

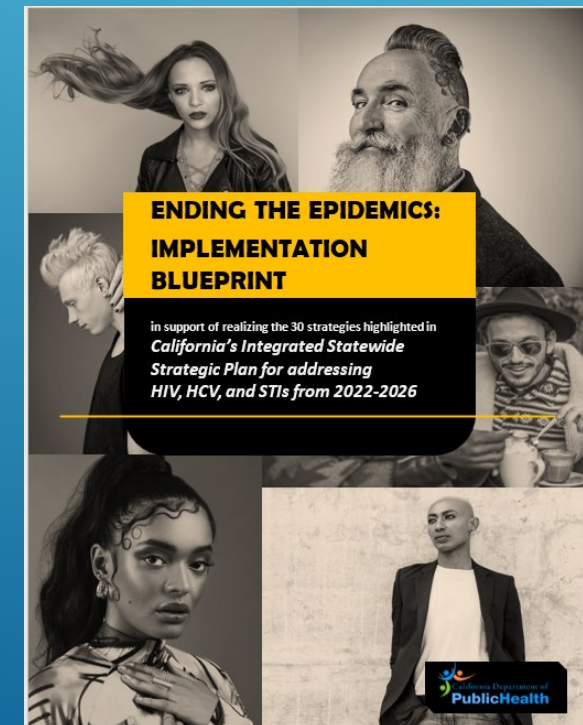
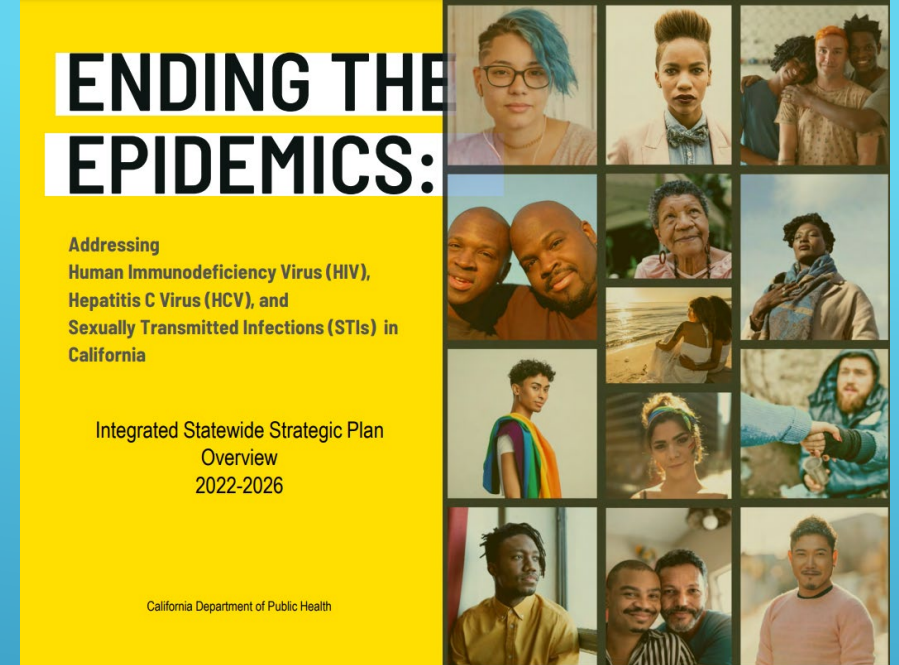
BLUEPRINT OVERVIEW

HIV Community Planning Council

11/27/23

WHAT IS THE BLUEPRINT?

- ▶ “The Blueprint” is based on the State of CA’s recently released strategic plan to end the syndemic of HIV, HCV, and STIs
- ▶ The Blueprint is a template provided by the State of CA for each County to develop its local version of an ending the syndemic plan



WAIT...BUT WE ALREADY HAVE AN ETE PLAN & AN INTEGRATED PLAN?! WHY ARE WE DOING ANOTHER PLAN?

- ▶ Think of the Blueprint as a way to move SF's Ending the Epidemics (ETE) initiative into 2024-2026, with a focus on social determinants of health (SDoH)
- ▶ And also....it's a "four-fer"
 - ▶ It meets the HRSA and CDC requirements for the HIV Integrated Plan (so it's replacing a different plan)
 - ▶ It fulfills the State's recommendation that each CA county have a blueprint
 - ▶ It will help with the development of upcoming SFDPH funding applications (CDC STD and HIV funding opportunity announcements)
 - ▶ It may illuminate ways that the work could shift or evolve, by looking through the SDoH lens

THE SIX SOCIAL DETERMINANTS OF HEALTH IN THE STRATEGIC PLAN & BLUEPRINT

Racial Equity

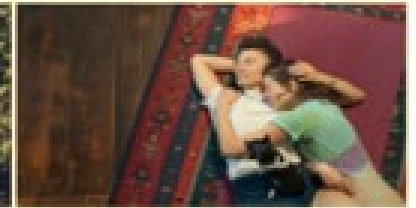
Housing First

**Health Access For
All**

**Mental Health
and Substance
Use**

Economic Justice

Stigma



ENDING THE EPIDEMICS

San Francisco's 2024-2026 Strategies and Activities

in alignment with
California's Integrated Statewide Strategic Plan for addressing HIV, HCV, and STIs from 2022-2026

San Francisco Housing First Strategies

(see also *Healthcare Access for All* and *Mental Health and Substance Use*)

Strategy 1: Data Collection and Use

Improve the ability of state data systems to collect information on housing status so that we can better monitor differences in HIV, HCV, and STI rates and health outcomes by housing status and use this information to inform public health action.

Strategy 2: Infrastructure Changes

Develop the collaborations necessary for integrated, multidisciplinary, whole-person services, in order to effectively address the multiple and complex needs among people experiencing homelessness, including HIV/HCV/STI prevention, screening, and treatment; housing; harm reduction and substance use treatment; and mental health, medical, and social services.

Strategy 3: New Models of Housing Access

Explore new models for increasing access to housing for people living with HIV, pregnant people who are unhoused and/or living with HCV or syphilis, and other vulnerable populations.

Strategy 4: Street Medicine Strategies

Expand and improve coordination of street-based and mobile programs (e.g., walking teams, medical vans, outdoor clinics) that provide medical and support services to people who remain unhoused (including those who choose to remain unhoused) through walking teams, medical vans, outdoor clinics, and other similar services.

Strategy 5: Low-barrier Housing Options

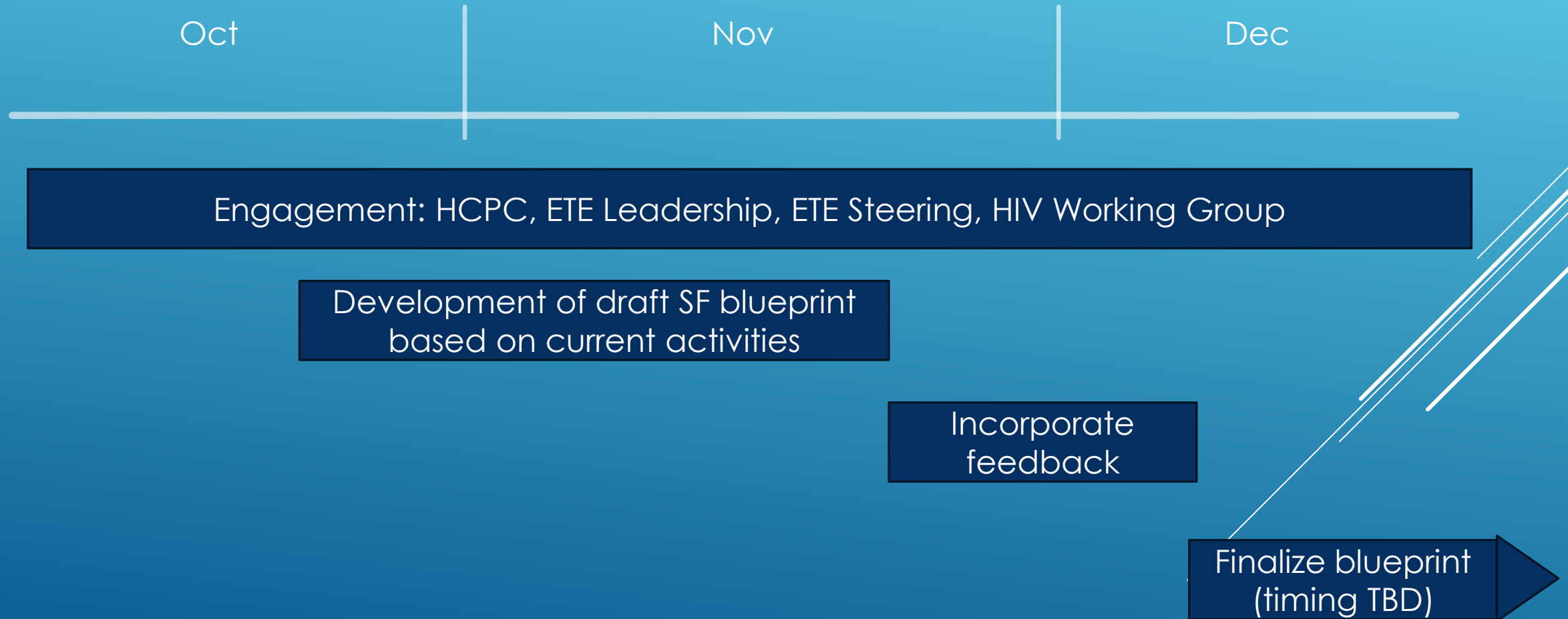
Collaborate with housing partners to expand low barrier housing options, including those that offer harm reduction approaches to substance use, are available to families and couples, and/or allow people to bring their pets.

Social Determinant of Health

HOUSING FIRST

Related Strategy(ies)	Activities	2024	2025	2026 & beyond
HF4 HAFA1 MHSU4	Establish a Mobile Health Access Point (M-HAP) in Bayview Hunters Point. Services will include HIV/HCV/STI screening, prevention, and care; overdose prevention; and low threshold access to medication-assisted treatments (MATs) such as naltrexone and buprenorphine. Testing will also be offered at shelters, housing sites, and other locations that serve PEH during late night, early morning, and weekend hours. The M-HAP will pilot a "Drop 'n' Go" express testing model and will also refer participants to City Clinic for express testing through City Clinic's Project ExEL.	X	X	X
HF4	SFDPH Street Medicine Program. The Street Medicine mobile clinical team was established to provide care to people who are not accessing care within four-wall clinics. The team provides medical and behavioral health services, addresses basic needs such as lack of food, shelter, and clothing, and identifies related systems barriers to high-risk PEH.	X	X	X
	Best treatment housing. Guarantee safe, stable housing			

TIMELINE

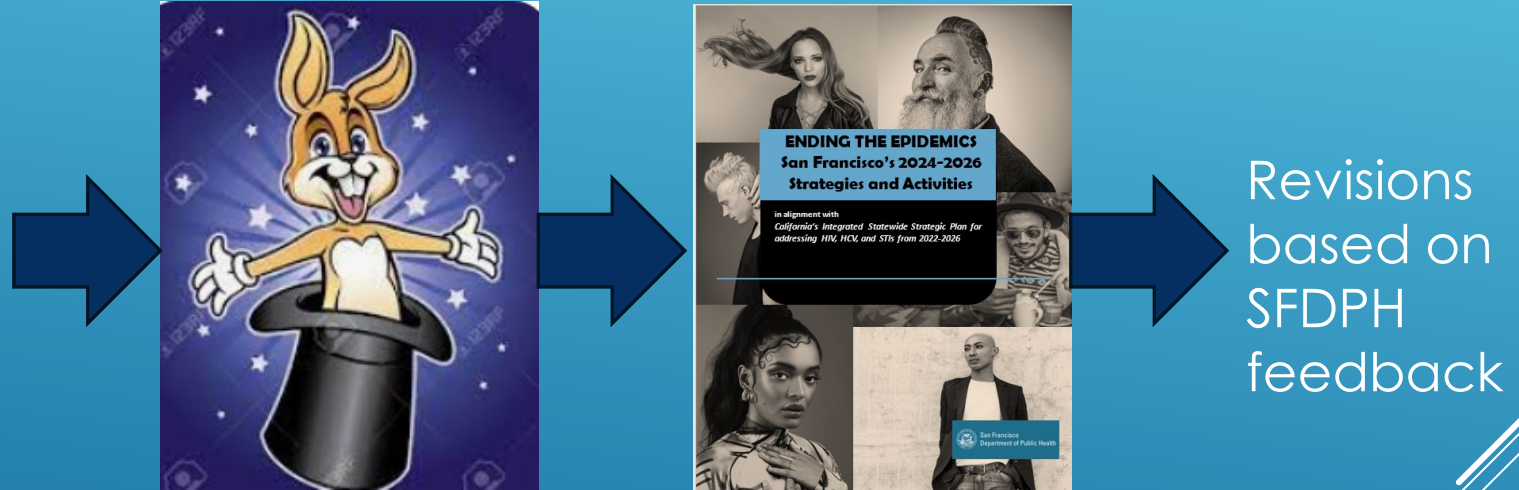


HOW WAS THE DRAFT BLUEPRINT DEVELOPED?

Inputs

Current activities in SF, drawn from grant applications, reports, strategic plans, ETE Plan, etc.

Relevant activities coded with the corresponding SDoH and strategy from the CDPH blueprint



San Francisco **Racial Equity** Strategies

(see also *Economic Justice*)

Strategy 1: Leadership and Workforce Development

Expand pathways and workforce development initiatives to increase the proportion of BIPOC public health staff, leadership, and administrators within SFDPH and funded HIV/HCV/STI community-based organizations.

Strategy 2: Racial and Ethnic Data Collection and Stratification

Identify, collect, analyze, and publicly share data that reflects the specific trends, needs, and outcomes of HIV, HCV, and STIs for BIPOC communities, to inform resource allocation and identify community-based strategies and solutions.

Strategy 3: Equitable Distribution of Funding and Resources

Review SFDPH HIV/HCV/STI policies, practices, and program decisions, such as processes related to contracts and budgets, with a racial justice lens, to advance equitable delivery of resources and opportunities to BIPOC.

Strategy 4: Community Engagement

Forge strategic partnerships to ensure more diverse public outreach, involvement, and engagement processes to reframe the structure, funding, and policies of HIV, HCV, and/or STI services and messaging to all Californians.

Strategy 5: Racial and Social Justice Training

Implement capacity building and training opportunities and requirements for SFDPH and its funded HIV, HCV, and STI service providers, to strengthen our movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

San Francisco **Racial Equity** Strategies

(see also *Economic Justice*)

Strategy 1: Leadership and Workforce Development

Community Health
Leadership Initiative
(CHLI)

The Academy

Frontline Organizing
Group (FOG)

Project INVEST

End Hep C SF

force development initiatives to increase the proportion of BIPOC public health staff,
ors within SFDPH and funded HIV/H

Public Data Collection and Stratification

and publicly share data that reflects the
to inform resource allocation and

crit

vol

adv

Eng

Forge strategic partnerships to
the structure, funding, and pol

Nationally recognized
Centers of Excellence
incorporating race,
language & gender
competencies

comes of HIV, HCV, and
ies and solutions.

Epi data
stratification by
race to inform
programming and
resources

decisions, such as processes re
sources and opportunities to

reach, involvement, and en
vices and messaging to all

Multiple care &
prevention programs
for Black/African
American, Latinx &
A&PI populations

Strategy 5: Racial and Social Justice Training

Implement capacity building and training opportunities and requirements for SFDPH and its funded HIV, HCV, and STI service providers, to strengthen our movement towards achieving cultural humility, equity, and racial justice in our prevention, testing, treatment, and care services.

San Francisco Housing First Strategies

(see also *Healthcare Access for All and Mental Health and Substance Use*)

Strategy 1: Data Collection and Use

Improve the ability of state data systems to collect information on housing status so that we can better monitor differences in HIV, HCV, and STI rates and health outcomes by housing status and use this information to inform public health action.

Strategy 2: Infrastructure Changes

Develop the collaborations necessary for integrated, multidisciplinary, whole-person services, in order to effectively address the multiple and complex needs among people experiencing homelessness, including HIV/HCV/STI prevention, screening, and treatment; housing; harm reduction and substance use treatment; and mental health, medical, and social services.

Strategy 3: New Models of Housing Access

Explore new models for increasing access to housing for people living with HIV, pregnant people who are unhoused and/or living with HCV or syphilis, and other vulnerable populations.

Strategy 4: Street Medicine Strategies

Expand and improve coordination of street-based and mobile programs (e.g., walking teams, medical vans, outdoor clinics) that provide medical and support services to people who remain unhoused (including those who choose to remain unhoused) through walking teams, medical vans, outdoor clinics, and other similar services.

Strategy 5: Low-barrier Housing Options

Collaborate with housing partners to expand low barrier housing options, including those that offer harm reduction approaches to substance use, are available to families and couples, and/or allow people to bring their pets.

San Francisco Housing First Strategies

(see also *Healthcare Access for All and Mental Health and Substance Use*)

Strategy 1: Data Collection and Use

Improve the ability of state data systems to collect information that we can better monitor differences in HIV, HCV, and STI rates and health outcomes by housing information to inform public health action.

ZSFG W86 Pop Up Clinic

Whole Person Integrated Care (WPIC), incl. Street Medicine

HIV Housing Navigation

Housing for pregnant women with syphilis

GTZ 2024 People Experiencing Homelessness Committee activities

HHS CQI Initiative: Improving viral load equity for people experiencing homelessness & housing instability

Strategy 5: Low-barrier Housing Options

Collaborate with housing partners to expand low barrier housing options, including those that offer harm reduction approaches to substance use, are available to families and couples, and/or allow people to bring their pets.

San Francisco Health Access for All Strategies

(see also *Housing First* and *Mental Health and Substance Use*)

Strategy 1: Redesigned Care Delivery

Work with health care providers, local health departments, public and private insurers, and private industry to increase access to care statewide through telemedicine, mobile healthcare, and at-home testing programs.

Strategy 2: Trauma-Informed and Responsive Services

Train medical and public health service providers in trauma-informed approaches to create trauma-responsive care to minimize re-traumatization of patients, clients, and providers.

Strategy 3: Fewer Hurdles to Healthcare Coverage

Train more community-based organizations to support benefits enrollment in communities with high numbers of uninsured people.

Strategy 4: Culturally and Linguistically Relevant Services

Improve capacity of public health and health care providers to offer HIV, HCV, and STI services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Strategy 5: Collaboration and Streamlining

Develop secure ways for clinical providers, local health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care while protecting their right to privacy.

San Francisco Health Access for All Strategies

(see also Housing First and Mental Health and Substance Use)

Strategy 1: Redesigned Care Delivery

Work with health care providers, local health departments, public and private insurers, and community-based organizations through telemedicine, mobile healthcare, and at-home testing.

Academic detailing
for HIV/HCV/STI
routine opt-out
testing

Syphilis screening
workflows

Provider sexual
health training

Enhanced and Responsive Services

Health service providers use innovative approaches to reach underserved populations, including text reminders, mobile health services, and home visits.

Text reminders
(testing, Rx)

TakeMeHome

Mobile/low barrier
services

Language access

Care coordination

Same day ART &
PrEP

Strategy 4: Cultural and Linguistic

Improve capacity of public health and health care providers to deliver HIV, HCV, and STI services that are responsive to diverse cultural health beliefs and practices, health literacy, and other communication needs.

Strategy 5: Collaboration and Streamlining

Develop secure ways for clinical providers, local health jurisdictions, homeless services programs, and other community-based organizations to share information and resources to coordinate people's care while protecting their right to privacy.

San Francisco Mental Health and Substance Use Strategies

(see also *Housing First and Healthcare Access for All*)

Strategy 1: Overdose prevention in correctional settings

Promote medication for opioid use disorder during incarceration in prison and jails and naloxone distribution and continuity of substance use disorder and medical care upon release.

Strategy 2: Mental health and substance use disorder treatment access through telehealth

Leverage telehealth to increase access to mental health and SUD services, especially for people newly linked to stable housing and people who are monolingual in a language other than English.

Strategy 3: Build harm reduction infrastructure

Expand syringe services in federally qualified health centers, hospitals, and SUD treatment facilities; build up staffing, brick and mortar locations, and comprehensive (health, legal, housing, benefits, employment) support services in existing syringe services programs.

Strategy 4: Expand low-threshold SUD treatment options

Expand options for harm reduction-based treatment, including contingency management programs and easier access to buprenorphine and methadone, including in street medicine programs.

Strategy 5: Cross-Sector Collaboration

Encourage collaboration between local and statewide mental health programs, substance use programs, harm reduction and HIV/HCV/STI programs

San Francisco Mental Health and Substance Use Strategies

(see also *Housing First and Healthcare Access for All*)

Strategy 1: Overdose prevention in correctional settings

Prevent opioid use disorder during incarceration in prison and jails and naloxone distribution and medical care upon release.

Community-based drug user health & harm reduction services

Expand and substance use disorder treatment access through... especially for people with limited English proficiency.

Services in jails & upon discharge

Mental health & substance use services access via Centers of Excellence and Health Access Points

Ensure harm reduction information is readily available and SUD treatment options (e.g., medication-assisted treatment, employment) are accessible.

Strategy 4: Expand low-threshold SUD services programs.

Expand options for harm reduction-based... agency management programs and easier access to buprenorphine and methadone, including in street medicine programs.

Strategy 5: Cross-Sector Collaboration

Encourage collaboration between local and statewide mental health programs, substance use programs, harm reduction and HIV/HCV/STI programs

San Francisco Economic Justice Strategies

(see also *Racial Equity*)

Strategy 1: Workforce Development

Create pathways to employment in public health for people from communities most affected by HIV, HCV, and STIs, including but not limited to offering paid internships and entry-level positions with clear opportunities for professional advancement.

Strategy 2: Employment for People with Lived Experience

Give extra points when scoring grant applications to programs that employ people with lived experience in the communities the program serves, programs that can demonstrate frontline staff are paid a living wage, and/or programs that have BIPOC people serving in meaningful leadership positions.

Strategy 3: Equitable Hiring Practices and Fair Pay

Examine state and local health jurisdiction hiring practices to promote equity and inclusion; look to remove barriers such as college and advanced degree requirements; offer extra pay to people who speak languages other than English or who have lived experience with HIV, HCV, STIs, substance use, mental health challenges, or homelessness.

Strategy 4: Leadership Development

Fund and support pilot training programs for development of leadership and management skills among frontline and mid-level workers in HIV, HCV, and STI programs.

Strategy 5: Universal Hiring and Housing Policies

Work with community partners and other State agencies to move toward universal “ban the box” hiring and housing policies in California, which remove questions about criminal history from the job application process until after a candidate has been given a chance to show whether they qualify for the position.

San Francisco Economic Justice Strategies

(see also *Racial Equity*)

Strategy 1: Workforce Development

Create pathways to employment in public health for people from communities most affected by HIV, HCV, and STIs, including but not limited to offering paid internships and entry-level positions with clear opportunities for professional

Employment pathways for people with lived experience

People with Lived Experience

Grant applications to programs that employ people with lived experience, programs that can demonstrate frontline staff are placed in meaningful leadership positions.

Removing barriers to hiring and retention

Best Practices

Examine state and local health jurisdiction policies such as college and advanced degree requirements for people who have lived experience with HIV, HCV, STIs,

Wage equity initiatives

and inclusivity, such as for people who speak languages other than English or who face challenges, or homelessness.

Strategy 4: Leadership Development

Fund and support pilot training programs for development of leadership and management skills among frontline and mid-level workers in HIV, HCV, and STI programs.

Strategy 5: Universal Hiring and Housing Policies

Work with community partners and other State agencies to move toward universal “ban the box” hiring and housing policies in California, which remove questions about criminal history from the job application process until after a candidate has been given a chance to show whether they qualify for the position.

San Francisco Stigma Free Strategies

Strategy 1: Nothing About Us Without Us

Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.

Strategy 2: Reframe Policies and Messaging

Work with communities to reframe the structure and policies of HIV, HCV, and STI services and associated messaging, so they do not stigmatize people or behaviors.

Strategy 3: Positive, Accurate Information

Ensure images and language used in communications show accurate and diverse depictions of communities, and do not reinforce stereotypes; speak out against and correct negative language.

Strategy 4: Acknowledge Medical Mistrust

Recognize medical mistrust as a rational response to stigmatizing treatment, rather than a failure of individuals or communities; work to build trust and correct misperceptions by example.

Strategy 5: Ongoing Partnerships

Use 'promotores' and other models of paid peer engagement by people from the communities being served to educate, support, advocate, and link to care people who have historically been mistreated by public health services and the health care system.

San Francisco Stigma Free Strategies

Strategy 1: Nothing About Us Without Us

Meaningfully and consistently involve people living with HIV, HCV, and STIs in state and local planning, decision-making, and service delivery.

Strategy 2: Reframe Policies and Messages

Work with communities to reframe the strategies and STI services messaging, so they do not stigmatize people or behaviors.

Strategy 3: Provide Accurate Information

Engage in community-based education and diverse messaging that do not stigmatize people or behaviors.

Strategy 4: Address Medical Mistrust

Use a rational response to stigmatizing treatment, rather than fear, to address and correct misperceptions by example.

Strategy 5: Peer Partnerships

Use models of paid peer engagement by people from the communities being served to educate, support, advocate, and link to care people who have historically been mistreated by public health services and the health care system.

Peer-based services

Public health detailing to routinize testing & PrEP screening (to reduce provider bias)

Community engagement (ETE, End Hep C SF, GTZ, HCPC, STI Community Task Force, SLAY)

FEEDBACK & DISCUSSION

- ▶ Count off by 4's
 - ▶ Each group will go to a flip chart station
 - + Strengths of the plan
 - △ Things you would change/what's missing
 - ▶ Return to the full group for discussion
- 