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.
I enjoyed this session
Thank you!
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 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?

• **O**utreach and engage homeless individuals

• **P**revent new HIV and HCV infections by scaling up access to HIV/HCV/STD testing and PrEP to at-risk homeless individuals

• **T**reat HIV, STDs and HCV infections aggressively among target populations

• **I**mplement a series of data-based strategies to identify and reach out to those with the greatest need for PrEP and HIV/HCV treatment

• **N**etwork 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

Hep-C

HIV

STDs

Behavioral Health

Housing

?
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 ??