



LOOKING TO THE FUTURE

**HIV**

**Hep-C**

**STDs**

**HCPC Presentation**

July 23, 2017

# Purpose of Presentation to Council

- Share background of integration (Thomas)
- Define “integration” (Thomas)
- How Project OPT IN fits (Darpun)
- Partner with Council on next steps (Thomas)





# Current State

- HIV

- Fewer new infections, fewer deaths since 2007, aging HIV-positive population
- Lower levels of retention/viral suppression among some populations
- Disparities still exist – Black/African Americans, MSM, homeless, and others

- Hepatitis C

- Cure available and accessible
- Strong testing and linkage programs
- To treat more, need to scale up

- STD

- Rates high and increasing among MSM and Black/African American youth
- Concerns about congenital syphilis



How do we change to meet the current needs?



# Integration - What Does it Mean?

- Building on existing efforts to maximize outcomes
- One stop shopping/any door is the right door
- Acknowledges whole person
- Meet unmet needs
- Address disparities and stigma

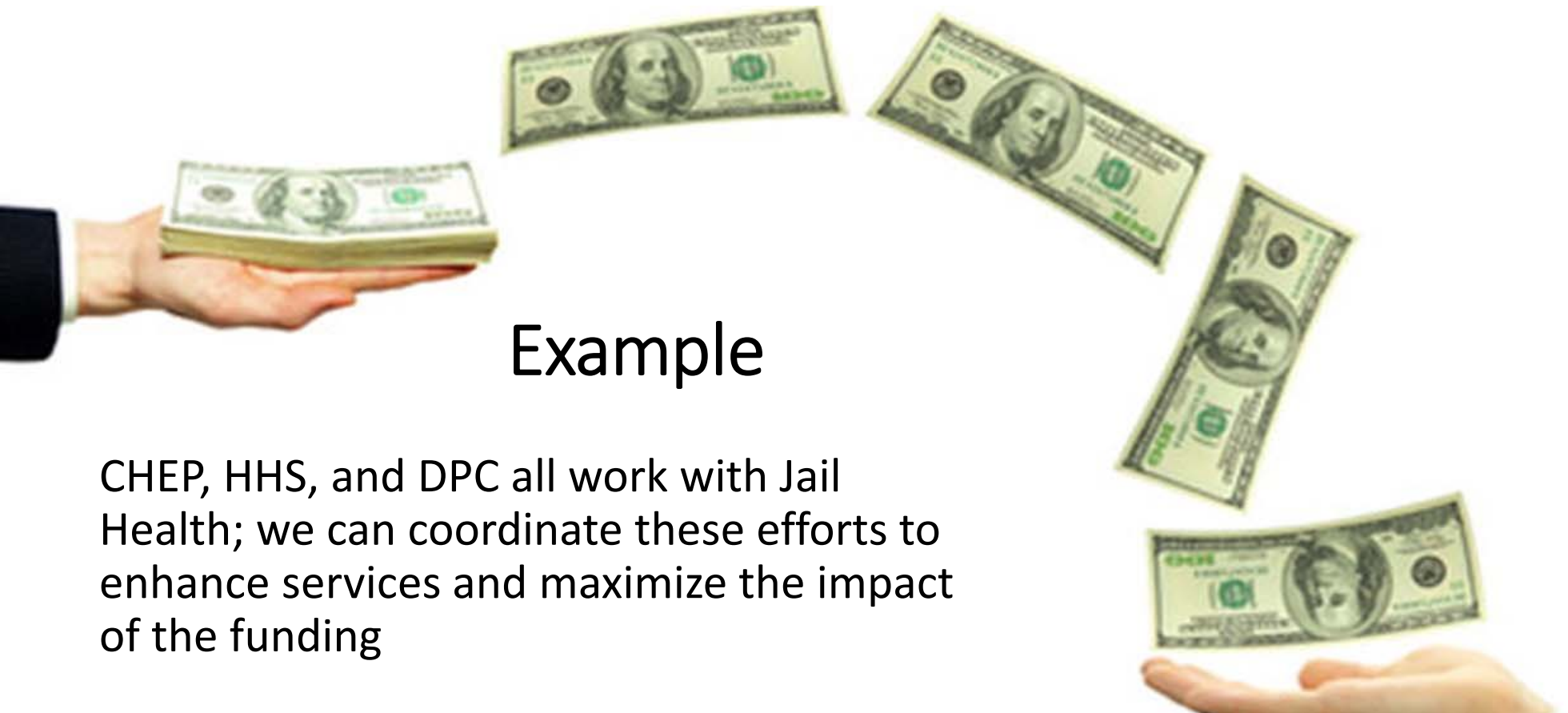


## Examples

- A Black/African American 24 year old in the Bayview seeks out STD testing and is offered an HIV test, PrEP information, STD testing, and is signed up for health insurance, and other services.
- A 60 year old gay white man with HIV attends his 6 month check up and is offered Hep C testing, STD testing, and is screened for food and employment security.

# Integration - What it Does **NOT** Mean

- Integration does NOT mean reducing funding in one area to increase funding in another area



## Example

CHEP, HHS, and DPC all work with Jail Health; we can coordinate these efforts to enhance services and maximize the impact of the funding

# Stakeholder Input Completed/Planned

- SFDPH Roadmap Design Team (ongoing)
- CHEP RFP work group (ongoing)
- Thomas' interviewed 25 (Fall/Winter 2017-2018)
- HCPC full Council discussions (2/26 & 7/23 & ??)
- HCPC working group (7/20, 7/26, 7/31)
- STD strategic planning/grant input meeting (7/16)
- Black to the Future (7/17)
- HIV test counselors meeting (7/13)
- CHEP Staff (7/25)
- End Hep C Treatment Access Group (8/10)
- HCPC COLA PrEP, and completed in last 3 years
- More ??



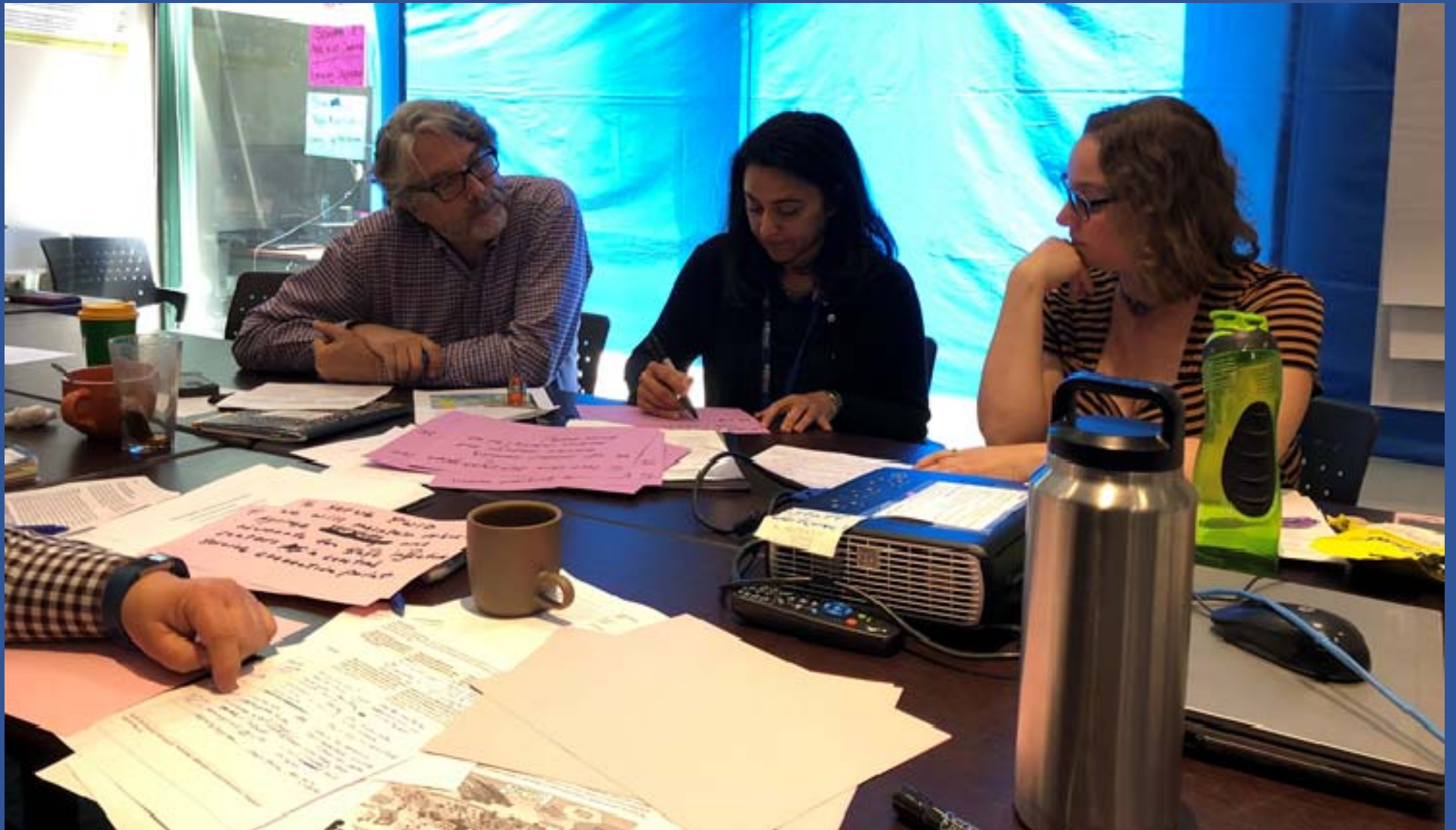




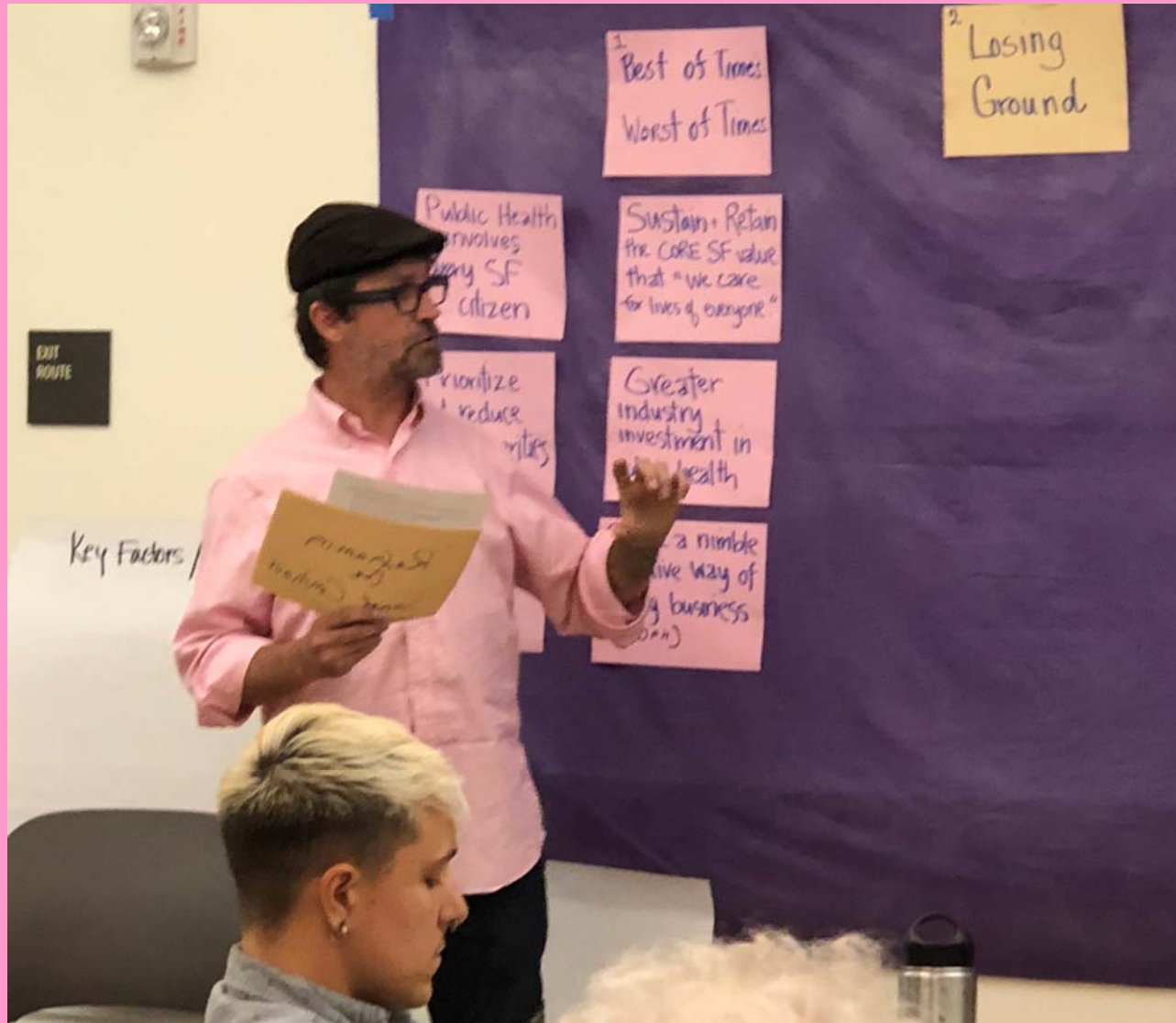
**Scenario planning** is both a process and a posture. It is the process through which scenarios are developed and then used to inform strategy. After that process itself is internalized, scenario thinking becomes,

for many practitioners, a posture toward the world—a way of thinking about and managing change, a way of exploring the future so that they might then greet it better prepared.









<sup>1</sup> Best of Times  
Worst of Times

<sup>2</sup> Losing Ground

Public Health involves every SF citizen

Sustain + Retain the CORE SF value that "we care for lives of everyone"

Prioritize + reduce inequities

Greater industry investment in health

a nimble innovative way of doing business

EXIT ROUTE

Key Factors /









I enjoyed this session  
Thank you!



THANKS to all the  
and providers  
PH  
grate  
more efficiently  
(Both OPH)

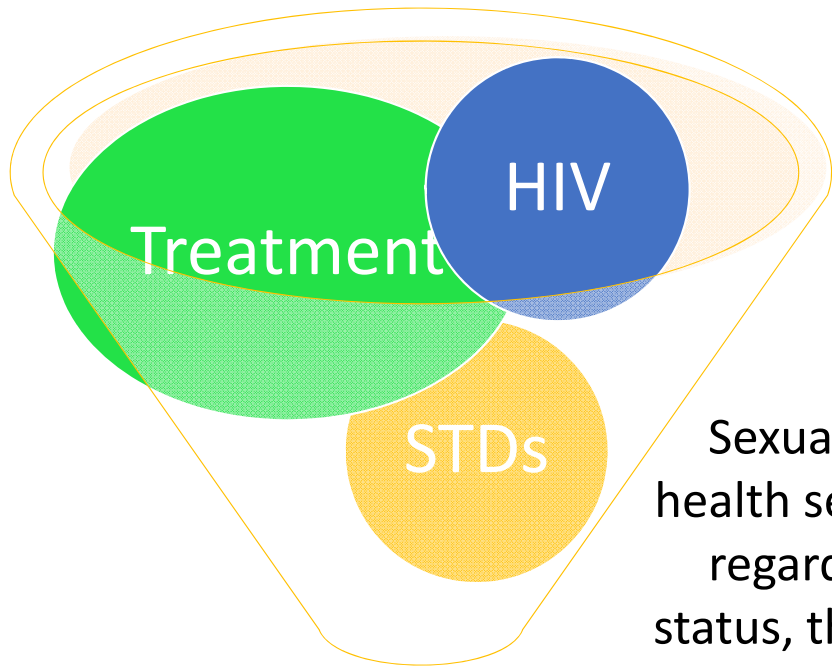


# Emerging Themes/Guiding Principles (1 of 2)

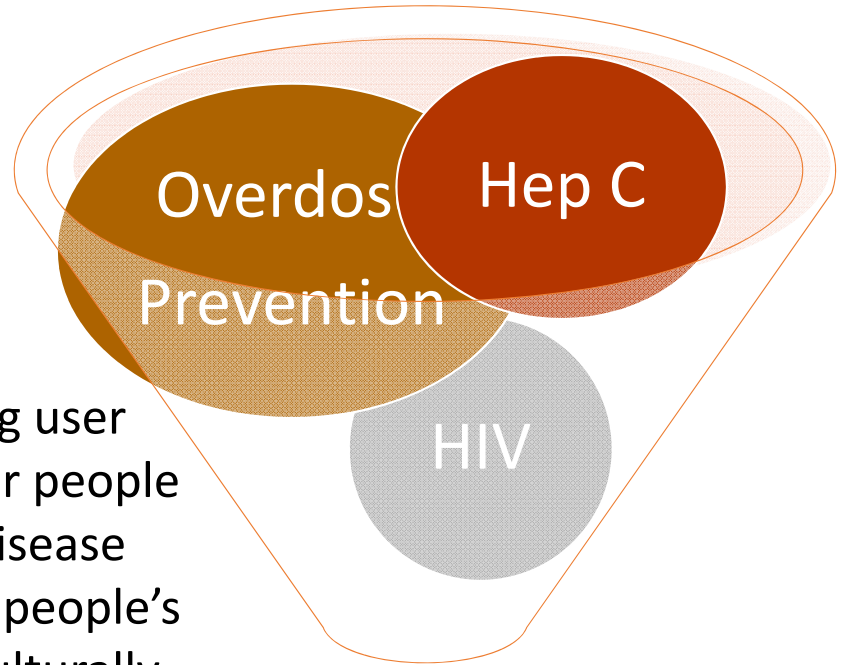
- To the extent possible, fully integrate HIV, HCV, STD, and **behavioral health services**, using a harm reduction approach.
- Ensure that prevention, care, and treatment systems operate with a **racially informed lens**.
- Incorporate **workforce development** and **community capacity-building** efforts into systems and services.
- Directly address **social determinants of health** (e.g., housing, mental health) among people living with and at risk for HIV/HCV/STD.
- **Elevate attention to HCV and STDs** within HIV and other services and systems.

## Emerging Themes/Guiding Principles (cont.)

- Include **community voices** and **qualitative lived experience** in all aspects of planning, program design and implementation, and service delivery.
- Implement **integrated service models** when it improves client experience and health outcomes.
- Make **low-threshold/low-barrier services** a central piece of the prevention, care, and treatment continuum.
- Sustain the **best and promising practices** that have contributed to successes to date.
- Develop and leverage **private sector and other partnerships** to enhance progress.
- **Utilize Data**



Sexual Health



Drug User Health

Sexual and drug user health services for people regardless of disease status, that meet people's needs and are culturally appropriate

## Overarching Themes



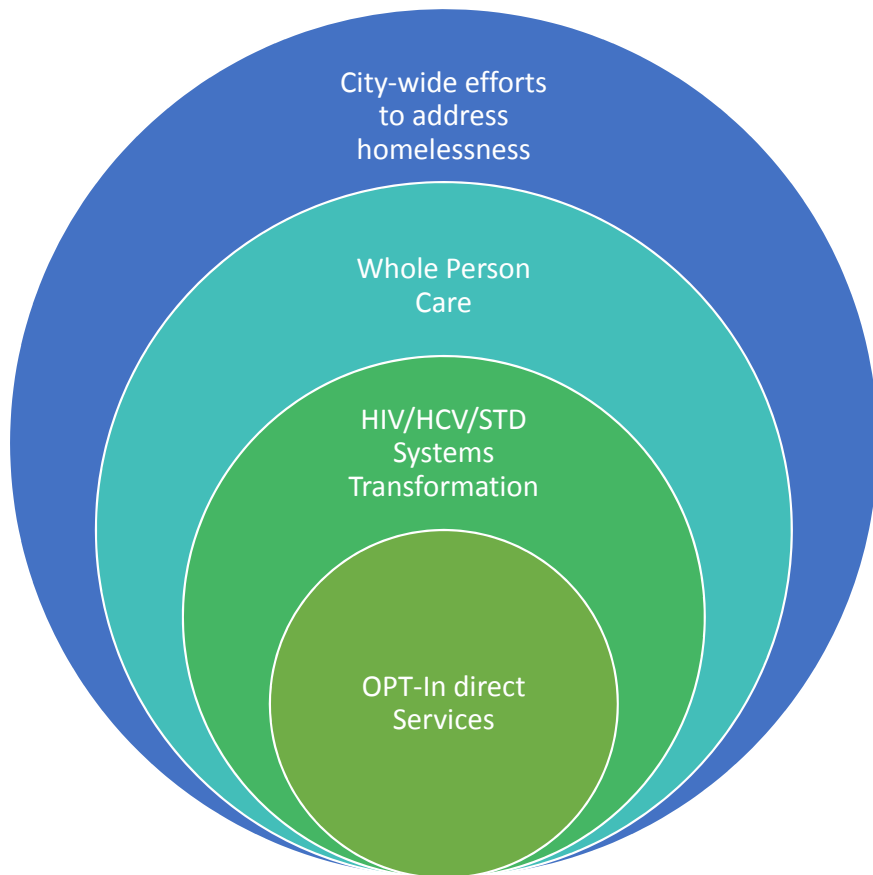
# Project OPT-IN

Darpun Sachdev, MD  
LINCS Medical Director

# What are the goals of OPT-IN?

- **Outreach and engage homeless individuals**
- **Prevent new HIV and HCV infections by scaling up access to HIV/HCV/STD testing and PrEP to at-risk homeless individuals**
- **Treat HIV, STDs and HCV infections aggressively among target populations**
- **Implement a series of data-based strategies to identify and reach out to those with the greatest need for PrEP and HIV/HCV treatment**
- **Network with existing service providers and ensure Integrated, open-access to city-wide resources available to homeless**

# OPT-IN is a pilot project that builds off of existing work to improve health outcomes among homeless



Ensure **city-wide efforts** to address homelessness adequately incorporate the unique needs of PLWH and people at-risk for HIV

Leverage **DPH-wide initiatives** to improve care coordination and health outcomes among homeless by ensuring appropriate linkage to HIV/HCV/STD prevention and care services

Finalize HIV/HCV/STD **roadmap** strategy and ensure future resources align with community priorities and increasing health equity

Scale **up direct HIV/HCV/STD outreach**, prevention and treatment services for homeless individuals



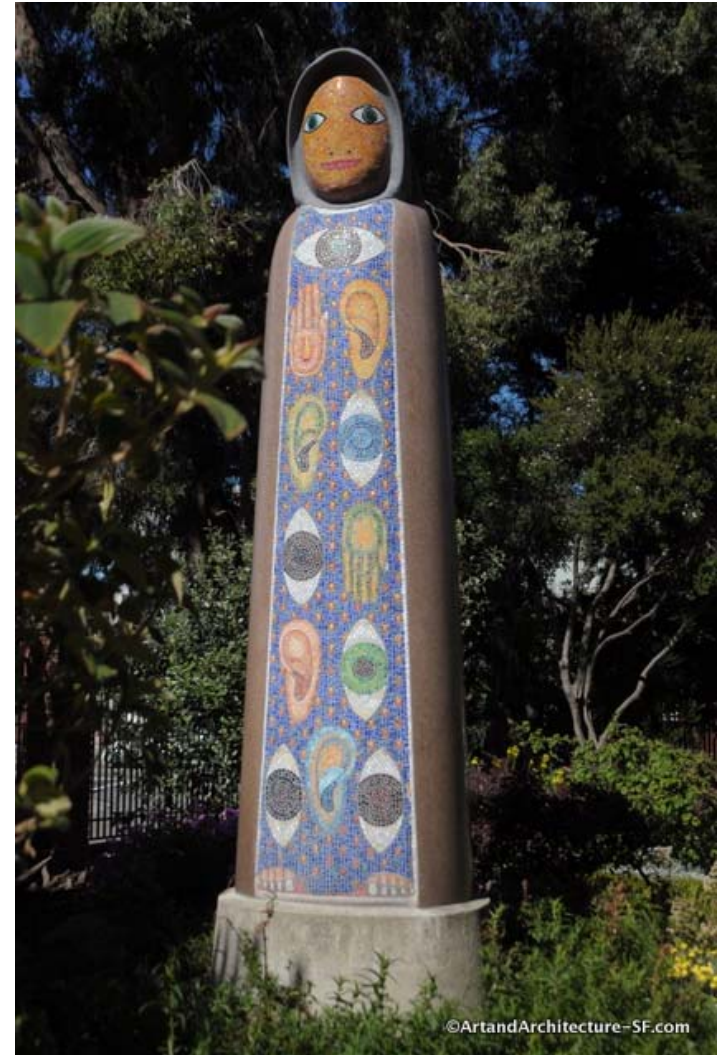
# Next steps OPT-IN

- Scale up and sustain existing direct services for homeless individuals (encampment health fairs, SFAF, Glide, LINCS, mobile medical, ICM)
- Increase capacity of clinical providers offer low-threshold PrEP, HCV treatment, buprenorphine, and navigation to homeless patients
- Support safe medication storage (eg, medication lockers)
- Work with partners
  - Whole Person Care
  - Jail Health
  - Street Medicine
  - HIVE
  - Behavioral Health
  - CBOs
  - UCSF Center for Vulnerable Populations
- Define metrics, scorecards and transparency



# HCPC

- Birds eye view
- Stakeholders and consumers, providers, subject matter experts
- HCPC a body with the lens of planning and setting priorities



**Future**

**Overdose**

**Housing**

**Hep-C**

**HIV**

**STDs**

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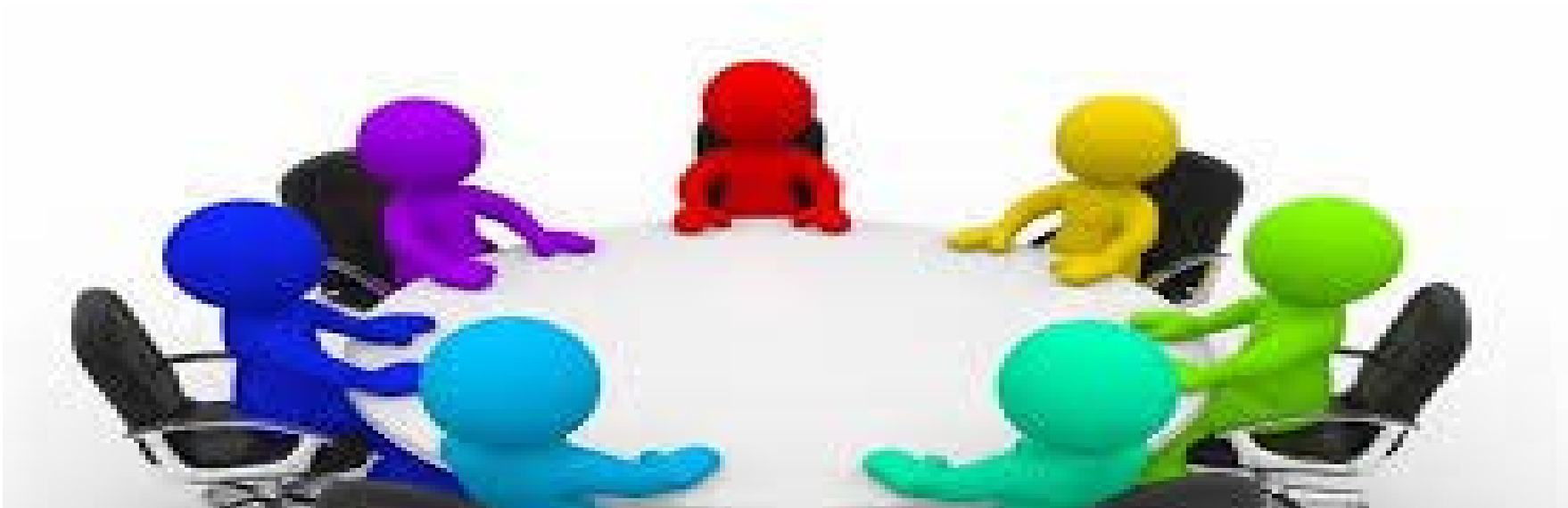
**Behavioral  
Health**

**?**

**?**

# Next Two Work Groups

- Meeting 2: Testing, Screening, and Reducing STD Rates – Thursday, July 26, 3-5 pm, 25 Van Ness, 610
- Meeting 3: Getting from the “current state” to the “future state” - Tuesday, July 31, 3-5 pm, 25 Van Ness, 610



# Small Group Questions

(1) What is the best use of our public health testing and screening funds, and how do we make use of private health care and insurance? (Dean and Thomas)

(2) How do we reverse the rising trends in STD rates among MSM and Black/African American youth? (Tracey and Beth)

(3) What could we do now, before RFPs, to better align, integrate, and prepare for the future? (Bill and Nyisha)

- Pilot projects
- Agency and provider training/capacity-building
- Other



Ideas for Partnering

Feedback – “Have this process  
be more part of the Council”

Next Steps ??

