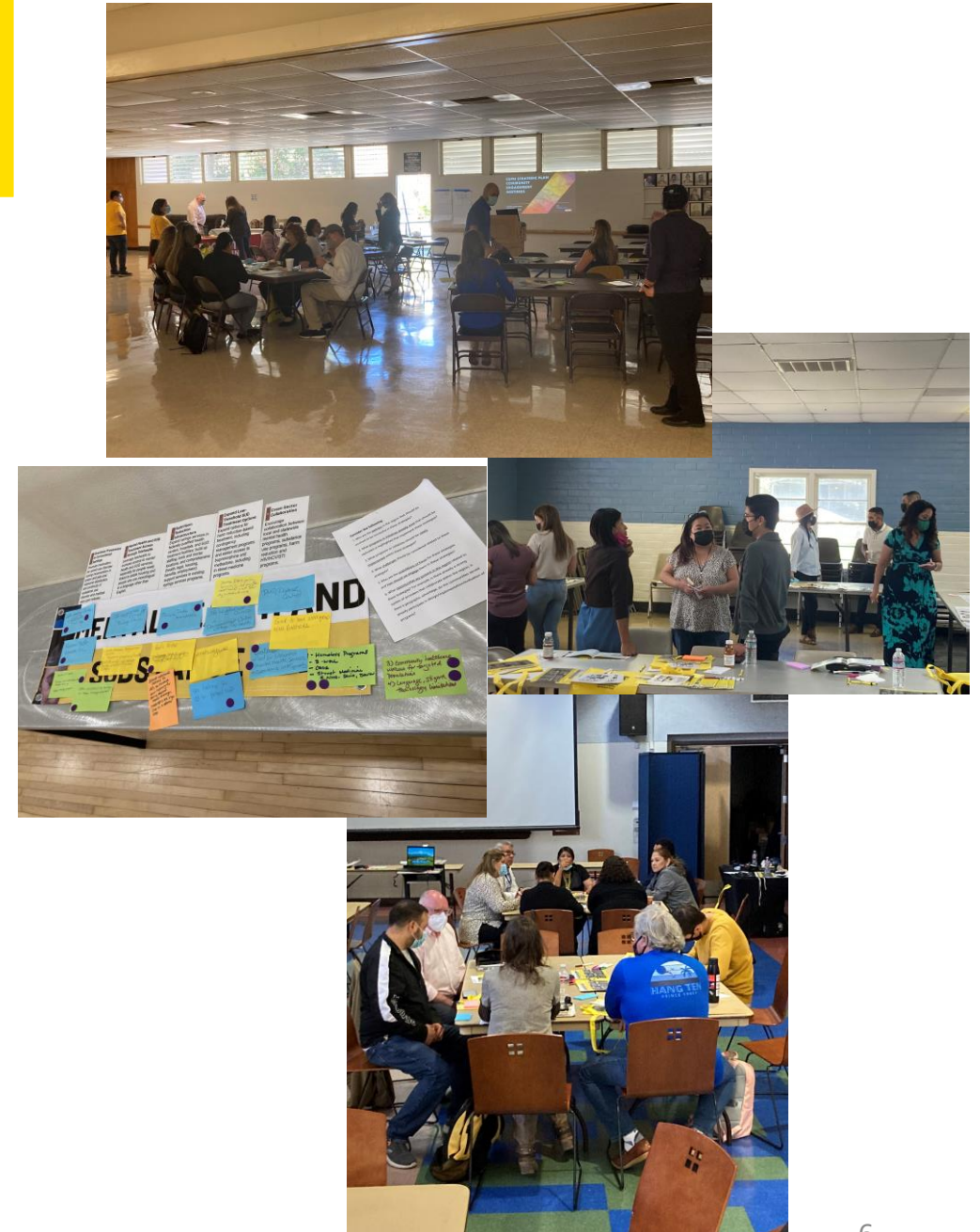


1. Overdose prevention in correctional setting
2. Mental health and substance use disorder treatment access through telehealth
3. Build harm reduction infrastructure
4. Expand low-threshold SUD treatment options
5. Cross-sector collaboration



# COMMUNITY ENGAGEMENT

- Initial presentation to Part A Planning bodies
  - Statewide, Inland Empire, LA, Alameda, Sacramento, San Francisco, 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 Implementation Blueprint Dec 2022



# Implementation Blueprint

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- Specific activities under each of the 30 strategies (156; 45 of which suggest CDPH leadership)
- **Community suggestions not mandates**
- Feasibility/scoping phase
- Technical assistance toolkit
- Language bank for RFPs, reports, grants
- Resources: Facente Consulting



## 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 Tables

- Social Determinant of Health
- Strategy (each has a table)
- Recommended Activities
- Overall Considerations
- Local Considerations
- Key Population Notes
- Monitoring and Metrics
- Partners and Resources

<b>Strategy 1: Nothing About Us Without Us</b>			
<i>Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.</i>			
<b>Recommended Activities</b>	<b>2022-2023</b>	<b>2024-2025</b>	<b>2026 &amp; beyond</b>
Examine and adjust funding opportunities at the State and local level to require meaningful input by priority populations of focus in the development, implementation, and evaluation of programs and services. Where possible, update existing contracts to require similar community input. Input should include involvement in decision-making and leadership where possible.	X	X	
Recruit people from priority populations to serve on Community Advisory Boards (CABs) or local planning councils for HIV/HCV/STI-related services, and pay people for the expertise they contribute as CAB members. When possible, provide professional development opportunities to CAB members to assist them in taking future steps to become more formal members of the HIV, HCV, and STI workforce, including leadership roles.	X	X	X
Create or integrate with a Youth Advisory Council at the State and local level, to inform program and service development with respect to the HIV/HCV/STI-related needs of young people.		X	X
Identify and, where feasible, implement strategies within funding announcements and scopes of work to reward community representation in staffing and program planning, implementation, and evaluation.		X	X
[Insert your local ideas]			
[Insert your local ideas]			
[Insert your local ideas]			
<b>Overall Considerations</b>			
1. Develop policy, programs, services, and associated messaging with the full and direct participation of members of key group(s) that are most affected by those efforts. This helps to honor the collective dignity of all persons, and acknowledges that expertise often arises from direct experience.			
2. Plan engagement of key populations carefully; meaningful engagement to inform service provision should include concrete efforts to share power, demonstrate respect, and genuinely value the contributions made by people who are personally impacted, or whose friends and family may be personally impacted. Get creative about how to include community members, as attending meetings during the day or reviewing documents might not work for all priority populations. Be sure to develop some low-threshold input mechanisms.			
<b>Local Considerations (delete or add rows as appropriate to your location)</b>			
In [Insert local jurisdiction]...[insert other considerations as desired].			
<b>Key Population Notes</b>			



# Overall Key Activities and Timeline 2023

- Process updates/information sessions (Jan-Dec)
- Release of “final” Implementation Blueprint as “draft”
- Planning Councils: Implementation Blueprint Overview (June-August)
- Stakeholder Webinar: Implementation Blueprint (August)
- **LHJs/EMAs:** How to customize and use the Implementation Blueprint (June-Dec)
- Technical Assistance Website (June-Dec)

# San Francisco HIV Community Planning Council Roles

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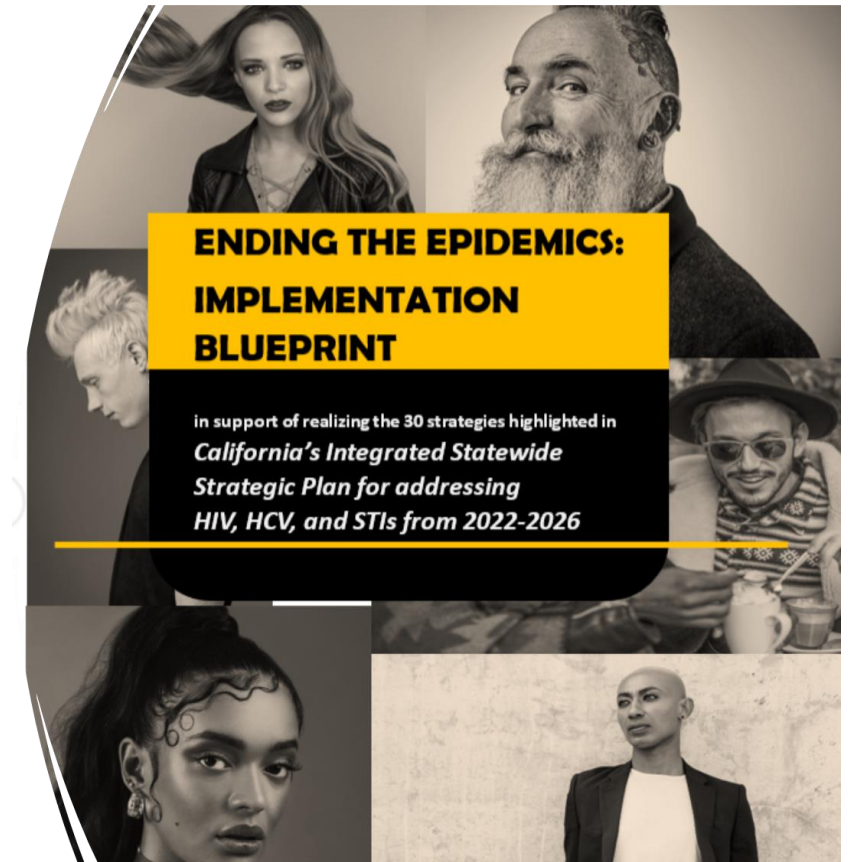
- Review and improve the plan (done)
- Concurrence (done)
- Advise the content and role-out of the Implementation Blueprint (ongoing)
- Participate in Strategy Meetings (June-December)
- Communicate with your community Stakeholders (Ongoing)
- Help monitor the plan through updates (Ongoing)



# How to use the Implementation Blueprint/Workplan Strategy Session (1-3 days)

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- **Aligning/Leveraging Efforts**
- Develop prioritization, scoping and feasibility process
- Suggest home for each implemented activity (with support and coordination assistance)
- Communications
- Collaboration/Partnerships
- Indicators and Monitoring





# Indicators and Monitoring

Start with 12 indicators from the California GTZ Plan (2017-2021) cross-walked to the 30 strategies in the new plan

- Increase knowledge of status
- Reduce new diagnoses
- Increase number of those on PrEP
- Increase the percentage of those newly diagnosed who are linked to care in 1 month and who are virally suppressed within 6 months

Further develop indicators and monitoring plan:

- LHJ and CDPH-OA and STDCB Strategy Sessions
- Use indicators that are possible and important
- What is important?

“Health is more than viral suppression.”

- Mental health
- Connectedness
- Ability to participate in activities of daily life
- Access and use of valued resources: food, housing, transportation, health care
- My needs are centered by my community, free from stigma
- Measured over the life-course

# Technical Assistance Options

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- Ad-hoc TA Support
  - TARP
- Half-day Strategy Sessions
  - Virtual Workshops designed to meet your needs
- Multi-day Strategy Sessions
  - In-depth, in-person environmental scans, stakeholder sessions, and working meetings



# Breakout Questions

What are your first thoughts after hearing this update about the plan?

What additional information would you like to know about the plan and blueprint?

For you, what would be measures of success that our complete array of HIV prevention and care services were integrated and effective?

What areas of service provision do you think could be improved through doing this planning process?

How can we make this process interesting and meaningful to council members?



**SF HCPC and DPH  
Partnership:  
Next Steps for the  
Ending the  
Epidemics Plan  
and  
Implementation  
Blueprint**

SF DPH CHEP (Community Health Equity Promotion) and HHS (HIV Health Services) requests that SF HCPC (HIV Community Planning Council) partner with us to further develop and locally customize the Implementation Blueprint, an accompanying document to the Ending the Epidemics Integrated Statewide Strategic Plan, in the Council Affairs Committee.

# Thank you!

**Questions?**

Follow our progress or get more  
information :

[Leroy.Blea@cdph.ca.gov](mailto: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

