

NASTAD 2023:

Deep Dive into Implementing Syndemic Approaches

California Department of Public Health  
Office of AIDS

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CDPH/OA/Prevention

# Overview

California Planning Group (CPG): HIV, STD,  
Hepatitis C & Harm Reduction

CPG Restructure

Multiple Initiatives

CA Strategic Plan 2022-2026

Questions

# California Planning Group (CPG): HIV, STD, Hepatitis C & Harm Reduction

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\_CPG.aspx

## OFFICE OF AIDS

- Home
- About OA
- Ending the Epidemics
- Looking for an HIV Test?
- Looking for HIV Prevention Services?
- HIV Positive? Next Steps: Care, Treatment & Paying for Insurance
- HIV Data and Data Systems
- Community
- HIV Laws
- Request for Applications
- Harm Reduction & Syringe Services Programs

### California Planning Group



The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties. CPG is committed to working openly in a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.

Robyn Learned and Rafael Gonzalez, CPG Community Co-Chairs  
Tiffany Woods & Matt Willis, State Co-chairs



california department of public health, **office of AIDS**

# What is the CPG? And Why?

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- HIV/STD Part B planning body advisory body to advise OA and STDCB on community needs and gaps.
- The CPG also collaborates with OA to develop, implement, and revise a comprehensive HIV/STD/HCV surveillance, prevention, and care and treatment plan, which integrates with STD, HCV, and Harm Reduction.
- Established and managed through the California Department of Public Health, Office of AIDS (OA), ) in collaboration with the Sexually Transmitted Disease Control Branch (STDCB).
- Federal requirement

# CPG Functions, Structure, & Committees

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- Current Members:
  - 36 appointed community stakeholders through CA
  - 9 Nominated from Part A Planning Councils
  - Two Elected Community Co-Chairs
- The CPG is comprised of unaffiliated consumers, at-large and nominated, Ryan White Part A community members, and OA/STDCB Steering Committee.
- The community members represent stakeholders, consumers, and demographic groups the members serve.
- Committees:
  - Steering
    - Comprised of CPG State/Community Co-Chairs, CPG managers, representatives of the 6 branches of OA and STDCB
  - Executive
  - Membership
  - HIV & Aging
  - Women's
  - Youth
  - Meth

CDC funded health departments have been required to have an HIV prevention planning process, includes establishment of an HIV prevention planning group and development of a jurisdictional plan



HRSA has required Ryan White Part B grantees to convene a planning advisory group and submit a Statewide Coordinated Statement of Need and a Comprehensive Plan

Integrated HIV Prevention & Care Plan is Required by CDC and HRSA

The restructure was requested in March 2019 by Marisa Ramos, Office of AIDS (OA) Interim Division Chief, in order to gain division-wide involvement with CPG as well as to incorporate the STD Control Branch (STDCB) in preparation for OA/STDCB integration, anticipation of a syndemic approach for the 2022-2027 Strategic Plan planning, and allow us to collaboratively all work towards reaching the goals of the statewide Integrated Plan and meet the needs of the community.

The restructure impacted CPG members by allowing members to play a more active role in the planning process and to foster a more community-driven advisory group.

Changes to the CPG structure included adding an Operations Committee and three additional committees that will serve as workgroups (topics to be chosen by the membership). The Membership Committee remained.

The Spring 2019 CPG Meeting in Sacramento, CA in May focused on the CPG restructure, and allowed the membership to provide input and feedback.

## CPG Restructure



## AGENDA

### NASTAD Consultation: California Planning Group Goal Setting

**Identified Goals:**

- Parity, Representation, Inclusion
- Bring HIV+ community to the planning process
- Develop CPG members to share narratives and engage community members

**Thursday, March 14, 2019**

**9:00 AM – 9:45 AM PST**

**Introductions**

Icebreaker  
Overview of day

**9:45 AM – 10:45 AM**

**Goal Review**

Why these goals? Why this new structure?

# NASTAD Technical Assistance

The Community Co-Chairs were involved in the early planning meetings, including OA-requested technical assistance from NASTAD on how to implement a planned CPG restructure, goals review, community engagement and assessment, and community leadership and management resulting in a one day restructure planning meeting with OA leadership, Steering Committee members, and Community Co-Chairs facilitated by NASTAD.

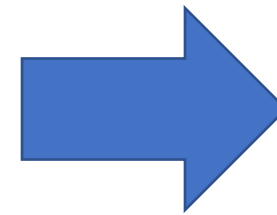


# MAKING THE CONNECTION: Multiple Initiatives

National HIV/AIDS  
Strategy and the Ending  
the HIV Epidemic Initiative

State; County  
EHE plans

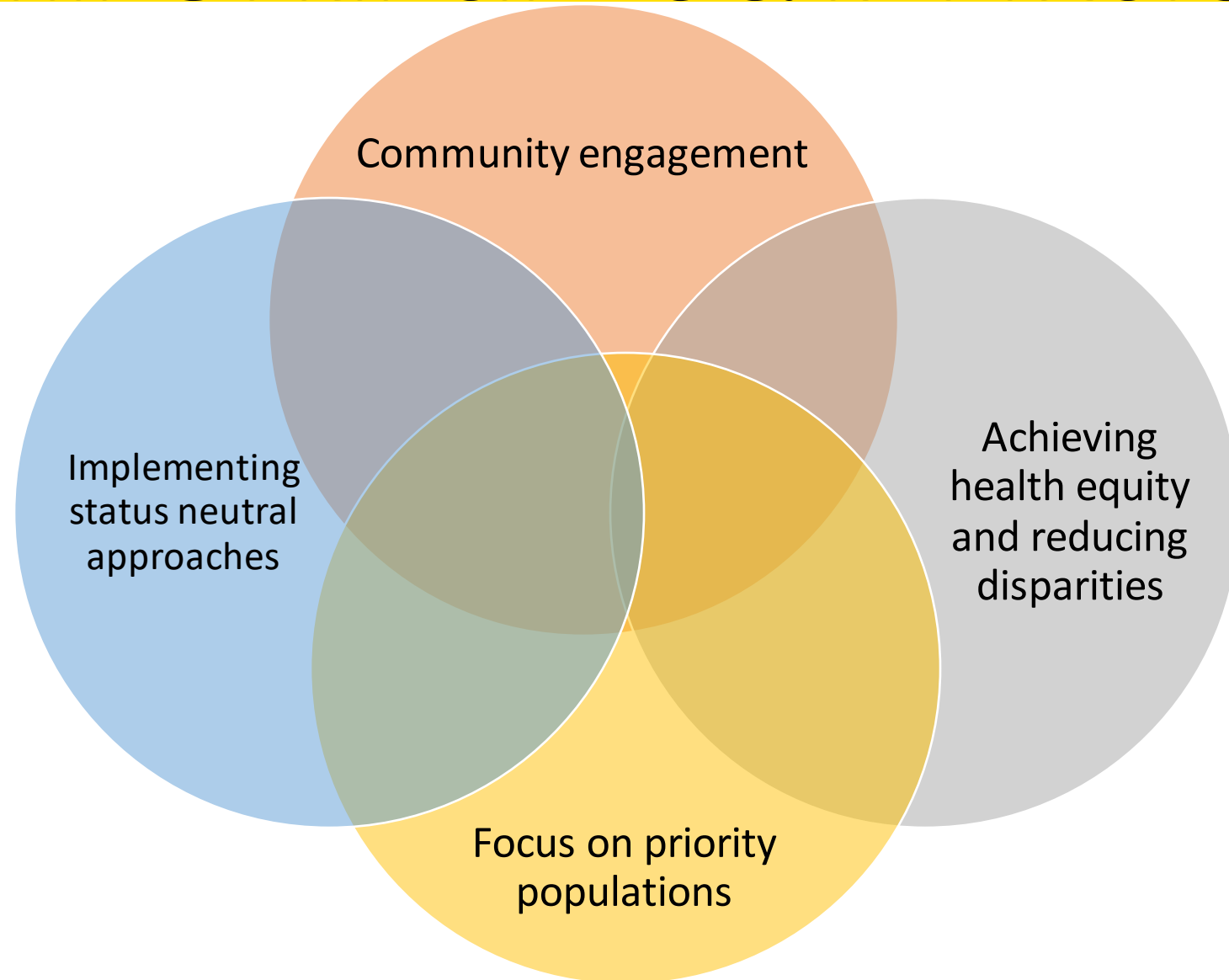
CA Strategic Plan to  
address HIV, HCV,  
and STIs\*



...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.

# OVERARCHING PRINCIPLES & KEY FACTORS



State Plan for

2022–2026

HRSA/CDC

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



# ENDING THE EPIDEMICS:

Addressing HIV, Hepatitis C,  
and STDs in California

Statewide Strategic Plan  
2021-2025

California Department of Public Health



# What did we do to get here?

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CDPH-OA/STD set out to develop a high-level, high impact strategic plan for addressing HIV, HCV and STIs over the next 5 years, in collaboration with Facente Consulting

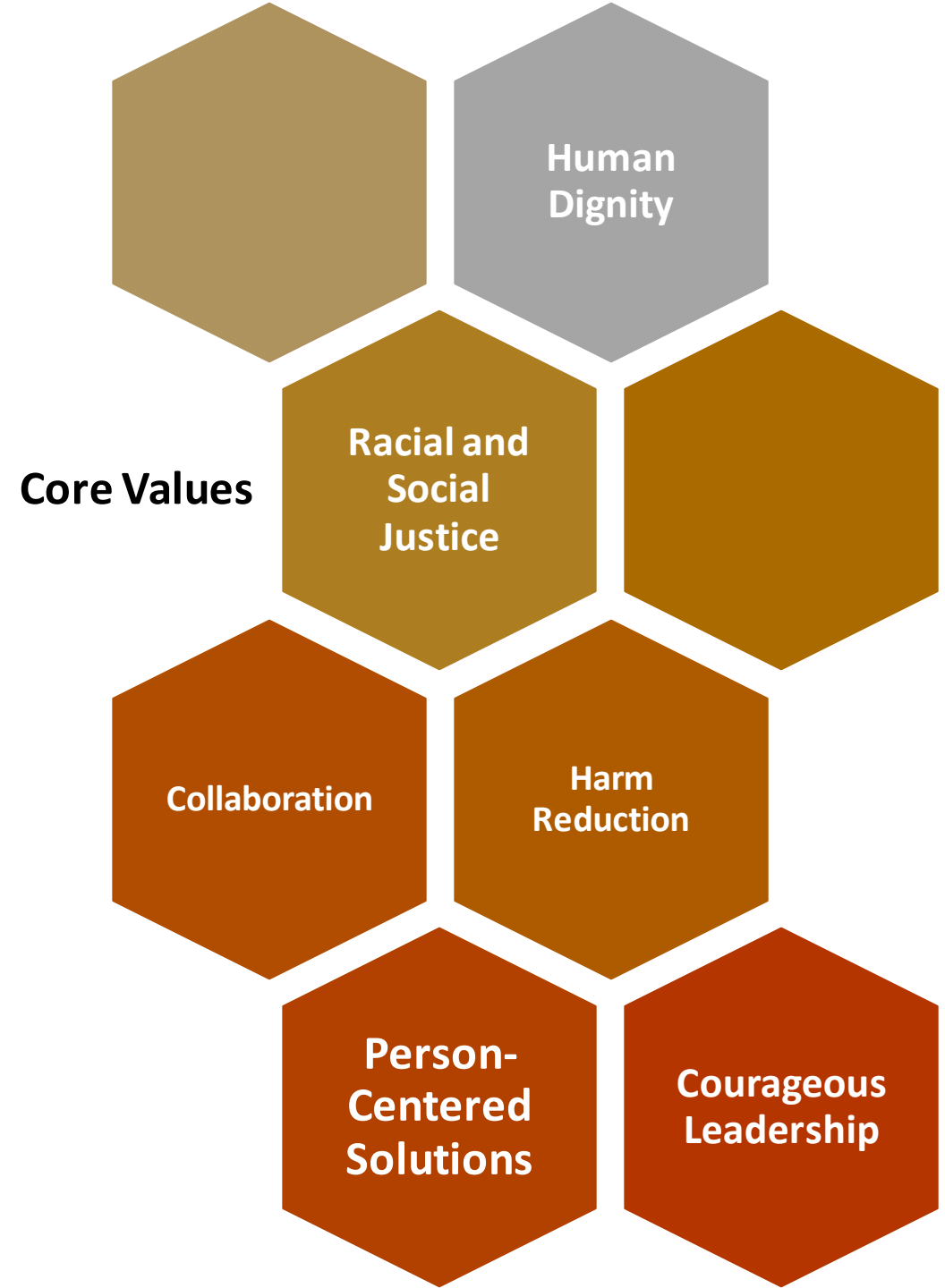
We convened a workgroup of 25 people met weekly from July through October

We invited two dozen speakers to talk to us about relevant work they were doing, and to collaborate with us to develop 30 high-level strategies

We released an open survey that was taken by more than 640 people throughout California

We had multiple revisions to land on a plan that was actionable and visionary

- **Vision:** A California free of systemic racism and new HIV, HCV, and STIs, where all people with these conditions easily obtain the services and resources needed to live healthy, dignity-filled lives free of stigma.
- **Mission:** To center equity and racial justice in our work and eliminate health inequities among those most affected by HIV, HCV, and STIs in California.



## 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



# Strengths and Challenges

## Strengths

- Community Plan
- Co-Author Counties
- Local Community Champions
- Consultant-led community roll-out
- Enriching statewide network of syndemic and SDH partners
- Reaching areas of the CA with fewer resources
- High-quality community conversations
- Well-received plan- high level

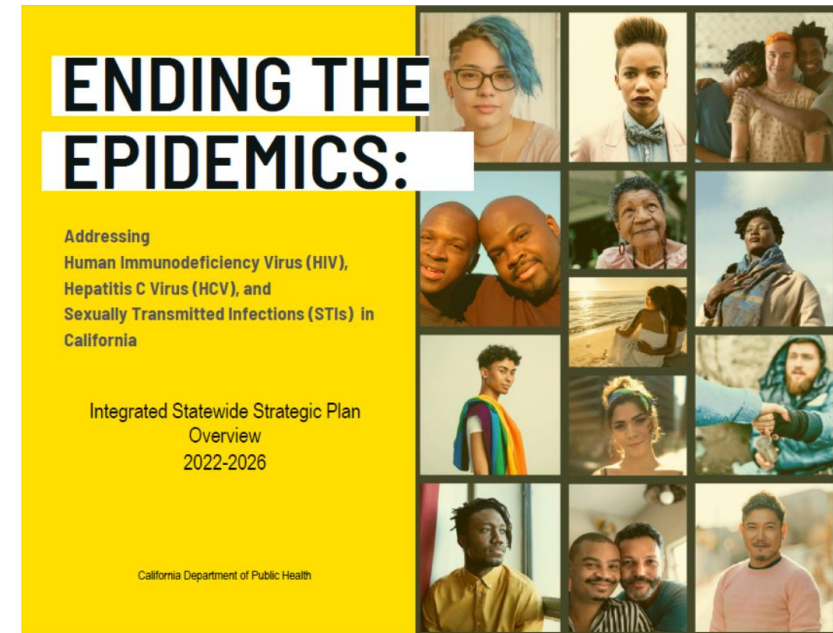
## Challenges

- COVID and MPox
- Resources
- One plan, multiple formats
- Communication
- Variable knowledge about what the Strategic Plan means to day-to-day in HIV/STI/HCV work



# Implementation Blueprint

- Specific activities under each of the 30 strategies (156)
- Implementation Blueprint finalized (April)
- Released to community partners and co-author LHJs
- Road show: Implementation Blueprint Overview
  - CHIPTS Regional Meeting Feb 28<sup>th</sup>
  - CPG (May)
  - CHRP (May)
  - Part A Planning Councils (April-June)
  - Annual EHE/Strategic Plan Symposium (June 22, 23, 29, 30)
  - CDC/HRSA Site visits (July)
  - STD/HIV Controller's Meetings (Fall)
  - OA Voice
  - Stakeholder calls
  - Webinars (May-June)
  - What is missing?



THANK YOU!

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