

Informational Webinar on the Implementation Blueprint

CDPH Office of AIDS and the STD Control Branch,
in partnership with Facente Consulting
August 31, 2023





**International Overdose
Awareness Day**

TIME TO
REMEMBER.
TIME TO ACT.

Recognizing those people who go unseen

In Partnership: CDPH and Facente Consulting



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



Syndemic approach



- Based in an understanding that HIV, HCV and STIs comprise a syndemic: conditions with similar root causes that tend to exacerbate each other
- Utilizes our resources effectively
- Reaches populations in an efficient manner
- Serves those who are impacted by the syndemic in ways that support them holistically

Social determinants of health approach

- SDoH drive the inequities and we need to challenge ourselves to consider our role in changing that impact
- Address the syndemic by going “upstream” to address social factor influencing health and well-being
- Build on successes and deepen commitment to undoing systemic injustices



Implementation Blueprint

The implementation blueprint is an incredible tool we have to shift the lens of the work that we do throughout the state



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: Supporting Local Efforts Through Technical Assistance

Implementation Blueprint Webinar
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Overview

Layout of the blueprint

Adapting the blueprint to fit local needs

Technical Assistance Options

Next Steps

The Blueprint Accompanies the Strategic Plan

Malleable Framework that's Adaptable for Local Health Jurisdictions Requirements

Uses a Syndemic Approach

Addresses Social Determinants of Health

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

Blueprint Structure

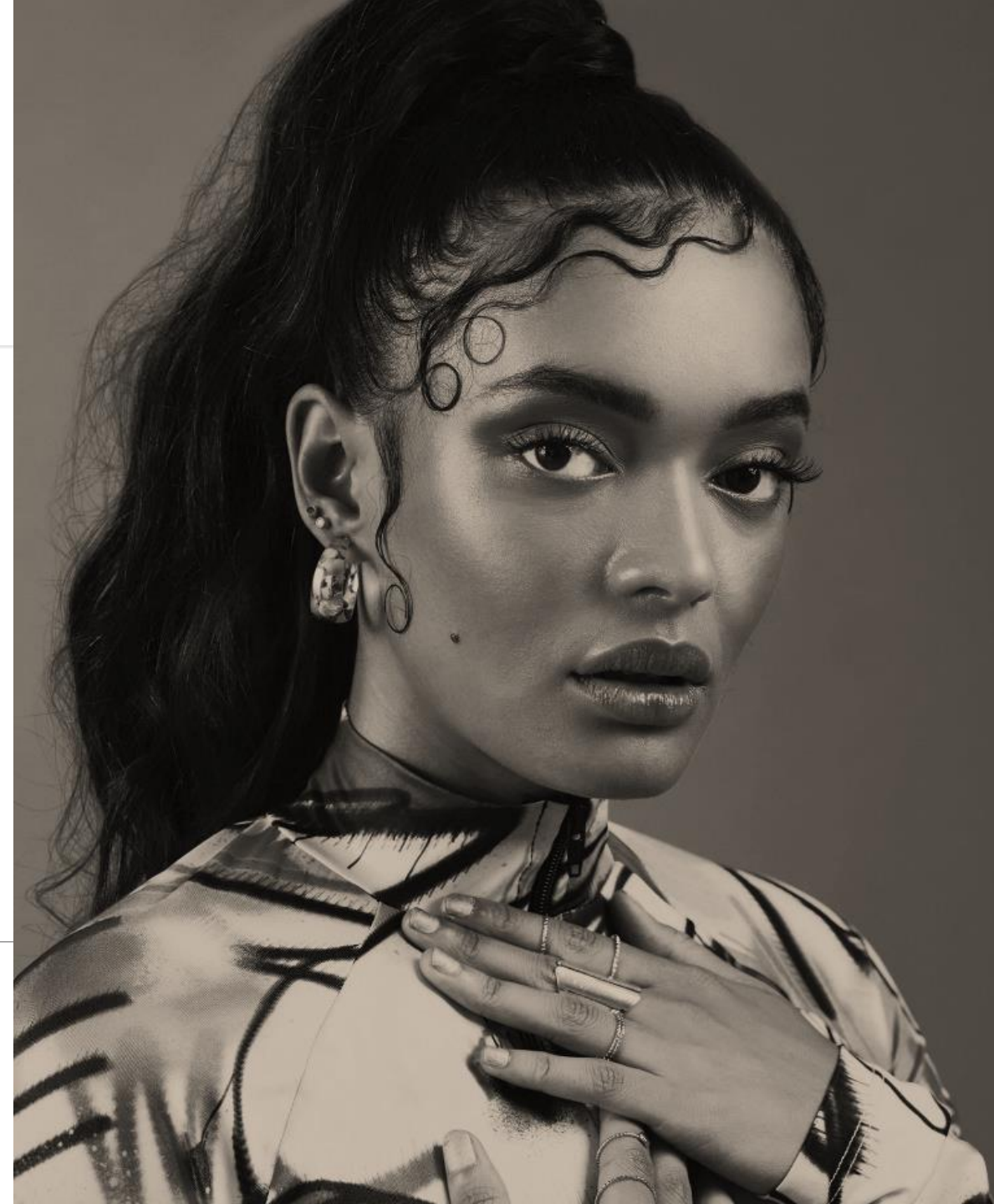
Social Determinant of Health

RACIAL EQUITY

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.

Recommended Activities	2022-2023	2024-2025	2026 & beyond
Train all Communicable Disease Investigators/Disease Intervention Specialists (CDIs/DISs) to collect consistent variables for race/ethnicity, sexual orientation/gender identity (SOGI), and housing status, as well as offer connections to housing resources, when interviewing patients.	X	X	X
CDPH will develop sample data-sharing agreements and establish ongoing processes to improve race/ethnicity and SOGI data quality and completeness for people living with HIV, HCV, and STIs, such as by matching records with external data sources (i.e. birth and death records, electronic health records, Medi-Cal data, state prison data, and CA Rural Indian Health Board data).		X	X
CDPH will assess HIV, HCV, and STI outcomes using ecological data on social			



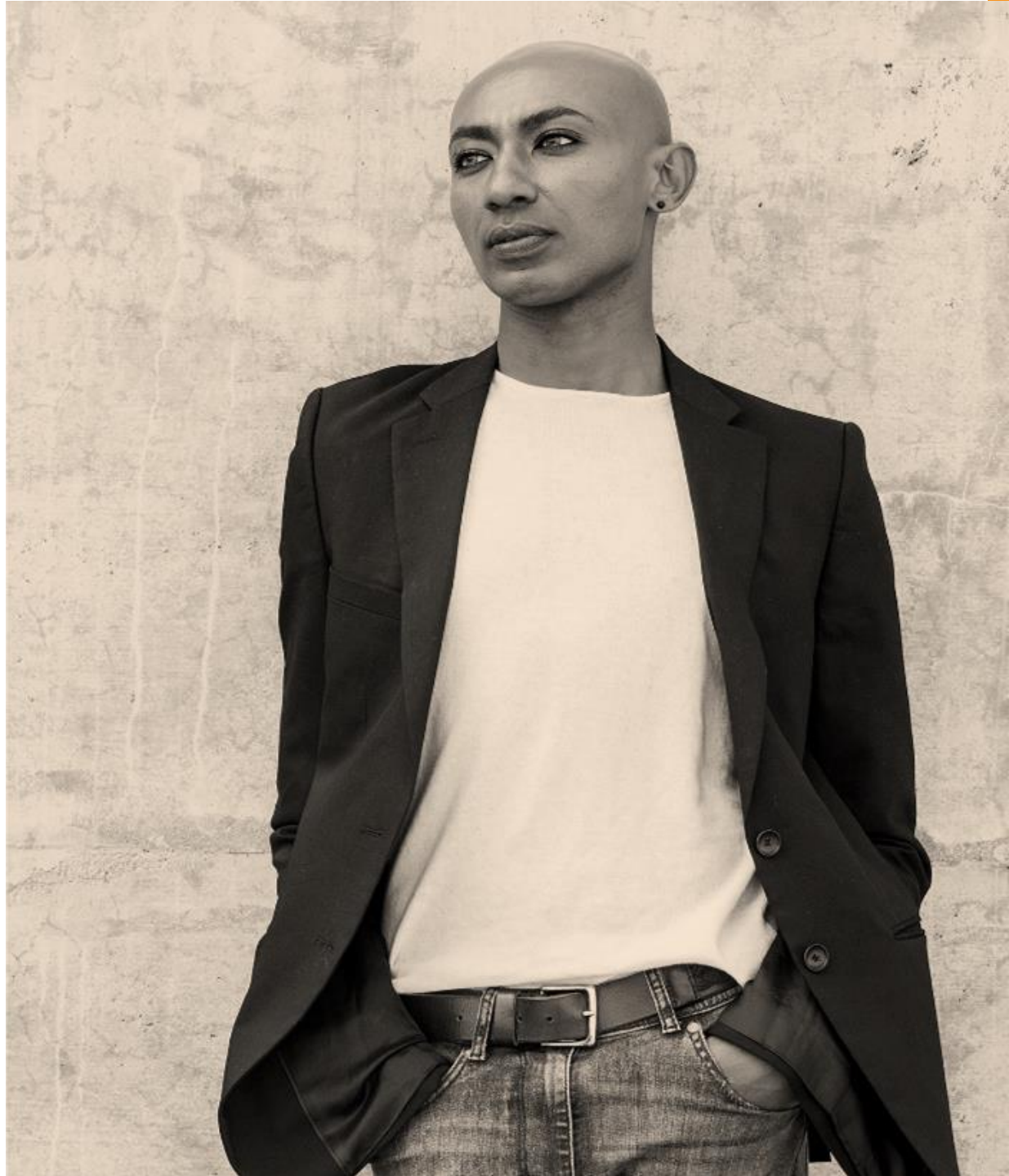
Blueprint Structure

Recommended Activities	2022-2023	2024-2025	2026 & beyond
CDPH will partner with the California Department of Social Services (CDSS) and Department of Housing and Community Development (DHCD) to understand lessons and challenges from implementation of homeless services programs under their purview, which provided housing to people experiencing homelessness who were at risk for complications or in need of isolation and quarantine during the COVID-19 pandemic.	X		
Identify and leverage funding opportunities to permanently house people living with HIV who are experiencing homelessness, with an emphasis on people who are pregnant or parenting.		X	
Develop a program that provides safe and stable housing using a harm reduction framework for unhoused people living with HCV for the duration of a HCV treatment regimen, with supportive services provided during this time to link them to other housing options upon treatment completion.		X	X
Develop a program that provides safe and stable housing for unhoused people who are pregnant and living with or at risk of contracting syphilis, providing access to STI testing and treatment through the housing program in an effort to eliminate congenital syphilis in California.	X	X	
[Insert your local ideas]			
[Insert your local ideas]			
[Insert your local ideas]			
Overall Considerations			
1. Development of a permanent housing model is the gold standard, yet a long-term goal. In the meantime, short-term/temporary housing options are necessary to provide services to people experiencing homelessness, while permanent housing pathways are being created.			
Local Considerations (delete or add rows as appropriate to your location)			
In [Insert local jurisdiction]...[insert other considerations as desired].			



Blueprint Structure

Key Population Notes				
<p>People experiencing homelessness: The disruption of encampments throughout the state make continuous care through street medicine more difficult. Street medicine strategies should incorporate methods of building trust and engaging the community to link them to ongoing primary care services.</p>				
<p>People who exchange sex for drugs, housing, and/or other resources: Street medicine can be employed to better meet the needs of this population. Service providers should provide education, prevention, screening, and treatment of HIV, HCV, and STIs alongside other medical services. Supportive resources may include offering condoms and lubricants, and routinely offering to talk about sex, birth control, and safety issues.</p>				
Monitoring and Metrics				
<p><i>The table below outlines how progress toward this strategy will be measured:</i></p>				
Level	Indicator	Who measures?	How frequently?	Why this measure?
[County name] County				
[Insert your local ideas]				
Partners and Resources				
<p>1. The Street Medicine Institute provides various program resources including clinical guidelines and manuals.</p>				
<p>2. The University of Southern California Keck School of Medicine's Street Medicine program is a possible partner for street medicine training, curricula, and service provision.</p>				
<p>3. The California Primary Care Association has more information on the Alternative Payment Methodology pilots.</p>				
<p>4. In San Francisco, the encampment health fair model is an example of providing pop-up medical care, substance use treatment, harm reduction services, and referral to services in through a collaboration of community providers. The San Francisco Department of Public Health has developed a toolkit so that this model can be replicated in other communities. Given the small geographic size and high population density of San Francisco, implementation in other geographic areas may require adapting the model to best reach the intended community.</p>				
<p>5. [Insert local resource here]</p>				
<p>6. [Insert local resource here]</p>				



Rationale for jurisdictions to modify the blueprint

Meet local needs better

Bring in local resources and strengths

Understand local limitations/facilitating factors

Incorporate EHE plans to ensure continuity and leveraging resources

Why this is an Exciting Opportunity

- More Syndemic Approach
- Understands the Social Determinants of Health
- Builds On and Expands the Work of EHE



EXAMPLES of Blueprint Modification: Make it work locally

Counties modifying the blueprint to support a range of Syndemic work

San Diego: Syndemic Evaluation

- Evaluation to support efforts that improve Syndemic Response
- Facente Consulting will provide TA

Santa Clara: Housing First

- Started with Housing First
- Working with HIV Commission's Care Committee

Kern: Harm Reduction

- Collaborative completing assessment to best address strategies
- Effectively delivers support to unhoused communities with harm reduction vending machines

FACENTE CONSULTING

UNDERSTAND • IMPLEMENT • TELL YOUR STORY

Technical Support

Technical Assistance Request Portal (TARP)

Blueprint Implementation: Technical Assistance Menu

Support with Blueprint Adaptation

- Meeting facilitation related to Blueprint development locally
- Reviewing and providing feedback on local blueprint drafts
- Integrating various plans/ EHE activities

Community engagement

- Assistance with community engagement (e.g., town halls, focus groups, surveys)
- Engaging community members in implementation work

Implementation support

- Strategizing/thought partnership to remove barriers for successful implementation
- Best practices to develop cross-discipline partnerships

Evaluation planning

- Developing an evaluation strategy
- Thought partnership on metrics, outcomes, and other aspects of evaluation

Tailored TA Support

Tailored technical assistance

- Technical Assistance Request Portal
- Provided via email, phone, or virtual meeting setting
- Short-term or longer-term support



Half-day Strategy Sessions

Virtual workshops

- Working sessions
- Individualized attention
- Follow-up TA available



Multi-day Strategy Sessions

Customized Support

- In-person environmental scan
- Stakeholder sessions
- Working meetings

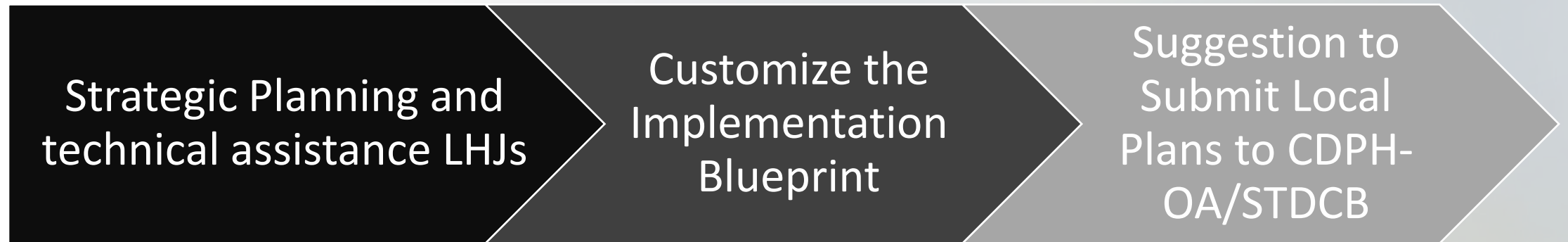


Technical Assistance Options

- Tailored 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



Next Steps: Implementation Blueprint Customization



Implementation and Support Roles

California Department of Public Health

Local Health Departments + County

Facente Consulting

Community Planning Groups

CDPH Technical Assistance Request Portal

TO SUBMIT A TECHNICAL ASSISTANCE REQUEST, SCROLL TO THE BOTTOM OF THIS PAGE AND FILL OUT THE GOOGLE FORM.

The California Department of Public Health has partnered with Facente Consulting to provide free technical assistance on the Integrated Statewide Strategic Plan's Implementation Blueprint. A menu of technical assistance options can be found below. In general, technical assistance includes coaching and thought partnership, resource identification and community mapping, evaluation planning, and strategic planning and meeting facilitation.

Implementation Blueprint Technical Assistance Menu

- Support with Implementation Blueprint
 - Meeting facilitation related to Blueprint development or implementation
 - Reviewing and providing feedback on local Blueprint drafts
- Community engagement
 - Assistance with community engagement (e.g., town halls, focus groups, surveys)



Please complete the following form to request individually tailored technical assistance. Facente Consulting will review your request within two business days.



Technical Assistance Request Portal

Please fill out this form as completely as possible. A consultant from Facente Consulting will contact you within 48 hours to arrange for your technical assistance request.

perry@facenteconsulting.com [Switch account](#)



Not shared

* Indicates required question

County

Your answer

Request contact name and title *

Your answer

Request contact phone number

Questions



WHAT ARE YOUR FIRST THOUGHTS
AFTER HEARING ABOUT THIS
AVAILABLE TA?



WHAT IMPLEMENTATION BLUEPRINT
STRATEGIES MOST FIT YOUR LOCAL
SYNDEMIC RESPONSE EFFORTS?



WHAT QUESTIONS OR COMMENTS DO
YOU HAVE CONCERNING THE
IMPLEMENTATION BLUEPRINT?

Thank you!

For questions or get more information
on the blueprint:

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savannah.oneill@facenteconsulting.com

<https://tinyurl.com/CDPHStratPlan>

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