



County of Santa Clara
Public Health Department
Sexual Health and Harm
Reduction Program
(SHHRP)
Strategic Plan
2022 - 2026



Acknowledgements

Strategic Planning Core Team

Harit K. Agroia, DrPH, MPH, MCHES
Allison Aguilar, BSN, MPH
Hung Duong
Raj Gill, MPH

Anthony Guzman, MS
Laura Kovaleski, MPH
Lucia Ornelas, MPH
Sarah L. Rudman, MD, MPH

Contributing Partners

Development of this strategic plan was informed by thoughtful input by many of our program's stakeholders. This includes funded and un-funded community partners, community advisory groups, internal and external County partners, and individual contributors. Thank you for your contribution and investment in enhancing our program in order to be able to our meet community's needs. We also especially wish to thank the members of the HIV Commission, Getting to Zero Governance Committee, Youth Advisory Board, and Drug User Health Advisory Committee, as well as the organizations and experts that work tirelessly in our community who offered input to this plan.

Balanced Imperfection
The Health Trust
HOPE By AACI

Gender Health Center
Roots Community Health Center
The Q Corner (BHSD)

Table of Contents

<i>Acknowledgements</i>	2
<i>Contributing Partners</i>	2
<i>Executive Summary</i>	4
<i>Background</i>	7
<i>About Us</i>	7
<i>Strategic Plan Methodology</i>	8
<i>Strategic Plan Framework</i>	10
<i>Epidemiologic Profile</i>	11
<i>Guiding Statements</i>	22
<i>Strategic Priorities</i>	24
<i>Access to Services</i>	25
<i>Data, Quality & Accountability</i>	27
<i>Workforce Development</i>	29
<i>Community Partnerships & Engagement</i>	31
<i>Health Policy</i>	33
<i>Equity</i>	34
<i>Commitment for the Future</i>	36
<i>Appendices</i>	37
<i>Appendix A: Theory of Change</i>	37
<i>Appendix B: Business Model Analysis</i>	39
<i>Appendix C: Programs and Services</i>	44
<i>Appendix D: Alignments</i>	50
<i>References</i>	51

Executive Summary

Vision: A community empowered and equipped to optimize its sexual health and minimize harm from drug use

Mission: Promote, support, and provide comprehensive and inclusive sexual health and harm reduction systems for the people of Santa Clara County

Values: Community-driven, Compassionate, Empowering, Evidence-based, and Equitable

This executive summary presents the strategic direction for the Sexual Health and Harm Reduction Program (SHHRP), formerly the STD/HIV Prevention & Control Program, of the County of Santa Clara Public Health Department. The activities outlined in this plan collectively aim to promote, support, and provide comprehensive and equitable systems of sexual health and harm reduction related to drug use within Santa Clara County. This plan strengthens our foundational capabilities to work in new ways together with our partners to deepen our impact. The SHHRP will focus its efforts through:



Health Education & Outreach

- Increase awareness of important messages and resources to reach all communities to promote sexual health and harm reduction services



Access to Services

- Maximize access to high quality, culturally competent, guideline-based STI, HIV, HCV, and drug use-related prevention and care in all medical settings.
- Continue to serve and grow as a high-quality safety net for STI prevention, diagnosis, treatment, and harm reduction services and provide support to health care agencies



Data, Quality & Accountability

- Be a “learning organization”, intentional in data-driven decision making, evaluation, and quality improvement



Workforce Development

- Foster a high-performing and engaged workforce representative of the diverse communities we serve and committed to achieving our mission



Community Partnerships & Engagement

- Increase reciprocal and diverse community partnerships and engagement through participation, collaboration, and community-driven decision-making



Health Policy

- Advance health policy through advocacy, implementation, and regulation



Equity

- Serve the community through a trauma-informed and client centered approach that actively seeks to eliminate racism, stigma, and discrimination



CONDOM LAND

Great Thi



Background

About Us

The Sexual Health and Harm Reduction Program (SHHRP), *formerly the STD/HIV Prevention & Control Program*, is housed within the Infectious Disease & Response Branch of the County of Santa Clara Public Health Department (SCCPHD). SCCPHD strives to protect and improve the health of our community through a wide range of services and activities. SHHRP originally evolved from separate programs providing traditional STI surveillance, STI clinical care, HIV support services, sexual health outreach and education, and syringe access services. As recognition of the overlapping missions and clientele of these separate projects increased, the county sought to optimize its work and customer experience by merging and aligning these disparate teams. Through increased local, state, and federal investment, SHHRP has had an opportunity to respond to the rising rates of STIs, HIV, substance use, opioid overdoses, and recovery from the COVID-19 pandemic by likewise expanding its services and reach.

Today, SHHRP continues to operate the County's Ryan White HIV/AIDS Program, Harm Reduction Program, Getting to Zero Program, and express testing Crane Center and municipal STI Clinics, while utilizing county-wide data on HIV, HCV, and STIs for continuous expansion and growth; engaging in health policy evaluation and advocacy; and providing technical assistance and support to enhance systems of health care and health education. SHHRP continues to work closely with programs across the Public Health Department and throughout the County as well as with outside entities and Community-Based Organizations.



Strategic Plan Methodology

This strategic plan was developed through a collaborative effort between key SCCPHD stakeholders and a range of community partners. The core strategic planning team driving the process engaged representatives from community-based organizations, health clinics, hospitals, government agencies and other County departments. The process steps were guided by Allison & Kaye (2015)'s *Strategic Planning for Nonprofit Organizations* and were grouped into four main categories and described in detail below. The process began in September 2021 and concluded in June 2022.

PROCESS STEPS	DESCRIPTION
1.Environmental Scan	This step included extraction and review of strategic plans from stakeholder organizations at the federal, state, and local levels. Examples include the SCCPHD Strategic Plan, CDPH Integrated Plan, NIH Strategic Plan for HIV and HIV-Related Research and the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Strategic Plan. Relevant and frequently mentioned strategic priorities were included in a summary table and incorporated in subsequent input and discussion opportunities.
2. Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis	A SWOT analysis was conducted among the following groups: (1) Internal STD/HIV program staff, (2) Other SCCPHD partner programs, (3) Other County partner departments, (4) community-based organizations, (5) funders, and (6) individual stakeholders. These analyses were conducted using a combination of survey tools and virtual meeting platforms. A total of 63 individuals participated in this step of the process.
3. Data Analysis	STD/HIV program staff were trained in conducting qualitative data analysis; this training was based on Lorelli et al. (2017)'s recommendations on ensuring credibility and trustworthiness of qualitative data through precision and consistency. These staff independently reviewed SWOT results from each stakeholder group and presented emerging themes with supporting quotes. These findings were reviewed, discussed, and incorporated in subsequent input and discussion opportunities.

PROCESS STEPS	DESCRIPTION
4. Prioritization	Following data analysis, emerging themes were initially prioritized by a series of management and internal staff discussions. These discussions entailed identifying current program priorities that continue to meet community needs, new program priorities, including the relevancy and feasibility of any new priorities.
5. Program Name & Guiding Statements	Based on initial themes and prioritization discussions, this step entailed a program name review and review of the mission, vision and values guiding statements. Ideas for a new program name and guiding statement revisions were drafted at this stage.
6. Stakeholder Input	More than 150 stakeholders were invited to provide input on the draft strategic priorities, activities, name change and guiding statements. There were two formal opportunities to provide feedback. A survey was administered both times to solicit this input. All feedback was reviewed and analyzed using qualitative data analysis methods and incorporated into the strategic plan accordingly.
7. Final Plan Release	The final plan was released through internal and external email listservs and presented through a webinar to all stakeholders.



Strategic Plan Framework



All strategic priorities, objectives and activities in this strategic plan are presented with the following framework: “to promote, support and provide”. This framework complements the extensive clinical care system and network of community-based organizations, where the Public Health Department aims to serve as the chief health strategist by filling gaps that cannot fall to any other entity, providing the information and resources to guide and support those other entities, and working upstream to prevent disease and create conditions that engender health instead of treating poor health outcomes wherever possible (“Resolve”, 2020). Over time, SHHRP aims to continue aligning with this shift by increasing the proportion of resources available to support and promote the delivery of care and services in the community where feasible. The elements of the new strategic plan, described further in this report as our strategic priorities, that specifically target this goal include Health Education & Outreach; Data, Quality & Accountability; Community Partnerships & Engagement, and Health Policy. We also aim to move upstream in expanding Access to Services by shifting from service delivery by the Public Health Department to support and promotion of delivery by community partners wherever feasible.

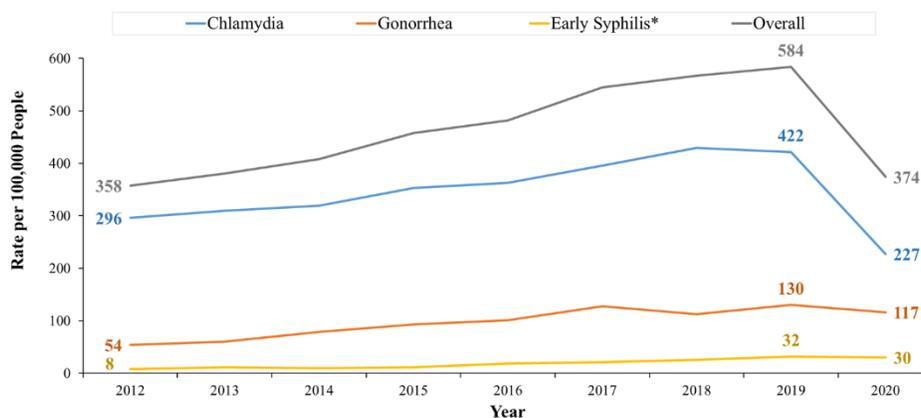


Epidemiologic Profile

The County of Santa Clara (SCC) spans 1,312 square miles, segmented by mountain ranges into several large valleys. This includes the Santa Clara Valley—which includes the City of San José (the nation’s 10th largest city), SCC’s 14 other incorporated cities, and most of the nearly 2-million permanent residents—and the San Antonio Valley, which encompasses the large, sparsely populated eastern half of the County. While SCC is known as a high-income jurisdiction overall, racial and income disparities are seen to be worsening over time. The impact of these inequities have further affected our priority populations, as current resources and services are scattered throughout the county.

After non-HIV STI rates increased for decades to record highs in 2019, the following data summaries are most notable in 2020 for decreases in cases of all reportable STIs to varying degrees and across nearly all ages, genders, races, ethnicities, and risk factors. Due to the COVID-19 pandemic, patterns of social and sexual interaction changed dramatically as shelter-in-place orders restricted means of meeting and interacting with sexual partners. At the same time, many healthcare providers reduced or delayed services of a less critical or time-sensitive nature, likely including routine sexual health screening and HIV viral load and CD4 T-cell count for HIV monitoring. Finally, resources for STI, HCV, and HIV data transmission and surveillance may have been redirected to focus on COVID-19 data response.

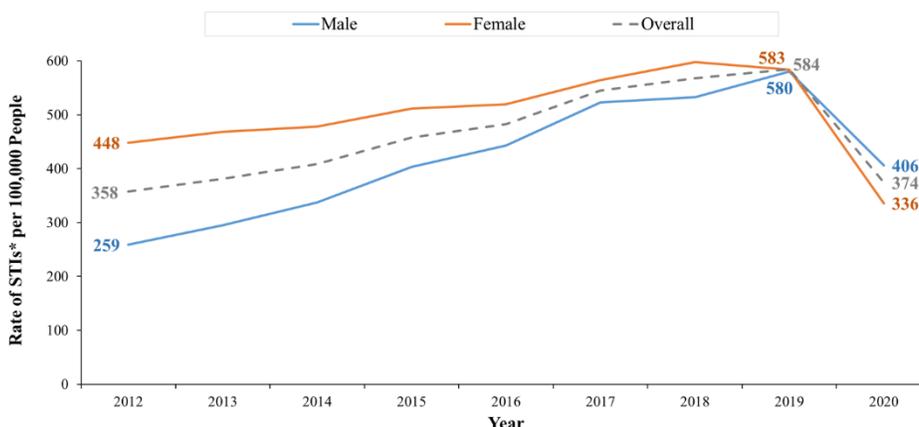
Overall Case Rates for STIs (Chlamydia, Gonorrhea, Early Syphilis)



From 2012 to 2019, the rates of STIs within Santa Clara County generally increased from 358 to 584 cases per 100,000 people. However, in 2020, the rates of STIs decreased to 374 cases per 100,000 people. STIs were highest among males until 2019, then surpassed by females in 2020, those aged 20-24 years old, and Black/African American race/ethnicity. Early data

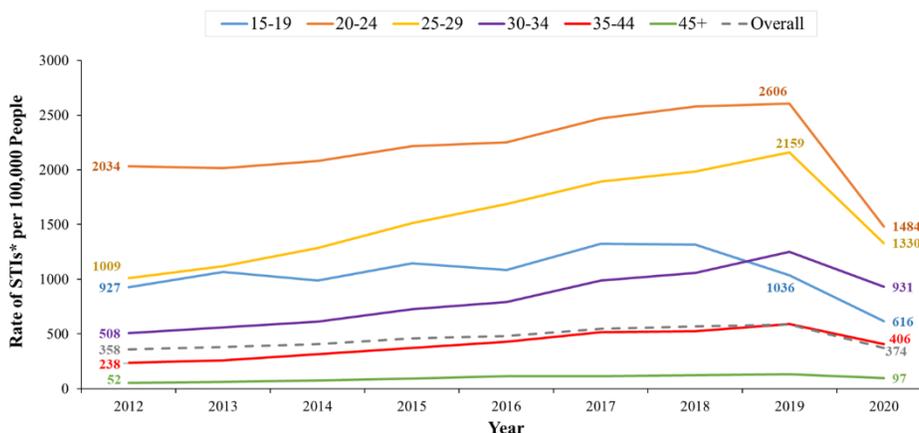
from 2021 suggests the drop in all reportable STIs from 2019 to 2020 rebounded somewhat for all diseases and most sub-populations, but usually not quite to pre-pandemic levels. It remains unknown how much these overall trends related to changes in behaviors associated with spread of disease, access to screening and diagnosis, or a combination of these.

STIs Case Rates by Gender



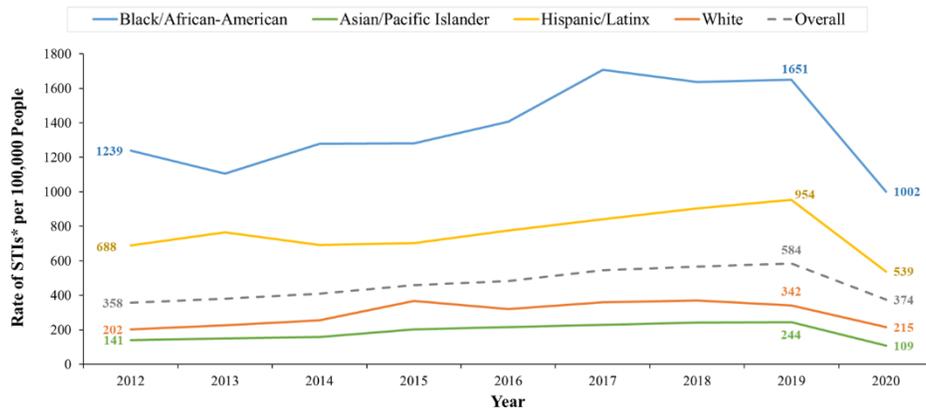
From 2012 to 2019, the rates of STIs were highest among females, but the rate of males was slowly closing the gap. In 2020, the rates among males became higher than females, with 406 cases per 100,000 males, compared to 336 cases per 100,000 females.

STIs Case Rates by Age Group



From 2012 to 2020, the rates of STIs were highest among 20-24-year-olds with 1,484 cases per 100,000 people in 2020, followed by 25-29-year-olds with 1,330 cases per 100,000 people in 2020. Rates were lowest among the 45+-year-old population, with 97 cases per 100,000 people in 2020.

STIs Case Rates by Imputed Race/Ethnicity

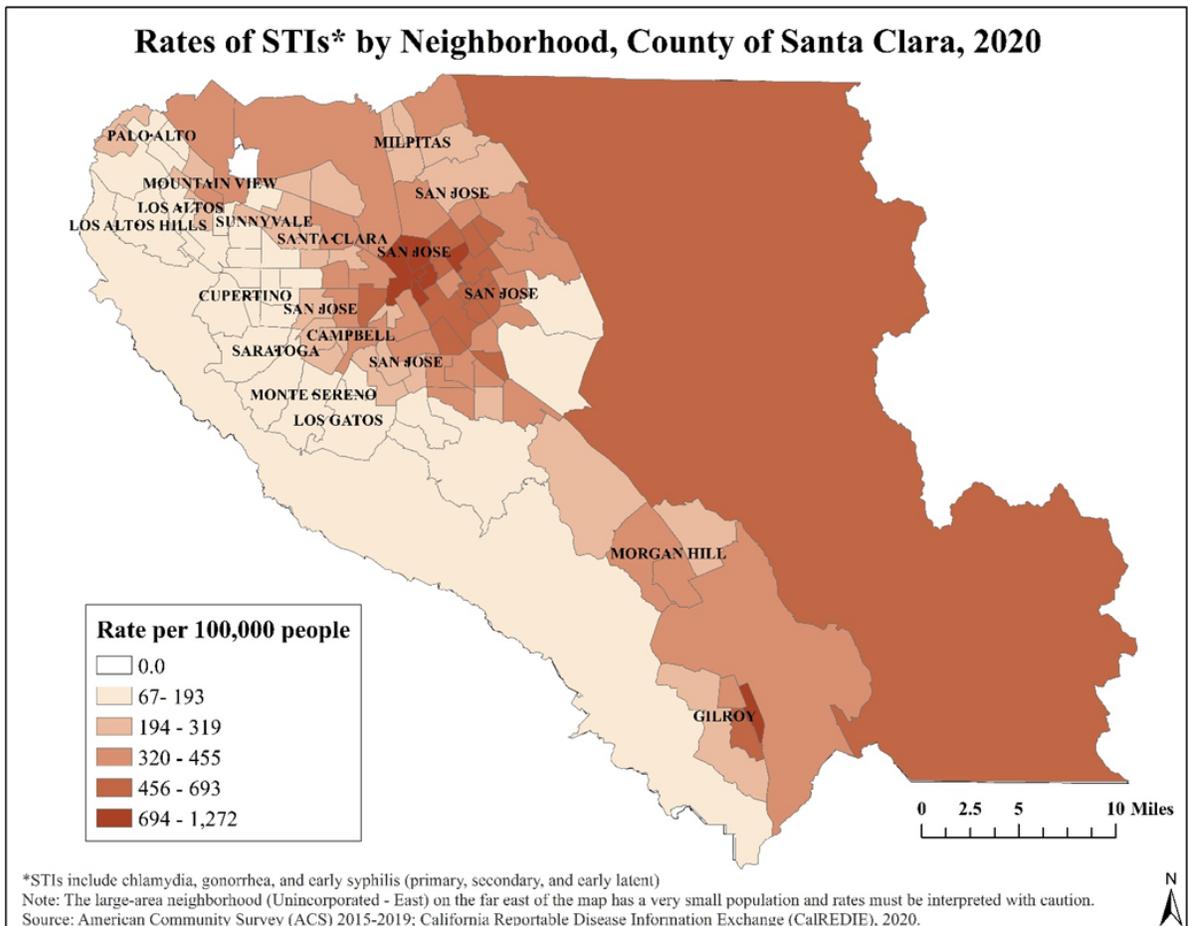


From 2012 to 2020, the rates of STIs were highest among Black/African Americans with 1,002 cases per 100,000 people in 2020, followed by Hispanic/Latinx with 539 cases per 100,000 people in 2020. Rates were lowest among the White, with 215 cases per 100,000 people in 2020, and Asian/Pacific Islanders, with 109 cases per 100,000 people in 2020.

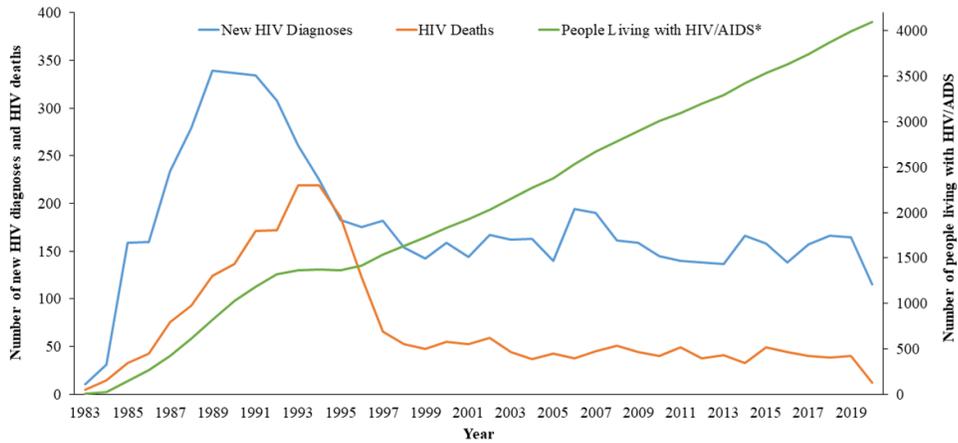


Geographic Distribution of STIs Case Rates

Geographic areas of the County of Santa Clara with the highest rates of STIs by neighborhood were closest to the Downtown San Jose area (Northside, Downtown, and University neighborhoods) in the City of San Jose, with 694 – 1,272 cases per 100,000 people. Higher rates in the downtown area may be due to a younger population and higher percentages of African American/Black and Hispanic/Latinx residents residing in these areas compared to the county. Higher rates were also observed in Gilroy (South Central, North Central, and East Side Neighborhoods).

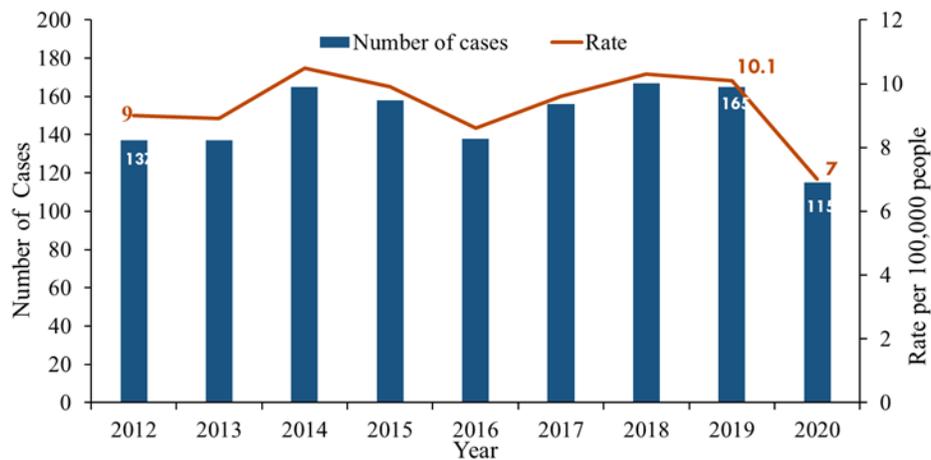


Number of New HIV Diagnoses, Deaths, and People Living with HIV



The number of annual new HIV diagnoses in the County peaked from 1989 until 1991, then declined through 2000 and has remained generally stable since. As of December 31, 2020, a total number of 6,778 individuals diagnosed with HIV had been reported to the County. Of these, 4,956 (73%) were diagnosed with AIDS. A cumulative number of 2,677 (40%) persons with HIV infection were known to have died, including 2,601 with a diagnosis of AIDS. In 2020, 3,588 current residents of the County were living with HIV, including 2,732 (76%) first reported with HIV in the County and 856 (24%) out of jurisdiction cases.

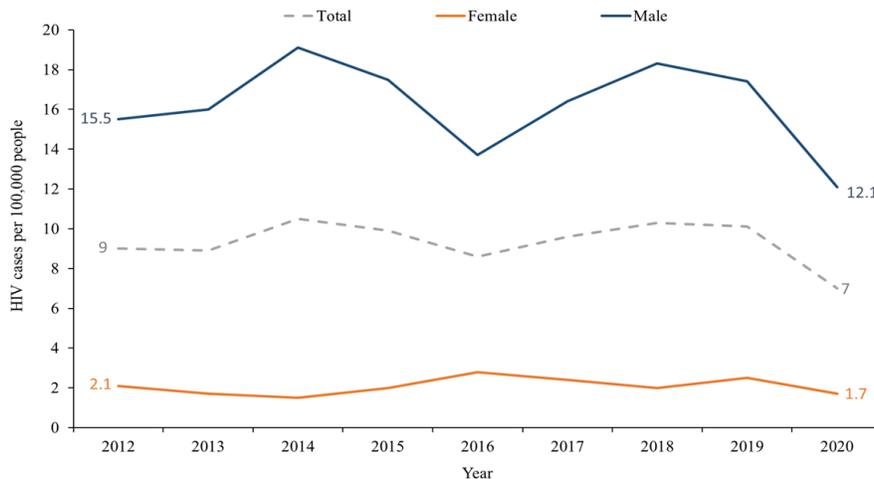
Overall Case Rates for HIV



This figure shows the number and rate of new HIV diagnoses among residents of Santa Clara above the age of 13 between 2012 and 2020. In 2020, 115 cases of HIV were diagnosed with a rate of 7 cases per 100,000. This is 30% lower than HIV new diagnosis in 2019 (n=165, rate = 10.1). Between 2012 and 2020, the rate of new HIV diagnoses among

residents in Santa Clara County slightly decreased from 9 HIV diagnoses per 100,000 residents to 7 HIV diagnoses per 100,000 residents.

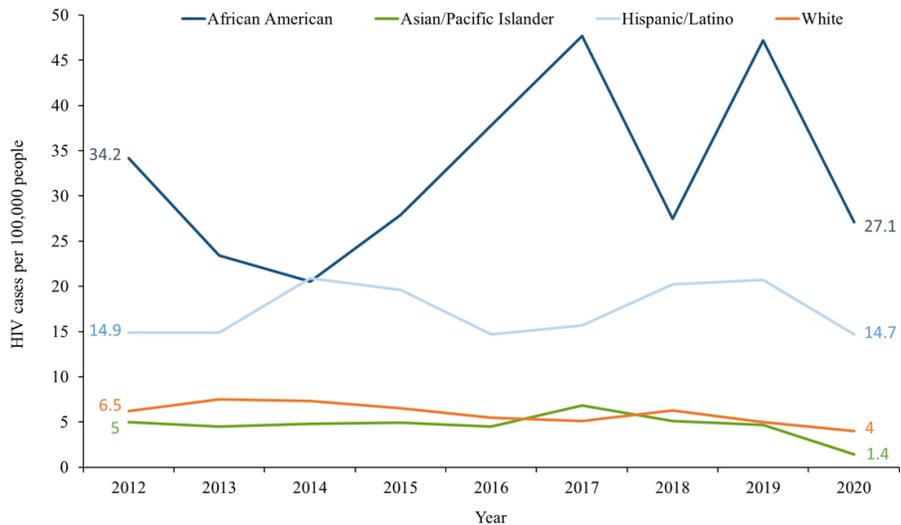
Overall HIV Case Rates by Gender



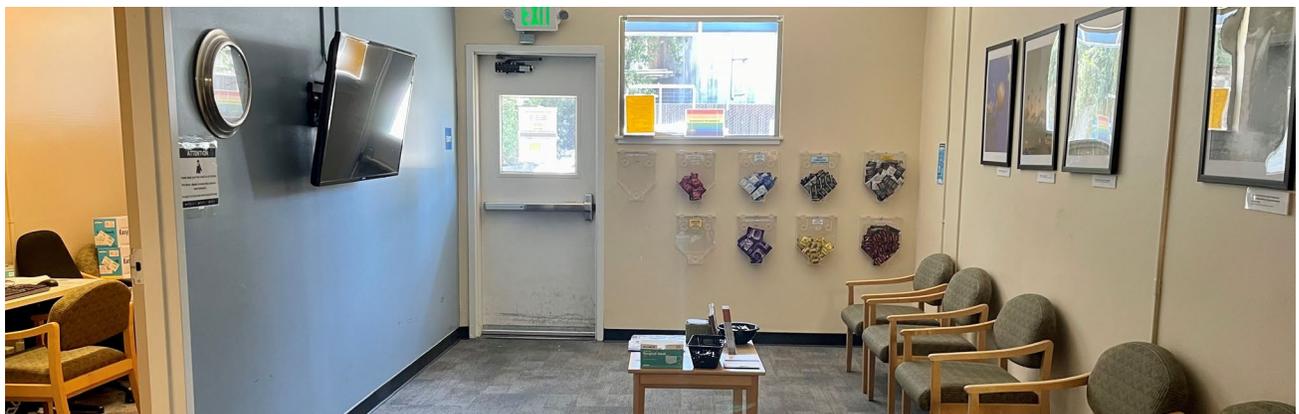
This figure shows the rate of new HIV diagnoses among residents of the county of Santa Clara above the age of 13 between 2012 and 2020 by gender. In 2020, the rate of new HIV diagnoses among males above the age of 13 was 12.1 HIV diagnoses per 100,000 males, 20% lower than the rate in 2012 (15.5), and 30% lower than the rate in 2019 (17.4). The rate of new HIV diagnoses among females remained relatively stable between 2012 and 2020 with a rate of 2.1 HIV diagnoses per 100,000 females in 2012 and a rate of 1.7 HIV diagnoses per 100,000 females and 30% lower than the rate in 2019 (2.5).



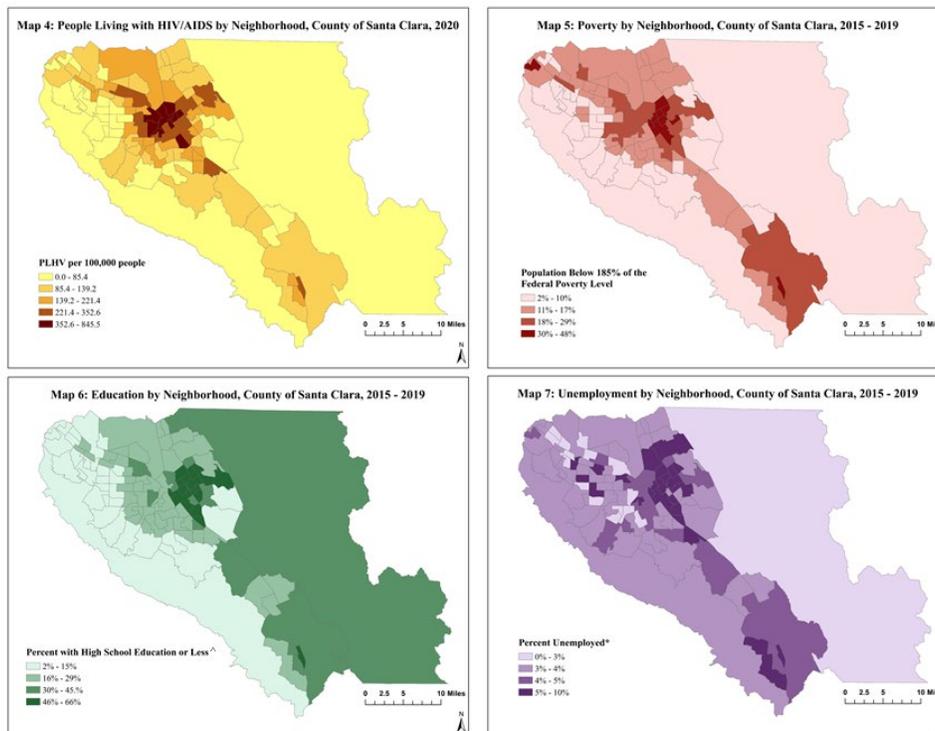
Overall HIV Case Rates by Race/Ethnicity



This figure shows rate of HIV diagnoses among all residents of Santa Clara County between 2012 and 2020 by race/ethnicity. In Santa Clara County, the rate of HIV diagnoses was highest among residents who identify as African American and lowest among residents who identify as Asian/Pacific Islander. In 2012, the rate of HIV diagnoses per 100,000 people in Santa Clara County was 34.2 for African Americans, 14.9 for Latinx, 6.5 for Whites, and 5 for Asian/Pacific Islanders. In 2020, the rate of HIV diagnoses per 100,000 people in Santa Clara County decreased and was 27.1 for African Americans, 14.7 for Latinx, 4 for Whites, and 1.4 for Asian/Pacific Islanders, which are lower than the rates in 2019.

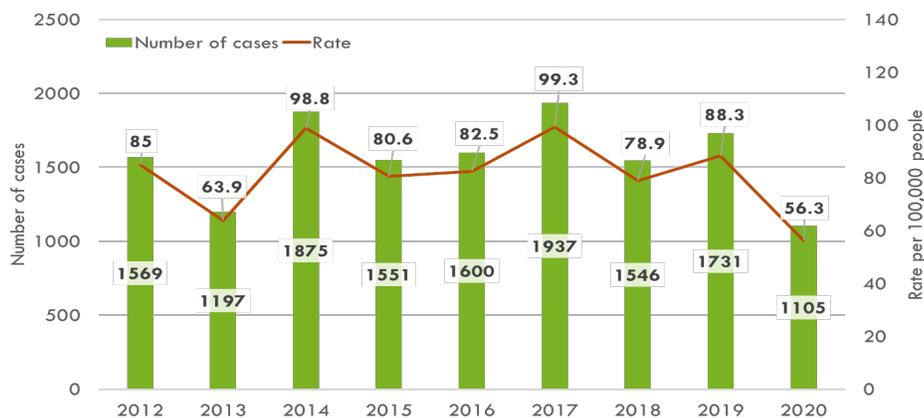


Geographic Distribution of HIV and Social Determinants



Geographic areas with high rates of people living with HIV/AIDS were concentrated in the north central part of the county, as well as in the more rural southern region (Map 4). Many of these areas of high HIV prevalence have been associated with higher poverty levels (Map 5), lower education attainment (Map 6), and higher rates of unemployment.

Numbers and Rates of Chronic Hepatitis C New Diagnosis



In 2020, 1,105 new chronic hepatitis C (CHC) cases were reported in Santa Clara County. This was a 36% decrease from cases reported in 2019 (n=1731) and is the lowest rate from

2012 to 2020. A major potential contributing factor for the decrease in 2020 includes people not visiting healthcare establishments due to the COVID-19 pandemic, and therefore not getting tested or diagnosed. The rates of CHC cases fluctuated up and down from 2012 to 2020 but were highest in 2014 (98.8 cases per 100,000 people) and 2017 (99.3 cases per 100,000 people).

From 2012 to 2020, CHC rates of new diagnoses were correlated with age—people under 15 had the lowest rates while people over 55 had the highest rates. All age groups had a decrease in new CHC rates from 2012 to 2013 before increasing to the highest rates in 2014 then falling again. The rates among people from 0 to 14 decreased, with slight increases in 2016 and 2018. The rates among people from 15 to 24 increased, with the highest rate in 2019 at 27.2 cases per 100,000 people. The rates among people from 25 to 39 also increased, with the highest rate in 2019 at 65.1 cases per 100,000 people. There was an overall decrease in rates for people from 40 to 54 and 55+, though they fluctuated in between 2012 and 2020, with a peak in 2014 for people 40 to 54 and peaks in 2014 and 2017 for people 55+. The rates of new chronic hepatitis C diagnosis among males and females fluctuated from 2012 to 2020. Males consistently had much higher rates than females, with the biggest difference of 87% observed in 2014 (127.7 cases per 100,000 people for males versus 68.4 cases per 100,000 people for females). Among the people newly diagnosed with CHC in 2020, racial information was unknown for 49% of the cases. For the 51% with racial information, the majority reported as White (35%), followed by Hispanic (33%), Other (17%), Asian/Pacific Islander (9%), African American (5%), and multi-Racial (1%).

Summary

The decades long inequities that have negatively impacted LGBTQ populations and African-America/Black and Hispanic/Latinx community members continue to persist in SCC. Overall, the work of SHHRP will continue to focus on understanding the persistent trends of record-high rates of STIs; countering the pervasive disparities in sexual health and related outcomes based on race, ethnicity, gender, and sexual orientation; and improving data quality especially around gender data collection. While also investigating and responding to the harms of the COVID-19 pandemic and the ways in which it may have delayed diagnosis and exacerbated risk factors for STIs such as substance use, housing instability, and incarceration, the program aims to sustain and grow the benefits gained during the

pandemic, such as enhanced access to telemedicine, improved community awareness of the Public Health Department and its mission, and strengthening of critical relationships and collaboration with stakeholders and community partners. Enabling community partners and clinical service providers to enhance STI and HIV screening, provide guideline-based treatment and prevention such as HIV Pre-Exposure Prophylaxis (PrEP), and ensure expedited partner therapy will be critical to reversing the overall concerning trends of the last two decades and ensuring the gains of the pandemic outweigh the losses.





Guiding Statements

Vision

A community empowered and equipped to optimize its sexual health and minimize harm from drug use



Mission

Promote, support, and provide comprehensive and inclusive sexual health and harm reduction systems within the County of Santa Clara



Core Values

Community-driven: Our activities and services are driven by **input** from impacted communities and individuals, and we are **accountable** to these communities to ensure we act consistently in their best interest and in accordance with their direction

Compassionate: We serve with **kindness and empathy**, recognizing importance of **non-judgmental and stigma-free** systems to enhance health

Empowering: We **build and support** the policies, resources and environments that empower individuals and communities to **define and create** their own best outcomes.

Evidence-based: We **utilize science** to establish and promote **best practices** and collect data to **evaluate** our work for continuous improvement.

Equitable: We recognize that each person and community has different experiences of **historical and ongoing oppression** based on intersecting identities, and we strive to achieve a world where people of **all identities have equal access** to the same opportunities and outcomes





Strategic Priorities

Health Education & Outreach

Goal: Reach all communities to promote sexual health and harm reduction, especially those disproportionately impacted by inequity and oppression

Health education is a key strategy in health promotion and disease prevention and a cornerstone of Public Health that favorably influences habits, attitudes, and knowledge pertaining to preventive and treatment options relating to individual and community health. Community outreach is a strategy used to work directly with individuals or designated communities in assessing needs, providing health education and referral services allowing for informed decision making around health. Community outreach facilitates community engagement in and ownership of health programs.

Objectives:

- Leverage and expand community partners' capacity to disseminate high quality health education content
- Enhance access to comprehensive, age-appropriate sexuality health education and information about drug use risks and harm reduction
- Increase awareness of important sexual health and harm reduction messages and resources

Activities:

- Create and implement a community-designed & data-based communications plan
- Provide training to educators and supportive services to school districts to enhance access to comprehensive, age-appropriate sexuality health education in accordance with the California Healthy Youth Act
- Support healthcare providers and community-based organizations with evidence-based tools for educating patients and clients about sexual health and harm reduction
- Create an expanded provider communications platform to facilitate community provider access to clear and accurate resource-sharing and regulatory requirements
- Leverage the PHD communications platforms to increase the reach of important sexual health and harm reduction messages
- Represent the PHD in community settings to promote important sexual health and harm reduction messages
- Provide sexual health and harm reduction messages and education directly to clients and stakeholders via individual counseling and outreach events

Access to Services

Goal: Ensure access to holistic, client-centered systems and services that offer evidence-based prevention and care



Holistic and client-centered service delivery options give the community confidence in their ability to obtain quality health care. Such options offer comprehensive coverage, timely services, and a committed workforce, all of which play an instrumental role in ensuring that the community can detect and treat illnesses early, efficiently, and effectively. Proactive and preventative measures further prevent adverse health conditions from exacerbating, increase quality of life and reducing the likelihood of lasting injury or premature death.

Objectives:

- Support health care agencies in instituting guideline-based STI, HIV, HCV, and drug use-related prevention and care
- Decrease stigma associated with HIV, HCV, and sexual and drug-related services as a barrier to care
- Maximize access to high quality, culturally competent, guideline-based STI, HIV, HCV, and drug-related prevention and care in all medical settings
- Continue to serve and grow as a high-quality safety net for STI prevention, diagnosis, treatment, and harm reduction services

Access to Services (Continued)

Goal: Ensure access to holistic, client-centered systems and services that offer evidence-based prevention and care

Activities:

- Provide training, support, and technical assistance to primary care and other healthcare providers for the provision of guideline-based STI, HIV, and HCV prevention, diagnosis, and treatment
- Provide navigation services to connect clients to STI, HIV, HCV prevention, diagnosis, and treatment care in a medical home
- Foster and support systems that incorporate HIV, HCV, sexual health, reproductive health, and drug-related services into holistic health care systems in order to reduce stigma and facilitate access to care
- Sustain and expand access to medication assisted treatment (MAT) program for opioid use disorder to prevent opioid overdos
- Coordinate with internal and external County entities to continue to expand harm reduction program (HRP) services and access to treatment for substance use disorder and complications of substance use
- Increase access to in-person and home testing options for STIs, HIV, and HCV
- Implement and sustain the Ryan White program for care and support services for low income PLWH
- Expand County safety net services and hours to enhance client-centered model and access
- Sustain and expand access to anonymous and highly confidential sexual health services
- Incorporate stigma reduction activities as a cross-cutting element of all internal and external program collaborations



Data, Quality & Accountability

Goal: Build and expand modern data systems to increase efficiency, quality of services and accountability of processes

Robust surveillance data systems provide accurate, complete, consistent, and reliable insight into the latest STI, HCV and HIV epidemiologic trends. An important step in building such systems entails establishing clear operational workflows, identifying relevant data collection points, modernizing data collection procedures, and conducting the most important analyses. We believe sharing meaningful and actionable data with the community, health organizations, and government agencies will enable us to make informed decisions about the health of the population and empower us to collectively take steps to foster change.

Objectives:

- Collect and disseminate accurate data to measure short, medium, and long-term programmatic impact
- Strengthen access to technology, modernize data systems, and automate manual processes for increased productivity and efficiency
- Be a “learning organization”, intentional in evaluation, quality improvement, and data-driven decision-making

Activities:

- Conduct targeted needs assessments and regular program evaluations to aid decisions about allocating resources, improving operational efficiency, and maximizing impact of activities
- Leverage cases and outbreaks investigations and outcomes data to inform policy and program activities
- Maintain and expand routine efforts to solicit patient and client feedback of services
- Collaborate with the PHD Science Branch to prioritize data analyses and develop tools to visualize and convey data-based findings
- Leverage evolving privacy regulations and technology to enhance ease and automation of data- sharing
- Collaborate with technology partners to implement automated processes for electronic disease reporting into electronic health record systems

Data, Quality & Accountability (Continued)

Goal: Build and expand modern data systems to increase efficiency, quality of services and accountability of processes

- Implement a Results Based Accountability (RBA) framework within all program contracts to ensure measurement and reporting of short, medium, and long-term impact of activities
- Craft and disseminate data-based reports to stakeholders based on their needs
- Consistently review data collection and evaluation efforts to ensure they do not introduce new barriers to care



Workforce Development

Goal: Foster a high-performing and engaged workforce representative of the diverse communities we serve and committed to achieving our mission

Our work will only be successful when our team is happy, engaged, and representative of and committed to the community we serve. We strive to build and sustain a reliable workforce that values teamwork, so the community we serve can depend on us for high-quality services. This requires effective problem-solving, conflict resolution, communication, and up-to-date knowledge and skills. Investment in the people who bring our services to the community is demonstrated by consistent training and development opportunities, as well as effective coaching and mentorship by our program leadership.

Objectives:

- Improve job satisfaction and engagement
- Increase the availability of professional development training and support for promotional opportunities
- Leverage visibility, engagement, and resources from the COVID-19 pandemic to improve recruitment, retention, and surge planning
- Strengthen systems that value lived experience relevant to our mission and/or representation of the diverse communities we serve in the recruitment, retention, and promotion of staff
- Enhance capacity to respond to fluctuating resources, staffing and work demands

Activities:

- Conduct cross-training among staff doing work in other disease areas
- Engage in succession planning, work-out-of-class opportunities, cross-training outside the program and identification of external resources to improve surge capacity and buffer for turnover
- Partner with human resources to develop job postings that adequately describe the specific needs of the program, including desired qualifications
- Utilize staff performance appraisals to identify opportunities for career advancement
- Increase opportunities for academic, professional, and leadership growth for staff

Workforce Development (Continued)

Goal: Foster a high-performing and engaged workforce representative of the diverse communities we serve and committed to achieving our mission

Activities:

- Develop and maintain a professional development tracking system to ensure all staff have equitable access to training and growth opportunities
- Create and update procedures, policies, and supportive documents to facilitate staff training and efficacy and clarify roles and responsibilities
- Improve the working environment through advocacy for and resource allocation toward adequate staffing and improved workspace, tools, and technology
- Maximize flexibility of county policies and labor regulations to create work environments suitable for a diverse workforce



Community Partnerships & Engagement

Goal: Increase reciprocal and diverse community partnerships and engagement through participation, collaboration, and community-driven decision-making



Meaningful community engagement and purposeful partnerships can facilitate mutual trust and reciprocal exchange of valuable resources between the priority population, health organizations, and government agencies. Productive collaboration with community members may further result in community capacity building, leading to an increase in the community's participation and ownership of public health programming. When we have all hands-on deck, we build synergy, enthusiasm, and empowerment to reach mutual goals of seeing meaningful, productive change and ensure alignment with community needs and direction.

Objectives:

- Ensure community-driven decision-making and accountability for all aspects of the Program
- Provide support for community-based organizations to further mutual goals
- Increase meaningful partnerships with internal and external stakeholders
- Expand reach, capacity, and ability to innovate through new and non-traditional partnerships

Activities:

- Form community committees that support our program's mission through the Getting to Zero initiative
- Increase awareness, membership, and active engagement in community committees
- Take action based on community input from those with lived experience through the following community committees:
- Engage with the HIV Commission via regular committee meetings to receive and integrate community input into Ryan White program activities

Community Partnerships & Engagement (Continued)

Goal: Increase reciprocal and diverse community partnerships and engagement through participation, collaboration, and community-driven decision-making

- Support and expand the Drug User Health Advisory Board to direct Department activities for harm reduction and overdose prevention services
- Sustain and expand the Getting to Zero governance structure and Youth Advisory Board for guidance of the County's HIV and STI prevention activities
- Incorporate external and internal stakeholder input for accountability
- Share data with community partners for targeted services and accountability
- Partner with community-based organizations through the Getting to Zero mini-grant program to implement sustainable projects for STI, HCV and HIV prevention
- Expand and shift funded collaborations toward cooperative agreements with community-based organization to further mutual goals
- Explore novel partnerships for expanded reach, capacity, and ability to innovate
- Present data reports to stakeholders to increase program awareness visibility and effectiveness



Health Policy

Goal: Advance health policy through advocacy, implementation, and regulation

Government agencies and health organizations are entrusted with the responsibility to create and promote public policies that can benefit the health and well-being of the public. Relevant and effective health policies are those that are based on community values, produced with collaboration and feedback from the community, and sufficiently address the unique health needs and concerns of the priority population. Health education and training efforts are intertwined with seeing successful policy implementation.

Objectives:

- Proactively collaborate with community partners and other stakeholders to advocate in support of policies to address community needs and achieve program objectives
- Drive equitable implementation of state or national policies that have local implications to the provision of STI, HCV and HIV prevention, diagnosis, and treatment & harm reduction

Activities:

- Establish and implement a local policy agenda representing community needs
- Educate policy makers to ensure informed decision-making
- Utilize existing communications channels to rapidly share federal, state, and local legislative changes that impact sexual health and/or harm reduction to relevant stakeholders
- Ensure contracted providers and collaborators are aware of and implement policy changes impacting priority populations
- Sustain and expand County representation in state and federal public health organizations, including CSHCA, NACCHO, NCSD, and NHRC
- Coordinate with the PHD Office of the Director, County Executive's Office, and the Health Officers' Association of California to craft and advocate for legislation that positively impacts our ability to achieve our mission
- Ensure access to training and technical assistance to local community organizations for equitably implementation of new legislation changes
- Routinely engage with impacted communities to ensure that existing and forthcoming health policies meet the needs of those communities

Equity

Goal: Serve the community through a trauma-informed approach that actively seeks to achieve a world where people of all identifies have access to the same opportunities and outcomes

An equitable approach ensures everyone has the same opportunity and sufficient resources to access and utilize quality health services. Having an equity mindset can help health professionals identify barriers and challenges in their program that might obstruct certain priority groups from meaningful participation and receiving the full amount of intended health benefits. Equity-based policies and practices can help create a safe, inclusive, and conducive living environment where everyone can thrive and prosper.

Objectives:

- Eliminate inequities in sexual health and drug-related outcomes across the County
- Foster equitable community access to sexual health and harm reduction services and information.
- Ensure all programmatic decisions and activities are conducted with an equity lens.
- Communicate the importance of equity to achieving all other program goals.

Activities:

- Conduct a racial and health equity assessment and utilize findings for continuous improvement Implement a health equity tool for all operational and budget decisions
- Include efforts to address equity and eliminate stigma and discrimination in deliverables for all service contracts
- Collaborate with Dept. of Equity and Social Justice, Healthy Communities, County Office of Diversity, Equity and Inclusion to proactively identify ways to incorporate equity in all aspects of our program
- Ensure all trainings, resources and communications include and consider the impact of social determinants of health and intersectionality of historically oppressed identities
- Utilize trauma-informed and strengths-based care principles to guide program activities and all technical assistance to partner organizations
- Utilize data to evaluate, monitor, and share the impact of programmatic activities in enhancing equity across sexual health and harm reduction outcomes
- Employ empowering, accurate, and community-driven language in data collection, categorization, and communication of impacted identities



#GettingToZero

Commitment for the Future

Our commitment to this strategic plan reflects our confidence that successfully achieving our strategic goals will lead us ultimately to making our vision a reality. We are appreciative of the extensive input from community partner organizations and other bodies that include members of the community with lived experience of the impact from STIs, HIV, HCV, and drug use that helped us to develop a plan aligned with community needs. From this invaluable input, not only have we concluded that our values include community-driven and equitable work, and that community partnerships and engagement are a priority strategy, we also affirm our commitment to the communities we serve who have been historically and currently disproportionately impacted by the diseases we seek to prevent. To the goal of “nothing about me without me,” we aim to always involve and ideally require community input for all strategic and operational decision-making by SHHRP. If we are not doing our work at the direction of the community, then we believe we are not doing it right. Development of forthcoming implementation plans, and evaluation framework will further ensure that the plan remains relevant, dynamic, and responsive to SHHRP needs while advancing health and equity for all Santa Clara County residents.



Appendices

Appendix A: Theory of Change

PROVIDE

Promote, support and provide comprehensive and equitable sexual health and harm reduction systems within the County of Santa Clara

Mission

A community empowered and equipped to optimize their sexual health and minimize harm from drug use

Vision

- Community-Driven
- Compassion
- Empowerment
- Evidence-Based
- Equity

Values

Sexual Health and Harm Reduction Program *Theory of Change*

SUPPORT

What? Current & Planned Activities

Provide Health Education	Expand MAT and HRP Services
Conduct Outreach	Expand Clinical Services
Conduct Testing	Data Collection and Monitoring
Policy Advocacy	Research and Evaluation
Establish & Implement Policy Agenda	Operate Ryan White and Getting to Zero
Provider Trainings	Stigma Reduction Activities
Linkage to Care	Diversity Staffing Models
Implement Racial & Health Equity Tools	Expand Community Committees
Communications Strategy	Fostering Relationships
PrEP/PEP, HCV Navigation	Form Community Partnerships

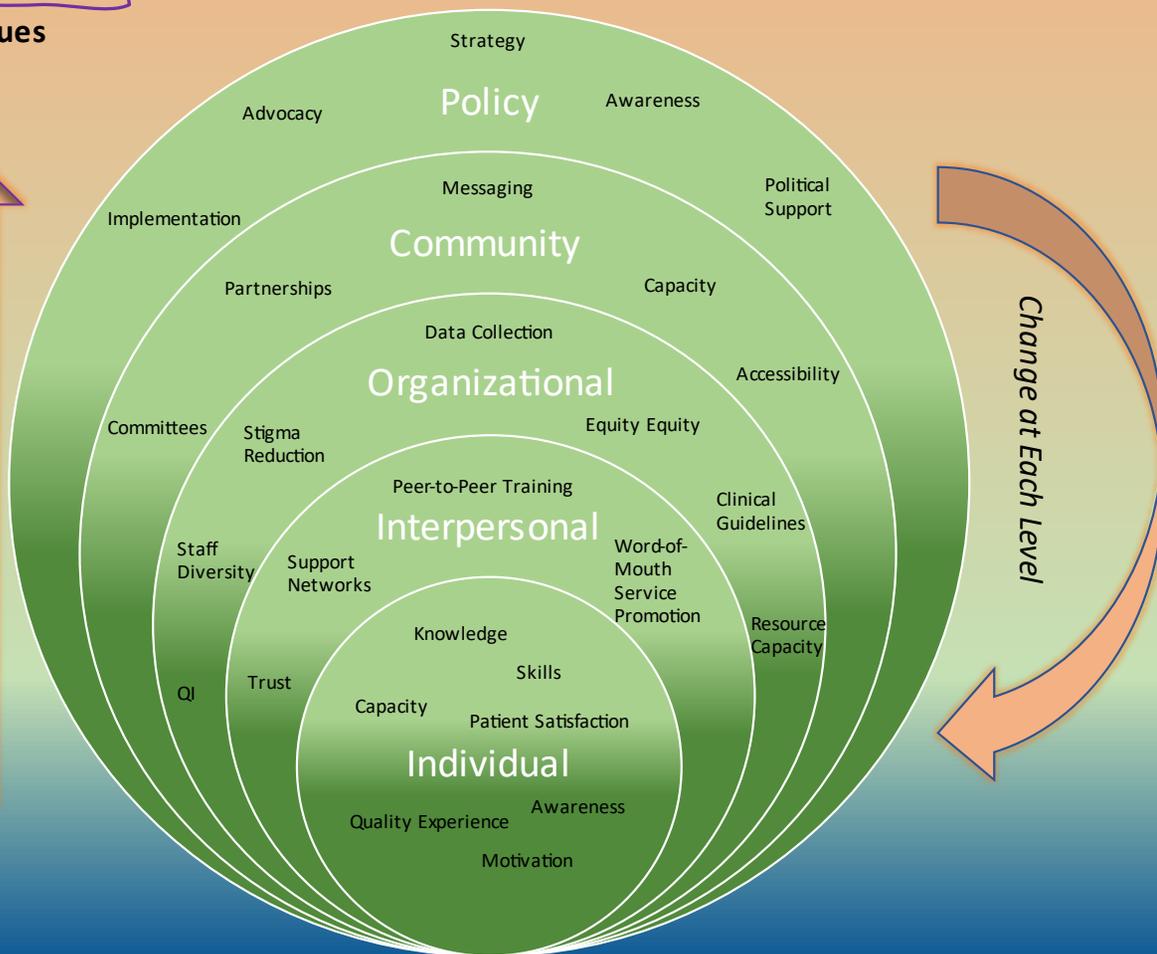
Where?

- Conferences
- County of Santa Clara
- External Partner Sites
- Provider Grand Rounds
- Harm Reduction Program Sites
- Outreach & Health Fairs
- Recruitment Events
- Social Media Videos
- Staff Engagement Events

Who?

- All Community Members & Partners
- Community Governing Bodies
- Health Care Providers
- School Districts
- County of Santa Clara Departments
- STD/HIV Controllers Association
- CDPH
- Department of Health Care Services
- NACCHO
- National Coalition of STD Directors
- National Harm Reduction Coalition

Increase in...



PROMOTE

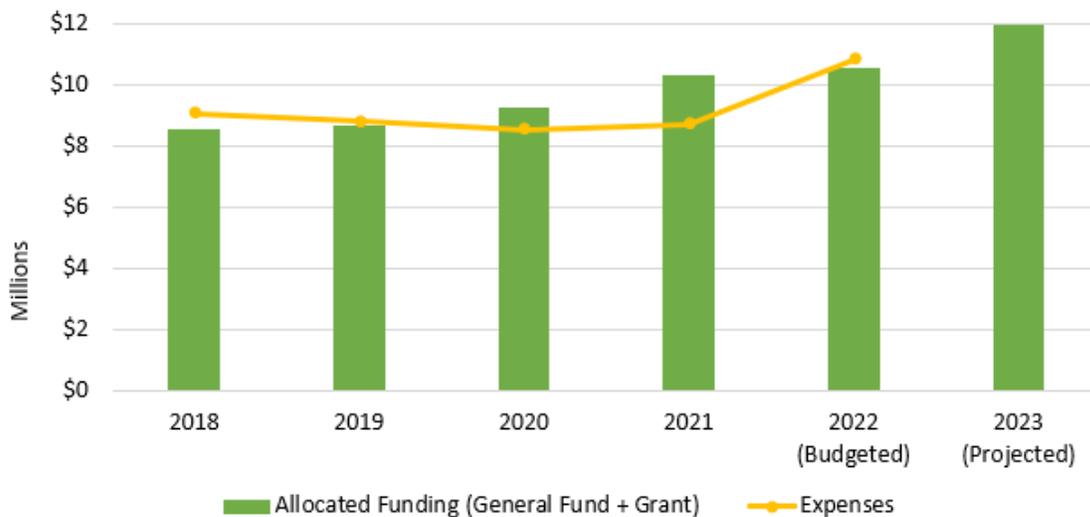
Appendix B: Business Model Analysis

Fiscal trends and planning to support strategic plan activities

This model summarizes SHHRP funding allocation, expense trends and staffing levels to provide insight about the resources currently available to carry out strategic plan activities and where efforts to grow or redirect resources may be needed. SHHRP’s revenue is presented from fiscal year (FY) 2018 through FY 2023 (projected). Expenditures are presented through FY 2021 because FY 2022 expenditures were awaiting finalization at the time of strategic plan publication. Annual expenditures were categorized in accordance with the strategic plan framework – promote, support, and provide.

Summary of Revenue and Expenses, Fiscal Year (FY) 2018-2023

Figure 1. Funding and Actual Expenses by Fiscal Year, 2018-2023

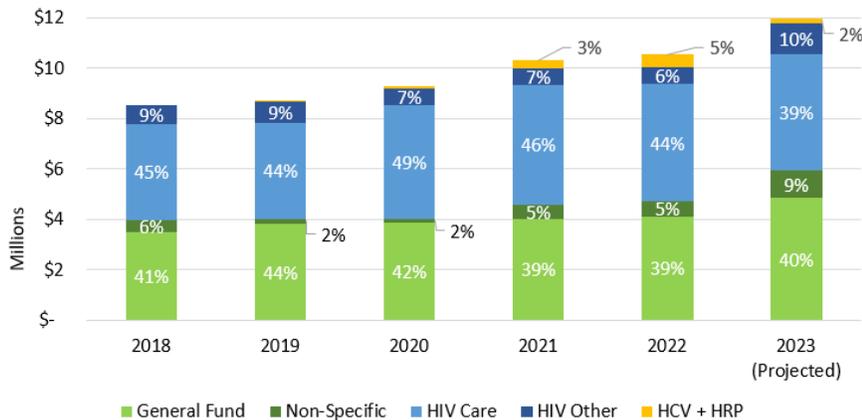


From FY 2018 through FY 2023 (projected), SHHRP’s revenue from all sources increased by 40% from about \$8.5 million in FY 2018 to nearly \$12 million projected in FY 2023 (Figure 1). This includes allocated County General Fund, which cumulatively increased by about \$1.35 million, and external grant funding, which cumulatively increased by over \$2 million. While funding levels are expected to fluctuate from year to year, most grants received by the program are expected to continue with a few exceptions. For example, the program’s Hepatitis C (HCV) grant funding is expected to decrease in FY 2023 and another core grant

encompassing a broad range of services that currently includes \$430,000 in funding for four full-time equivalent (FTE) staff will sunset after FY 2023. Finally, this figure also includes underspending related to service disruption from COVID-19 in FY 2020 and 2021. It can be noted that this spending quickly rebounded as more services assumed normalcy. In fact, this spending is expected to slightly exceed allocated funding by the end of the fiscal year.

Summary of Program Revenue, Fiscal Year (FY) 2018-2023

Figure 2. Revenue Trends by Disease Area in Dollars, 2018-2023 (Projected)



Note: Individual bars show the percent of overall expenses invested in each category in the fiscal year

This chart shows trends in program revenue by category. When reading from left to right, the categories are as follows: County General Fund, non-specific grants, and specific grants supporting HIV care, HIV other, and Hepatitis C (HCV) and Harm Reduction Program (HRP) activities. While some revenue is restricted and can only be expended on specific activities, other revenue categories may be expended for general program support. From FY 2018 through FY 2023, SHHRP’s total revenue increased, but the proportion of general program support (47% in 2018 to 46% in 2023 projected) and restricted funds (53% in 2018 to 54% in 2023 projected) remained stable. While SHHRP lost an enhancement to HIV Prevention funding between FY 2019 and FY 2020, the program received new multi-year funding for an HCV program and for a housing-related program for low-income people living with HIV. In FY 2021, SHHRP received two one-time restricted grants that supported HRP’s naloxone distribution effort and COVID-19 related needs for people in HIV care settings. In FY 2022, the HRP received additional grant funding to implement a Medication Assisted Therapy (MAT) program. Beginning in FY 2023, SHHRP will receive two HIV-related grants to expand PrEP/PEP navigation services and to implement an HIV and Aging Program within the Getting

to Zero program. The program also received an increase in County General Fund to sustain the MAT program and fund the growing community need for harm reduction services.

Summary of Program Expenses, Fiscal Year (FY) 2018-2023

Personnel vs Non-Personnel Expenses Over Time

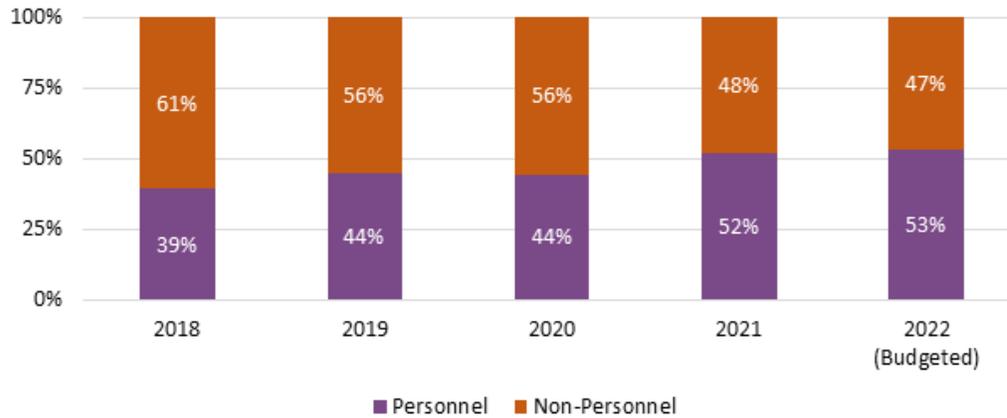


Figure 3.

Personnel and Non-Personnel Program Expenses by Fiscal Year, 2018-2022

Table 1. SHHRP Full Time Equivalent (FTE) Personnel Budgeted by Fiscal Year and Program Role, 2018-2022

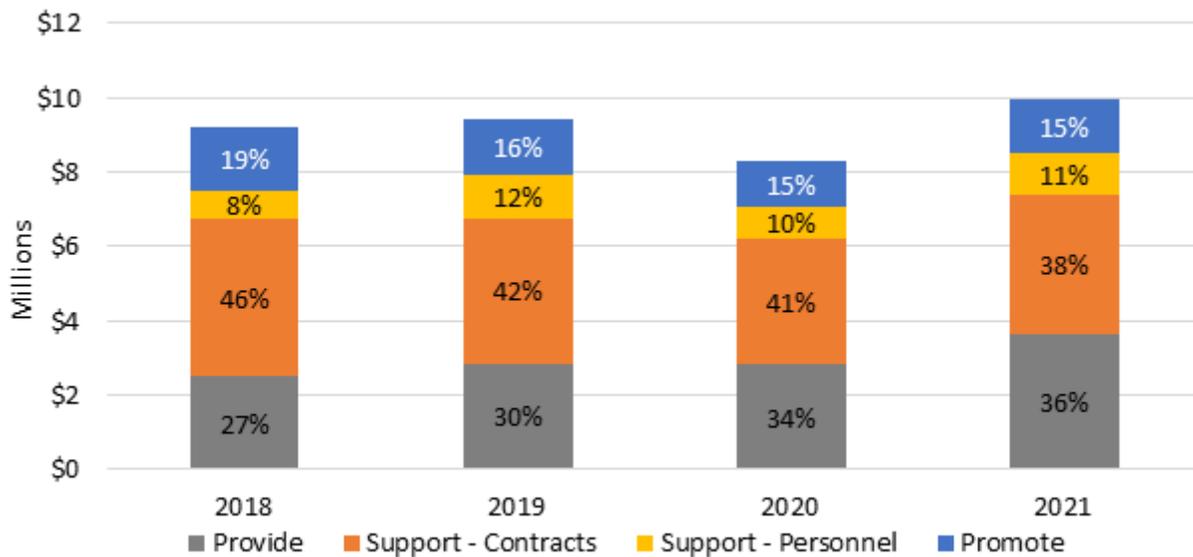
	2018	2019	2020	2021	2022
Promote	8.3	6.3	6.3	8.3	10.3
Support	5.3	7.3	5.3	7.3	8.3
Provide	15.3	15.3	14.3	19.3	23.3
Total	29	29	26	35	42

From FY 2018 to FY 2022, SHHRP dedicated an increasing proportion of revenue to personnel – from 39% in FY 2018 to 53% in FY 2022 (Figure 3). The result has been an increase from 29 full time equivalent (FTE) positions budgeted in FY 2018 to 42 FTEs budgeted in FY 2022 (Table 1).



Program Expenses Aligned with the Strategic Plan Framework

Figure 4. Program Expenses by Category and Fiscal Year in Dollars, 2018-2021



Note: Individual bars show the percent of overall expenses invested in each category in the fiscal year

This figure shows annual expenditures from FY 2018 through FY 2021 in alignment with the strategic plan framework – promote, support, and provide. Over time, SHHRP has increased funding to provide direct patient care, which may partially reflect increased need for county-delivered services during the COVID-19 pandemic in FY 2020 and FY 2021. As patient navigation has become a recognized best practice for populations with additional barriers to accessing usual care systems, SHHRP has also invested in client-facing services of this type, distinct from direct service delivery but classified as “provide.” In this figure, support is divided into two categories – funds contracted to external partners (Support-Contracts) and SHHRP personnel expenses for establishing and managing those contracts (Support-Personnel). Finally, investment in “promote” work may be masked by its nature of being offered in-kind in combination with support or service provision, and its far reach beyond the direct recipient may mean a lower level of monetary investment is needed for similar impact.



Future Directions

SHHRP will require additional investment in all three areas of promote, support, and provide to implement strategic plan activities and to reach strategic goals. SHHRP approach in building this capacity is to move upstream by prioritizing investment in activities that fall under “promotion”, which include policy, equity, and communications. SHHRP will also prioritize streamlining provision through automation and quality improvement. These investments will specifically include:

- Community contracts when feasible to increase community capacity to serve SCC residents
- Enhanced health education and outreach efforts to prevent STIs, HCV and HIV
- Increased community access to STIs, HCV and HIV services
- Increased professional development and skill-building opportunities for workforce development
- Expanded program capacity for policy and racial and health equity-related activities
- Expanded program capacity for data quality, quality improvement and systems change

To realize the above, SHHRP anticipates needing the following additional resources – 2.0 FTE Health Educators, 1.0 FTE Program Manager and 2.0 FTE Management Analyst positions. We will also seek resources to continue to support our annual social marketing campaigns and contracts with community-based organizations.



Appendix C: Programs and Services

The Crane Center and Lenzen STI Clinic

The Public Health Department collaborates with the Santa Clara Valley Health System Ambulatory Care Department to operate two clinical locations, both located at 976 Lenzen Avenue, in San Jose. The STI Clinic provides a full suite of clinical, diagnostic, and treatment services for sexual health care and prevention. The Crane Center operates an “express clinic” where clients can be evaluated by a non-clinical staff member and offered routine screening tests for common STIs based on CDC guidelines. In addition, SHHRP operates several “Alternate Test Sites,” which offer rapid point-of-care testing for HIV and Hepatitis C Virus under regulations that allow non-clinical staff to perform test, share results, and offer risk reduction counseling and resources. These services are provided at the Crane Center on non-clinic days as well as integrated within the Harm Reduction Program and at outreach and educational events. The combined clinics serve more than 600 clients annually across all services and seek to continuously improve their services.

Client Services

In addition to supporting the Crane Center and Lenzen STI Clinic, the Client Services team performs the essential functions of STI and HIV surveillance. This team of disease investigators receives and processes electronic and faxed reports of chlamydia, gonorrhea, syphilis, HIV, and HCV and other rare STIs of public health interest. For cases of HIV and some syphilis, the team performs individual investigations to complete records of exposures, clinical features, linkage to care and outcomes and performs contact tracing to ensure exposed individuals are tested and treated. These activities are integrated with the STI Clinic and Crane Center testing services to enhance customer service and prevention of disease transmission and morbidity.

The Outreach & Education Program

The Outreach & Education Program integrates the core functions of informing, engaging, educating, and empowering community around sexual health and harm reduction. The Outreach & Education Programs are planned and delivered by multidisciplinary staff who provide evidence-based services and supplies including free or low-cost HIV, HCV and STI testing and counseling and safer sex strategies and supplies to communities most at risk in Santa Clara County. The Outreach & Education Program utilizes medical mobile units for

conducting counseling and testing at health fairs and community events. Tabling is utilized for other key activities include interactive games, one-on-one education, and education and prevention materials at these events. The Outreach & Education Program offers capacity building with a racial and cultural humility lens to all community partners.

The Harm Reduction Program

The Harm Reduction Program (HRP) is California's fourth longest-operating Syringe Services Program (SSP), established through an emergency resolution by the County Board of Supervisors in 2000. It has been at the forefront of public health efforts to promote safer behaviors proven to control the spread of blood borne viruses, such as HIV and Hepatitis C as well as playing a vital role in the opioid overdose prevention efforts. Community Outreach Specialists utilize medical mobile units throughout the County to distribute injection equipment, alternatives to injection, naloxone, fentanyl test strips), and safer sex supplies and provide HIV, HCV, STD testing and counseling and referrals to additional services. In 2021, the HRP initiated the Bay Area Medication Assisted Treatment and Peer Support Program (BAMAT), a low-barrier Medication Assisted Treatment (MAT) Program offering easy, safe, and timely access to MAT for HRP participants onsite via telehealth and medical mobile unit. The project aims to prevent opioid overdose and support positive change (including reductions in drug use frequency or engagement in other care) using a Harm Reduction whole person model of care.

The Getting to Zero Program

The Getting to Zero Program is a multi-sector collaborative initiative with the goals of zero HIV-related stigma, zero new HIV infections, and zero HIV-related deaths while eliminating health disparities in the County through collaborative and equitable interventions. The program envisions a Santa Clara County free from new HIV infections where individuals and communities living with or affected by HIV and AIDS live meaningful and healthy lives free from stigma and discrimination. With the purpose of guiding County-wide service coordination, sharing best practices, and advocating for continued growth of the program, the Getting to Zero community committees [Governance Team, PrEP and PEP Access Committee, and Community Messaging and Outreach Committee] regularly convene to implement various aspects of the strategic plan. The following programs are nested within the Getting to Zero Program, guided by its key strategic priorities of Innovative HIV Prevention and Care Services, Health Education and Outreach, Bridging the Gap for Underserved Populations, Community Collaboration and Service Integration, and Research and Evaluation.

The PrEP/PEP Navigation Program

Using case management tools to expand navigation services, conduct outreach and raise awareness, and engage with the community, the HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Navigation Program offers free and confidential linkage services to clients. Client services include PrEP and PEP counseling and navigation services, support to start PrEP including same-day PrEP, linkage to a primary care provider, assistance in accessing programs that help cover the cost of medication partially or in full, and referrals to supportive clinical and non-clinical services. Staff trainings to increase knowledge and capacity of PrEP navigation services are provided to community-based organizations (CBOs) and other partners. With a focus on young Latinx and African American MSM, and transgender women of all ages, races, and ethnicities, the program enhances and expands access to PrEP and PEP services in the County.

The Academic Detailing Program

The Academic Detailing Program expands provider capacity to screen for and initiate PrEP and HIV care and retain patients in care by offering opportunities for community providers and organizations to request academic detailing, clinical trainings, and other technical assistance related to STI and HIV screening, testing, treatment, and clinical care practices. The program engages and trains providers on the benefits of PrEP and antiretroviral therapy (ART) implementation and effective clinical workflow models and empowers them to become champions for implementation of PrEP and ART in the community. The program also provides opportunities to understand, address and dismantle the manifestation of stigma among service providers and other health care professionals.

The HIV Self-Testing Program

To reach priority populations and improve gaps in HIV prevention and testing services exacerbated by the COVID-19 pandemic, the HIV Self-Testing Program initiates, sustains and substantiates HIV testing. The goals of the program are to empower persons who identify as members of one or more of the priority populations to self-test for HIV in the safety, privacy, and efficiency of their home; address and remedy barriers to HIV prevention and testing services caused or exacerbated by the COVID-19 pandemic; and help reduce the stigma and fear associated with HIV testing and barriers people face to testing. The HIV Self-Testing Program allows program staff to provide access to culturally and linguistically responsive HIV self-testing kits and services at outreach events hosted by or in concert with CBOs and other community partners, and in-house at the Crane Center.

The Youth Advisory Board

The Youth Advisory Board is a collaborative that provides opportunities for Santa Clara County high school students to be involved in Getting to Zero program planning and to gain professional experience and knowledge in topics related to STI and HIV prevention and education. Over the course of the academic year, the members participate in various activities including program and materials development, creating social media content for public health channels, community health promotion and outreach, career development, and networking opportunities among public health staff and peers. Additional opportunities to attend community events, participate in internships, and gain volunteer or service hours are offered to members. The members are united by their commitment to health promotion and working towards the Getting to Zero Program's mission.

The HIV & Aging Program

The HIV & Aging Program facilitates linkage to care and case management resources for people living with HIV (PLWH) ages 50+, including Long-Term Survivors, in need of supportive services. Informed by needs assessment results among the PLWH50+ population, the HIV and Aging Program provides a centralized navigation process through which clients can receive clinical and non-clinical [food assistance, housing support, transportation, LGBTQ+ support groups, senior centers, etc.] services and get connected to the vast network of case managers, benefits counselors, and providers available across the County. To promote County-level coordination and expansion of the range of clinical and non-clinical resources that support PLWH50+ to thrive as they age, training and technical assistance is offered to community-based organizations on adapting existing services to ensure they meet the specific needs of clients. Other aspects of this program include expanding case management and benefits navigation where needed, implementing digital literacy and telehealth support, and expanding support group opportunities for this population.

Clinical Expansions, Policy & Planning

The Clinical Expansions, Policy & Planning (CEPP) unit provides critical strategic planning, policy, and program evaluation support to our overall program. This unit leads development and implementation of our SHHRP and Getting to Zero strategic plans, including evaluation of program activities. CEPP works with the community to solicit and discuss input and feedback on strategic plan activities, and to collaborate on achieving mutual goals. The CEPP team sets our policy agenda, monitors legislative activities that impact STIs, HCV and HIV on a federal, state and local level, conducts or facilitates policy advocacy, and work closely with community partners on policy implementation.

Rapid ART

Through immediate ART initiation (Rapid ART) at HIV diagnosis, Rapid ART reduces the amount of time from diagnosis to first HIV care visit, to ART initiation and virologic suppression. The Rapid ART Program provides patient-centered services and reduces barriers to medical care, allowing people newly diagnosed with HIV to access treatment as soon as possible. Linkage to HIV care through Rapid ART includes scheduling same-day appointments with ART provider, HIV education counseling and eligibility evaluation, providing warm hand-offs, and facilitation of partner counseling and supportive services.

Positive Connections

The Positive Connections (PC) Program provides comprehensive case planning and coordination for those individuals who have been newly diagnosed with HIV or are not currently in care in Santa Clara County. The program's goal is to promote better health outcomes by ensuring access to healthcare and supportive services. Some of the services this program offers includes access to primary health care, linkages to benefits counseling, mental health, food and housing assistance, drug and alcohol treatment, emergency financial assistance, dental care, legal services, and case management, Vida y Salud, a support group for Spanish speaking clients and patient advocacy. PC also offers partner counseling and referral through the Partner Services. Partner Services is a confidential service that assists individuals with an STD or HIV to notify partners of a possible exposure and provide free HIV testing. Public Health staff work with individuals to provide guidance and support through the notification process and help empower the individual to notify his/her partner(s). Individuals also have the opportunity to remain anonymous, in which case Public Health staff can make the notification. With this option, the notification will be completely anonymous and there will not be any identifying information revealed about where or when the exposure occurred or by whom.

Hepatitis C Linkage to Care Program

The Hepatitis C (HCV) Linkage to Care Program offers support for the most vulnerable and under-served individuals living with HCV. The program focuses on Harm Reduction Program participants, individuals who obtained HCV disclosure in custody and released prior to treatment, and other high-risk individuals referred to the HCV Linkage to Care Program. This program provides client-centered and trauma-informed comprehensive care coordination to link individuals to HCV care, prevent further disease transmission, assist in access to community resources, and further develop relationships with community partners, healthcare providers and hospitals to improve health outcomes of residents of Santa Clara County.

Grants and Contracts Administration

SHHRP has a team dedicated to general oversight of program revenue and expenses, including budgeting, monitoring invoices, tracking expenditures, maximizing the recovery of grant funds and planning for future funding needs. The grants administration program manages county general fund and external revenue from state, federal and non-profit funders. Since 2018, SHHRP has received between nine (9) and twelve (12) external grants annually, each with varying requirements around grant deliverables and reporting. This team also has subject matter expertise around county contracting processes, and both administers contracts directly and provides technical assistance to other SHHRP program leads who have contracting-related responsibilities.

Ryan White HIV/AIDS Program (RWHAP)

RWHAP is a large federal program administered by the Health Resources and Services Administration (HRSA). HRSA provides RWHAP funding to state and local jurisdictions to support a comprehensive system of HIV primary medical care and essential support services for low-income people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. SHHRP Grants Administration and Finance Team (GAF) administers RWHAP funding by establishing and monitoring contracts for county and community-based organizations to provide necessary care to eligible county residents. RWHAP is a payor of last resort, covering the cost of services that are not already covered by another state or federal payor. GAF partners across SHHRP to integrate RWHAP-covered services with additional services for prevention and control of HIV and other STIs, including provision of testing and treatment, investigation of reported cases, linkage of exposed persons to testing and prevention services, and additional Public Health measures for disease control. The HIV Commission, which serves as Santa Clara County's designated alternative to the RWHAP-required HIV services planning council, establishes priorities for the allocation of HIV service funds based on the epidemiology of the epidemic; obtains community input from persons living with or affected by HIV and others on the needs of, and priorities for, services to persons living with or affected by HIV; and assesses the prevention, care and support needs of people living with or at risk for HIV in the County.



Appendix D: Alignments

Chronic Disease Prevention Strategic Plan: This plan guides expansion of core prevention work to address heart disease, cancer, diabetes, and other leading causes of death. High impact, equity-focused strategies include enhanced coordination of clinical and community-based prevention; promotion of city-level policies to create healthier environments; and collaborative approaches to aging in place and climate change resilience.

Santa Clara County Health and Hospital System Roadmap: The Road Map centers on improving patient health outcomes while strengthening customer experience. It explicitly focuses on reducing redundancies, delays, and cost of care.

Santa Clara County Public Health Department Strategic Plan: This plan presents the strategic direction for the County of Santa Clara Public Health Department to protect and improve the health of our community so that all people thrive in healthy and safe communities. This strategic plan strengthens the foundational capabilities to work in new ways to deepen our impact. The Public Health Department will focus its efforts toward racial and health equity, policy, partnerships, technology and data, and workforce development and engagement. We find that the Sexual Health and Harm Reduction strategic plan priorities are closely aligned with these efforts.

Getting to Zero Plan: Despite low HIV incidence compared to the national average, new diagnoses continue to rise among sub-populations countywide, leading to worsening disparities affecting people of color and sexual and gender minorities. This plan aims to achieve zero new HIV cases, HIV-related deaths and stigma, using collective impact to increase access to preventive medication, promote evidence-based STD screening practices and improve linkages to care for those living with HIV. The Sexual Health and Harm Reduction Strategic Plan aims to incorporate and build upon the Getting to Zero activities outlined in this strategic plan.

Oral Health Strategic Plan: This plan aims to increase access to and utilization of high-quality, culturally appropriate oral health preventive services for all county residents with an eye to combating persistent disparities by race and socio-economic status. Focus areas over the next four years include access to dental services, oral health education, dental-medical service integration, workforce expansion, policy, and data.

References

- Allison, M., & Kaye, J. (2015). *Strategic Planning for Nonprofit Organizations: A Practical Guide for Dynamic Times* (Wiley Nonprofit Authority) (3rd ed.). Wiley.
<https://doi.org/10.1002/9781118769690>
- American Community Survey (ACS) 2015-2019; California Reportable Disease Information Exchange (CaREDIE), 2020
- Auerbach, John, et al. "The High Achieving Governmental Health Department in 2020 as ... - Resolve." *The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist*, 2020, <https://www.resolve.ngo/docs/the-high-achieving-governmental-health-department-as-the-chief-health-strategist-by-2020-final1636869407709140046.pdf>.
- California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento: California. March 2021. California Department of Finance. E-2: *California County Population Estimates and Components of Change by Year – July 1, 2010-2020*.
- California Department of Finance. State and County Population Projections by Race/Ethnicity and Age, 2010-2060, Sacramento, California.
- County of Santa Clara Public Health Department, *eHARS* data as of July 2, 2021, and are provisional.
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/1609406917733847>
- Santa Clara County Public Health Department, AVSS (2010-2011), CaREDIE (2012-2020), data are provisional as of May 18, 2022; 2. State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year – July 1, 2010-2020, December 2020; 3. State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060, Sacramento, California, May 2022
- Santa Clara County Public Health Department, AVSS (2010-2011) & CaREDIE (2011-2020), data as of 9/9/2021; State of California, Department of Finance, State and County Population Projections by Race/Ethnicity and Age, 2010-2060, Sacramento, California, March 2021
- U.S. Census Bureau. (2020). 2015-2019 American Community Survey (ACS)

Santa Clara County
PUBLIC
HEALTH