THE YEAR IN REVIEW

SEPTEMBER 2013 – AUGUST 2014

SEPTEMBER 2013

- CQI Report from SFDPH HHS/Celinda Cantu
- San Mateo Service Prioritization and Resource Allocation
- Marin Service Prioritization and Resource Allocation
- Council Co-Chairs elected: Mary Lawrence Hicks and Changing Wayne re-elected

MARIN

CORE SERVICES				
Outpatient/Ambulatory Health Services	1	$121,241	21.67%	$25,000
Mental Health	3	$80,325	14.36%	
Medical Case Management	4	$136,467	24.39%	
AIDS Pharmaceutical Assistance	6	$10,150	1.81%	
Home and Community-Cased Care	7	$38,237	6.83%	
Oral Health Care	9	$10,150	1.81%	$26,000
Outpatient Substance Abuse Treatment	11	$8,000	1.43%	
Health Ins. Premium & Cost Sharing Assistance		$15,037	2.69%	
SUPPORT				
Non-medical Case Management	2	$90,301	16.14%	
Emergency Financial Assistance	5	$32,631	5.83%	
Food Vouchers	8	$9,587	1.71%	$56,331
Medical Transportation	10	$7,331	1.31%	
Council Support		$4,455	0.80%	
Core Services		**$419,608**	**75.00%**	
Support Services		**$139,850**	**25.00%**	
TOTALS		**$563,913**		**$107,331**

SAN MATEO

Core Services	Previous Priority	New Priority	% Part A Allocation	Estimated $ Amount
Outpatient/Ambulatory Care*	1	1	38.29%	$520,306
Oral Health/Dental Care	2	2	13.25%	$180,000
Medical Case Management	3	3	26.36%	$358,209
Mental Health Services	4	4	7.35%	$99,850
Substance Abuse-Outpatient	5	5	0.99%	$13,426
Subtotal			**86.24%**	**$1,171,791**
Support Services				
Housing Services	1	1	0.82%	$11,129
Food Program	2	2	7.36%	$100,000
Medical Transportation*	3	3	0.00%	$0
Emergency Financial Assistance	4	4	4.60%	$62,495
Substance Abuse-Residential	5	5	0.99%	$13,500
Subtotal			**13.77%**	**$187,124**
Total			**100.00%**	**$1,358,915**

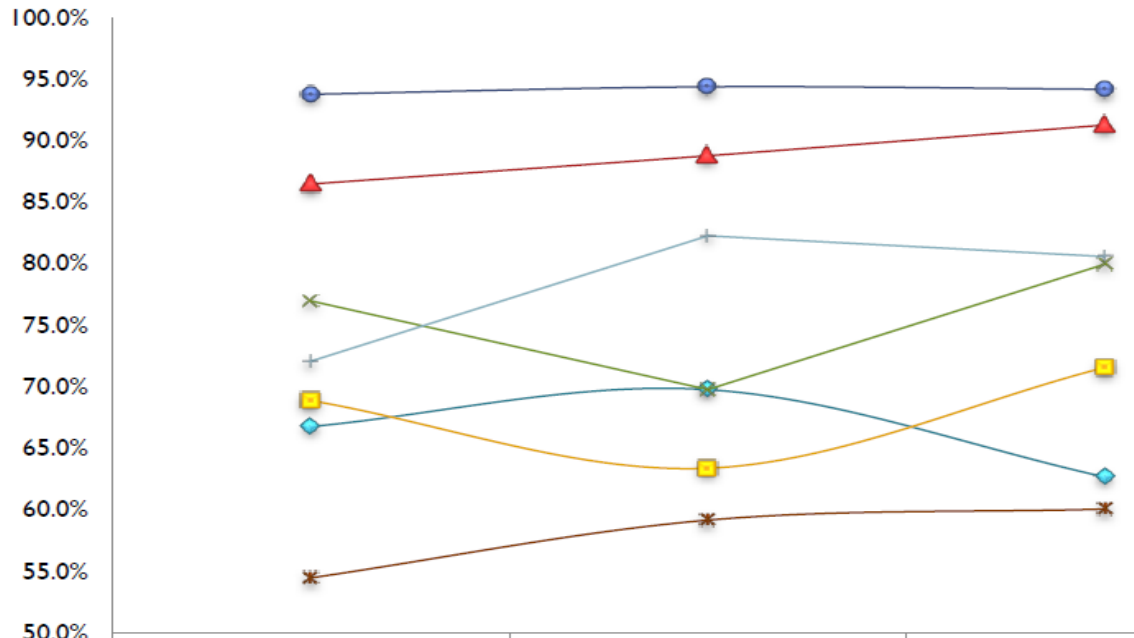
SFEMA Quality Management Program - Goals

- Analyze Health Resource Service Administration's (HRSA) HIV/AIDS Bureau's (HAB) Clinical indicators across all three (3) counties.
- Maintain QM committee and quarterly meetings.
- Assess Individual Program QM processes and begin quarterly reviews of program level performance of QM indicators.

SFEMA Quality Management Program - Trainings

- Competed:
  - De-Escalation - (29 attended)
  - Transgender Best Practices (2 sessions with 63 attended)
  - Creating a Sustainable Business Model (10 attended)
  - Leveraging Resources (7 attended)
  - HIV Treatment Update (11 attended)
- Upcoming:
  - De-Escalation
  - Transgender Best Practices
  - HIV Quality Management

SF EMA Performance Indicators 2010 - 2012



	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)
Med. Visits	66.8%	69.8%	62.7%
PCP Proph.	68.9%	63.4%	71.6%
HAART	86.5%	88.8%	91.3%
Hep C	77.0%	69.8%	80.0%
Syphilis Screening	54.5%	59.2%	60.1%
Viral Load Testing	93.8%	94.4%	94.2%
Viral Load Supression	72.1%	82.3%	80.6%

OCTOBER 2013

- Joint Meeting between the HIV Health Services Planning Council and HIV Prevention Council
  - Presentation regarding a merge proposal between the HHSPC and the HPPC under "Model 1"
  - HHSPC voted to not approve a merge

NOVEMBER 2013

- Hepatitis C Update from SFDPH/Emalie Huriaux
- Ryan White Coverage and ACA Implementation presentation from SFDPH/Bill Blum
- Motion approved regarding representation of consumers of services on a merged council:
  - Any collaboration or merger between Prevention and Care shall guarantee representation such that all membership standards, leadership roles, and meetings shall include at least $33^{1/3}$% HIV positive non-affiliated consumers.
- Motion not approved for a merged council under "Model 2"
- Policy & Procedure update: Proxy policy
- Motion approved to establish an Essential Health Benefits Work Group

HIV/HCV Coinfection

Hep C is one of most common confections with HIV

- 25% of HIV infected persons are coinfected with HCV (CDC, 2008)
- **17% of HIV Health Services Clients tested in the years 2010 through 2012 are co-infected with HCV**
  - Standard of care – people living with HIV should be tested for HCV

Estimates of HCV Co-Infection in SF

- 15,861 HIV cases x 25% HCV = 3,965 co-infections
- Concentrated in certain populations
  - IDU
  - Tenderloin
  - Increasing among MSM through sexual transmission

Goals of the National HIV/AIDS Strategy

- **Reducing New HIV infections**
  - By 2015, lower the annual number of new infections by 25% .
  - Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30%.
  - By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus.

- **Increasing Access to Care and Improving Health Outcomes for People Living with HIV**
  - By 2015, increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%.
  - By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%.
  - By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%. (This serves as a measurable proxy of our efforts to expand access to HUD and other housing supports to all needy people living with HIV.)

- **Reducing HIV-Related Health Disparities**
  - Improve access to prevention and care services for all Americans.
  - By 2015, increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%.
  - By 2015, increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20%.
  - By 2015, increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%.

Considerations: Balance Diverse funding Streams with Sustainability

- Given uncertainty of RWPA funding in future years
  - Focus on sustainability- if RWP does decrease which services could be integrated into emergin primary care system?
  - Which services categories of service have funding streams in addition to RWP?
  - Use Gardner Cascade as a tool to assist in determining service funding priorities
  - Federal government is placing increased importance on clinical health care outcomes
    - what does the date show for what are considered "support service categories"?

HIV/AIDS Client Services Comparison for RW Eligible Clients Who Become/Are ACA Enrollee

ACA Services may include:

- Ambulance Services
- Diagnostic and Laboratory
- Durable Medical Equipment
- Emergency & Post-Stabilization Services
- Family Planning
- Home Health Care
- Hospital Care
- Mental Health Care (outpatient and acute inpatient services)
- Non-Emergency Medical Transportation
- Oral Health Care (Dental Services)
- Outpatient Alcohol and Drug Treatment
- Podiatry Care
- **Prescriptions (including ADAP/HIV medications)***
- Preventive and Primary Care Services
- Radiology
- Short-term Rehabilitation
- Specialty Care
- Therapy (Occupational, Physical, Speech)
- Urgent Care

***Disenrollment from ADAP is required for clients**

6

Enrollee may become ineligible for these RW Core Service Categories:

Outpatient/Ambulatory Medical Care

Home Health Care

Oral Health Care – (Dental Services)**

Medical Case Management (including Treatment Adherence)**

Outpatient Mental Health Services**

Outpatient Substance Abuse Services**

**Level of service provision and frequency TBD by state of CA

Enrollee: Remains eligible for these RW Service Categories:

Ryan White Core Services:
Facility-based Care (not acute hospital care)
Hospice
Ryan White Support Services:
Housing Services
Food Bank/Delivered Meals
Psychosocial Services
Legal Services
Case Management (Non-Medical):
- Benefits Counseling
- Money Management

Outreach Services
Emergency Financial Assistance
Residential Substance Abuse Services

Post ACA Implementation populations that will continue to receive medical services through Ryan White Funding

- Residually ineligible individuals (undocumented and those documented with resident status of less than five years)
- ?Those that choose not to buy into the health care exchanges?
- Other HIV populations at-risk to be under- served in capitated care systems
  - Patients with significant behavioral health issues
  - HIV elders

Patients with Significant Behavioral Health Issues "Severely Severe Need"

- At high risk for falling out of care
- Often are 86-ed out of multiple programs
- At higher risk for depression, chaotic substance use, violence and suicide than general population
- Have limited insight to modify behavior
- Don't meet criteria for "mental disability"
- DSM5 Axis II "Personality Disorder" fixed traits or diagnosis
  - Important to move beyond labels to see what is needed both for patient and system
    - Borderline is often over diagnosed and underdiagnosed
    - Often described as "low threshold patients"
- HAB Service Categories:
  - Outpatient/Ambulatory Medical Care
  - Mental Health Services
  - Outpatient Substance Abuse
  - Early Intervention Services

Conclusions and Opportunities

- CY 2014 is a unique opportunity to determine the best way for RWP services and funding can wrap around ACA services
- HHSPC can help ensure successful payer transitions while maintaining continuity of care both of which will be a more immediate and on-going need
- HHSPC should focus on reviewing and potentially expanding services within a given service category as well as expanded and new uses of existing HAB service categories
- HHSPC with support of HHS should track gaps in services and unused funding to ensure maximization RWP funding effectiveness
- HHSPC should ensure the adequacy of services for the residually uninsured (undocumented HIV+ individuals and recent immigrants)
- HHSPC should sustain and improve the strength and coordination of multiple partnerships :
  - HIV Care and Prevention Services.
  - Consumer, Provider, Council and SF DPH

JANUARY 2014

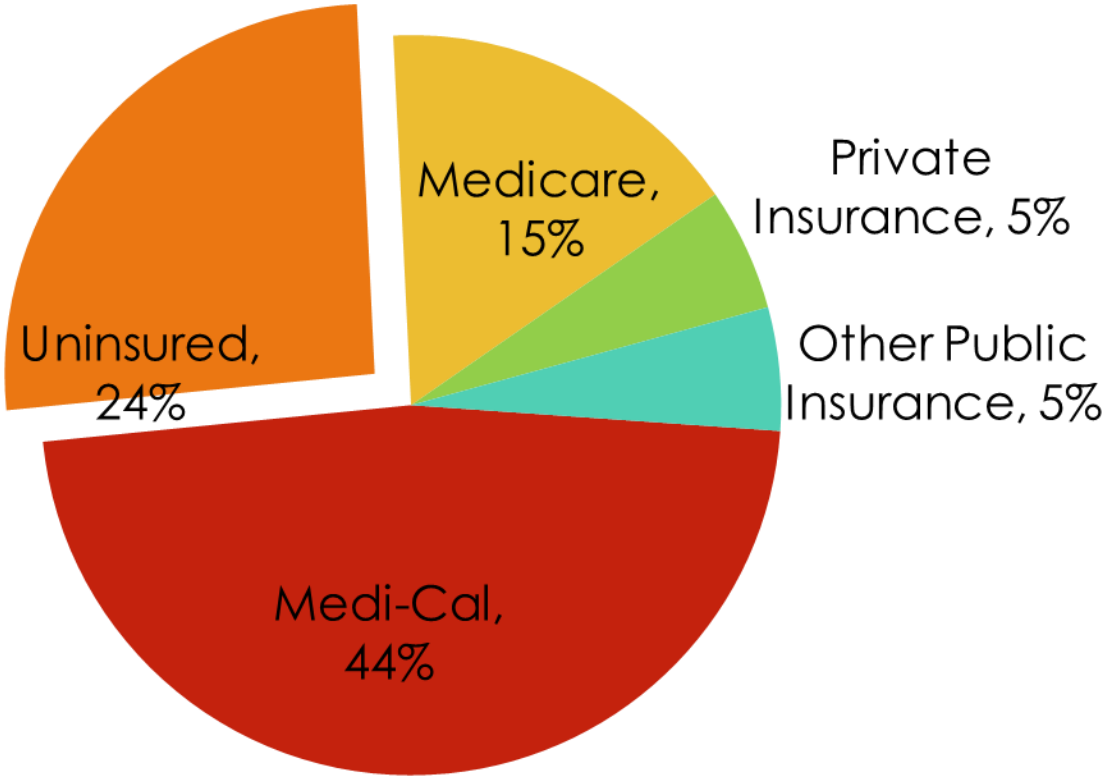
- Herb Schultz, HHS Regional Director Region IX
- Health Care Reform Task Force update
- Ongoing updates from State Office of AIDS/Liz Hall implemented at this meeting

Office of AIDS (OA) Division/Cross Branch Issues

- Governor Brown released his proposed FY 2014-15 budget on January 9, 2014. Under his proposal, the only Office of AIDS (OA) program which receives state General Fund for local assistance is the HIV/AIDS Surveillance program.
- There are no changes proposed in the $6.65 million General Fund support for the HIV/AIDS Surveillance program.
- In the Current Year (FY 2013-14), ADAP returned $16.9 million to the General Fund, made possible by
  - the transition of eligible clients to the Low Income Health Program (LIHP), Medi-Cal Expansion and Covered California and
  - utilizing all rebate funds available due to the Health Resources and Services Administration (HRSA) requirement to spend rebate funds prior to spending federal funds.
- There is no General Fund support for ADAP local assistance in the Budget Year (FY 2014-15).
- There are no new major ADAP policy changes with substantial fiscal impact included in the proposed budget. The budget does propose creating statutory authority that will allow the California Franchise Tax Board to share tax data with OA. The availability of tax data will complement existing Ryan White Part B (including ADAP) enrollment practices as OA will be able to cross-reference Ryan White Part B client data with tax data. OA assumes potential fiscal costs and savings impacts will be absorbable in FY 2014-15.

PLWH IN SF – WHO WILL BE MOST IMPACTED BY HEALTH CARE REFORM?

Percent of SF RW Consumers by Insurance type



Data were obtained from the SFDPH HIV Health Services ARIES database. The reporting period for the data presented is from October 1, 2011 through September 30, 2012

CONTINUED NEED FOR RW SERVICES

- Ryan White programs will and must continue to serve clients who are not enrolled in other coverage
- 70% of people currently on RW have some type of insurance and still need RW to fill gaps
- The priority must be to ensure clients don't drop out of care and have access to appropriate high-quality care.
- *Critical services not covered in most insurance plans:*
  - Outreach, HIV testing, referral & linkage to care
  - Dental, vision, specific types of case management, navigation assistance with new coverage, adherence, linkage to housing, food, transportation
- Help with Insurance Premiums & out of pocket costs for care and medications

ONGOING COVERAGE ISSUES

- Need to understand new systems
  - What is a network
  - When and how can you go "out of network"
- Understand rights and how to invoke them
  - Continuity of care protections
  - Protections regarding access to medications
  - Protections regarding wait times to see doctors and other providers
  - Appeals, grievances, exceptions, fair hearings
    - When to invoke each
- Be able to access assistance with navigation and trouble shooting access

TASK FORCE RECOMMENDATIONS

- ***The Council can help*** ensure/advocate for these services and promote models that work.
- ***The Council can help*** by advocating with the State Office of AIDS to support alignment of enrollment requirements. Locally, the Council can support coordination of ADAP enrollment workers to enhance access for clients.
- ***The Council can help*** by identifying service categories or sub-categories funds that can support additional enrollment and benefit advocacy services, especially in 2014. The Council may also sponsor trainings for current new benefits counselors/enrollment workers.
- ***The Council can help*** ensure adequate local resources to provide emergency assistance with out-of-pocket health care cost for eligible PLWH that may not be covered elsewhere.

TASK FORCE RECOMMENDATIONS

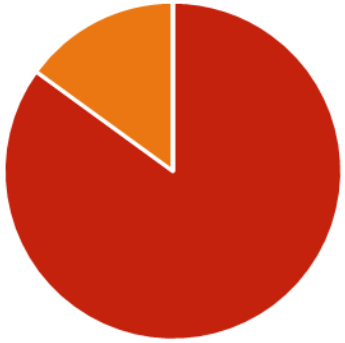
- ***The Council can help***, by promoting materials produced by the Task Force and others to help educate HSOs and PLWH, as well as hosting forums for education, like the Consumer Forums. Additionally, it may be appropriate for The Council to allocate funds for staff trainings/client education through HSOs.
- ***The Council can help*** by advocating for Standardized outcome- based HIV quality measures across all systems of care serving PLWH AND for continuous quality improvement of the ARIES database to enhance ease of use and overall utility.
- ***There will still be a substantial, ongoing need for funds for core medical services***

FEBRUARY 2014

- Representative and alternate to HPPC elected: Chip Supanich and Brian DiCrocco
- Representative and alternate to CAEAR Coalition re-elected: Lee Jewell and Kenneth Hornby
- At-large Steering Committee members elected: Michael Smithwick, Gabriel Ortega, Bill Ledford
- 7 Representatives to EHB Work Group elected
- State Office of AIDS update
  - (including California Planning Group)
- HIV Continuum of Care presentation from SFDPH

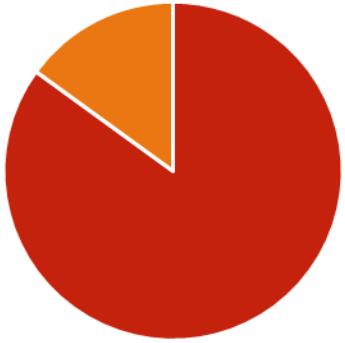
PWP In CoE – Targeted Populations & Areas

Black Health CoE



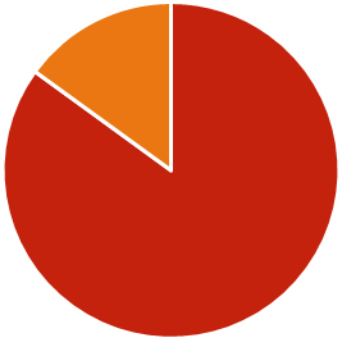
Native American CoE

Mission CoE



Tenderloin Area CoE

Chronic Care CoE



MARCH 2014

- Mayor's Office on Housing and Community Development presentation
- State Office of AIDS update
- HIV & Aging Utilization Survey update
- Motion for a general consumer survey not approved

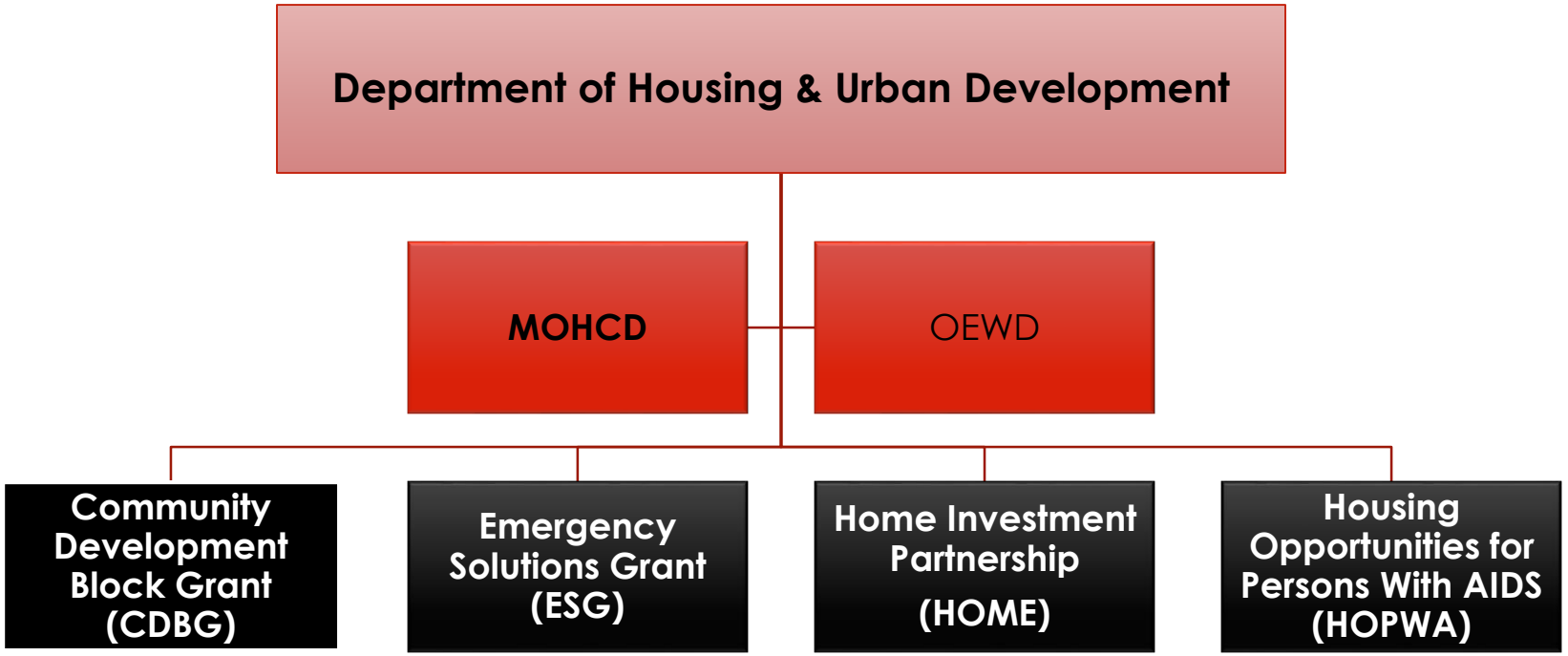
SAGE (SERVICES AND ADVOCACY FOR GLBT ELDERS) POLICY RECOMMENDATIONS

- Designate older adults with HIV and LGBT older adults as populations of "Greatest Social Need" in the reauthorization of the Older Americans Act (OAA

- Increase funding of the Ryan White CARE Act to meet current needs of those with HIV

MAYOR'S OFFICE OF HOUSING & COMMUNITY DEVELOPMENT (MOHCD)
&
OFFICE OF ECONOMIC & WORKFORCE DEVELOPMENT (OEWD)

One of the primary functions of these Departments is to oversee 4 federal funding sources



1. **Families & individuals are healthy & economically self-sufficient.**
   - Workforce Development
   - Community & Neighborhood Centers
   - Legal and TAY Services
   - Small Business Assistance

2. **Neighborhoods & communities are strong, vibrant & stable.**
   - Capital Improvements to public facilities
   - Organizational Capacity Building
   - Commercial Corridor Investments

3. **Formerly homeless individuals & families are stable, supported & live in long-term housing.**
   - Homeless Shelters & Supportive Services
   - Eviction Prevention

4. **Families & individuals have safe, healthy & affordable housing.**
   - Construction and Rehab of Affordable Housing
   - Home Ownership Counseling

5. **Public housing development that were severely distressed are thriving mixed-income communities.**
   - HOPE-SF construction & community building

QUESTIONS:

- What are the greatest needs of the clients you serve?
- What are the crucial gaps in service, or specific program areas which are currently under-resourced?
- What do you think are the most effective strategies for meeting those needs? Are those strategies currently being funded? By whom?
- How do you think CDBG/ESG/HOPWA/HOME funds should be prioritized in your service area?

APRIL 2014

- HIV Update from SFDPH Epidemiology Section/ Henry Fisher Raymond
- State Office of AIDS update
- Early Intervention Services/Therapeutic Monitoring Voucher program update
- HOPWA Loan Committee update
- Eligibility Criteria and Severe Needs & Special Populations Definition update

Eligibility

- The following is the eligibility criteria for Ryan White Programs Part A and B funded services in the San Francisco EMA. To receive services, an individual must meet *all* of the following criteria:
- Be HIV positive. For some family services, such as childcare, there must be an HIV positive family member.
- Live in the EMA where they are accessing services.
- Be uninsured or underinsured for the service being provided.
- Have a low income, defined as an annual federal adjusted gross income equal to or less than 400% of the Federal Poverty Level (FPL), which for 2014 is **$46,680** for one person.

Severe Need

- The following is to define severe need and special populations for the purposes of prioritizing and targeting Ryan White funded services.
- To be in the "severe need" category, an individual must meet all of the following criteria:
    - Disabled by HIV/AIDS or with symptomatic HIV diagnosis
    - Active substance use or mental illness
    - Poverty, defined as an annual federal adjusted gross income equal to or less than 150% of FPL (Federal Poverty Level), which for 2014 is $**16,105** for one person or **$21,707** for two people.

Special Populations

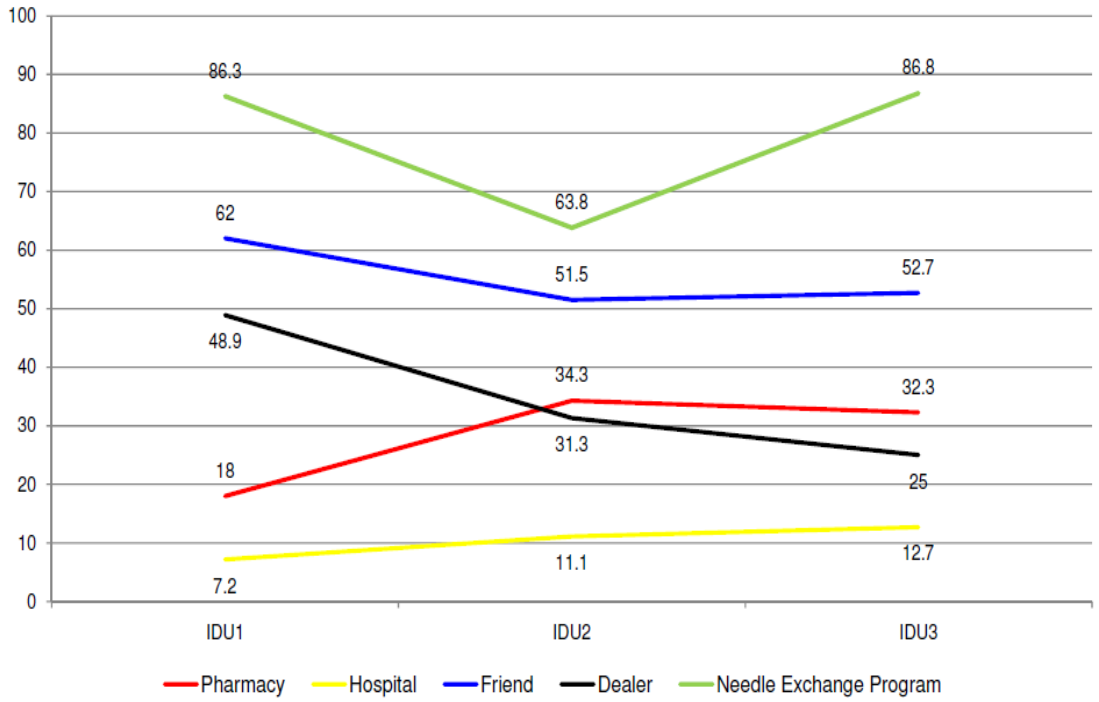
- The Council recognizes special populations which have unique or disproportionate barriers to care. They need additional or unique services, or require a special level of expertise to maintain them in care. The following populations were identified, based on the data that has been presented to the Council:
- Transgender individuals
- Populations with the lowest rates of use of ART (Antiretroviral Therapy).
- Communities with linguistic or cultural barriers to care. The Council includes undocumented individuals in this category, as well as monolingual Spanish speakers.
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history.
- Persons living with HIV age 60 years or older.

NHBS SF IDU

Roughly

- 30-59 years old
- 75% male, 24% female, 1% trans*women
- 33% White, 33% Black, 10% Latino/a
- 50% currently homeless
- Civic Center, TL, SOMA, Mission, Bayview
- Heroin and meth most used

Trends, Sources of needles, IDU,SF, 2005-2012



- Although pharmacy access policies may have increased access at pharmacies, NEP are still the main source of needles.
- The decrease in dealers as a source is encouraging.
- Can more efforts at providing more clean needles occur?

2005 = IDU2, 2009 = IDU2, 2012 = IDU3

THERAPEUTIC MONITORING VOUCHERS UPDATE

- The amount of people who need vouchers for these tests are reducing because of the move to the Medi-Cal.
- A small amount of money will still be needed.

HOPWA LOAN COMMITTEE UPDATE

- There is no new construction housing opportunities in several years. Right now there is just money for capital improvement updates to current HOPWA facilities
- There is no longer any "HOPWA loan committee". There is a committee within the Department of the Mayor's Office of Housing and the HOPWA funds are included in that.
- The HOPWA Loan Committee has made its recommendations to the Mayor's Office. They now have to go to the Board of Supervisors.

MAY 2014

- HIV & Aging Pilot program report-back
- State Office of AIDS update and 2013 Year in Review
- Review of service categories: Home Health Care and Home & Community-based Care

WHAT ARE THE DIFFERENCE BETWEEN THE TWO CATEGORIES?

Home Health Care

- Greatest amount of service provision is primarily done by professional health care staffing focusing on medical therapies and adherence counseling.

Home and Community-based Health Services

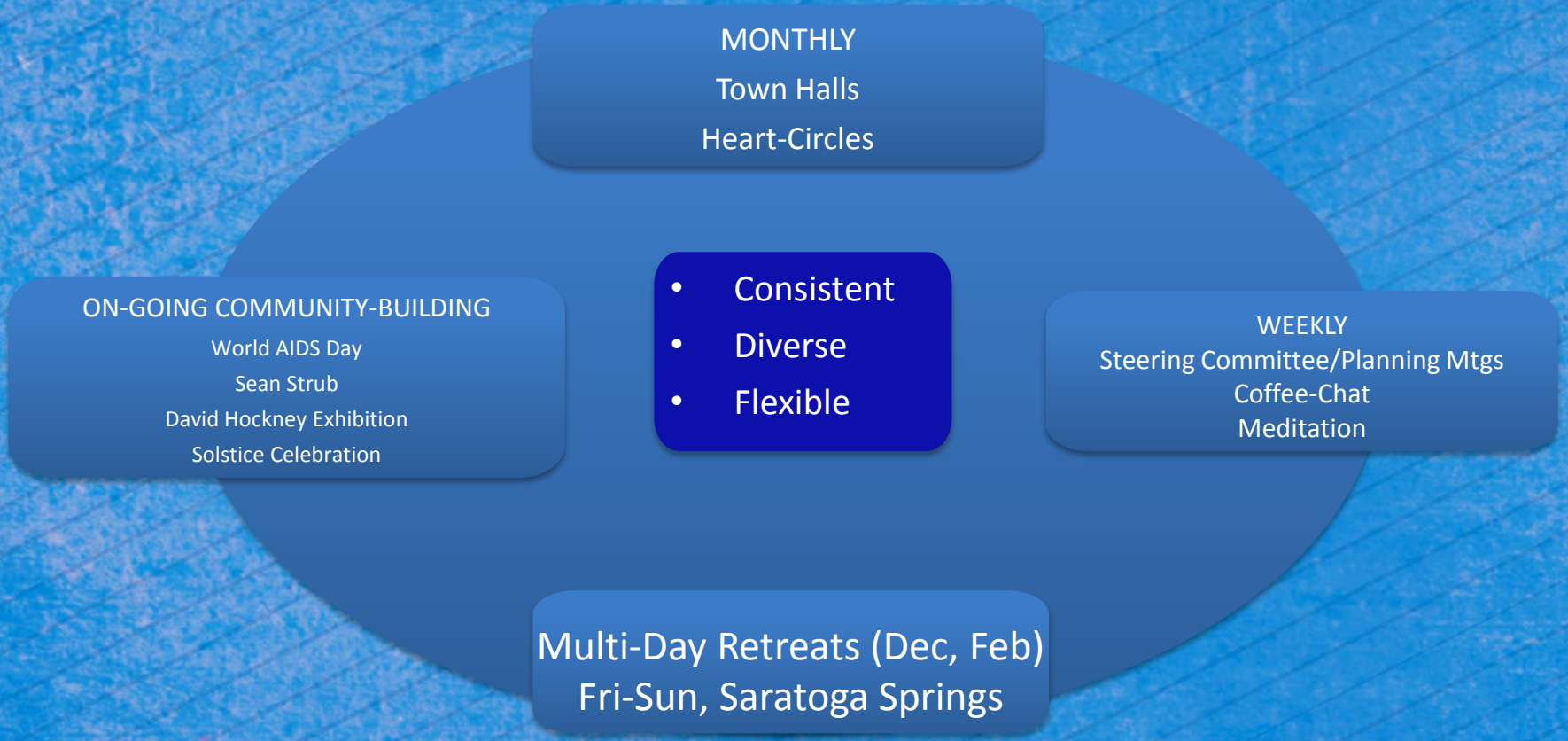
- Skilled health services furnished to the individual in the individual's home based on a written plan of care established by a **case management team** that includes appropriate health care professionals.

Subtle differences are in composition of staffing levels for service provision in individual's home setting.

HOME HEALTH CARE AND HOME & COMMUNITY-BASED HEALTH SERVICES PRIORITIZATION & ALLOCATION SUMMIT - CONSIDERATIONS

- Major increase in third party reimbursement for service categories with "new" Ryan White client largely unknown.
- Ryan White funds used for clients not eligible for Medi-Cal or other insurance programs due to immigration status and other criteria.
- Service categories definitions are restrictive, difficult to assess the true service need and provider service capacity.
- HIV Health Services is tracking client data and utilization and has begun meeting with providers in this category to discuss issues related to clients migrating from Ryan White to Medi-Cal and impact for future funding.

AGING SUPPORT: Groups



AGING SUPPORT: Moving Forward

- Funding for diversity of group-level programming:
  - Varied modalities
    - Large monthly
    - On-going weekly
    - Multi-day
  - Varied themes (grief, social, volunteerism, activism/policy)
- Funding for targeted outreach:
  - Severely isolated
  - People of Color
  - Women

JUNE 2014

- State Office of AIDS update
- HOPWA-funding Housing programs presentation from Bruce Ito and Lara Sallee
- HIV Consumer Advocacy Project Year in Review from ALRP/Brian Brophy
- 4 motions approved regarding a potential merge between the HHSPC and HPPC

SOA ADAP UPDATE

There are two new major ADAP policy changes included in the revised budget.

- Effective July 1, 2014, ADAP proposes adding two new hepatitis C virus (HCV) drugs to the ADAP formulary: simeprevir and sofosbuvir. OA is working with ADAP's Medical Advisory Committee to ensure those most in need and most likely to benefit can receive HCV treatment. As a result, ADAP will prioritize for treatment HCV-infected clients with advanced liver disease. FY 2014-15 cost estimates for adding both drugs to the ADAP formulary total $26.1 million.
- The *May Revision* proposes that OA develop and implement the administrative capacity to pay out-of-pocket medical expenses for eligible Health Insurance Premium Payment Program (OA-HIPP) clients. Currently, health insurance premiums can be paid by OA-HIPP for eligible clients, and medication co-pays and deductibles by ADAP for drugs on the ADAP formulary, but clients are responsible for paying often substantial medical out-of-pocket costs for doctor's visits, lab tests, etc. This proposed policy change will encourage more ADAP clients to enroll in coverage through Covered California which will result in an overall reduction in ADAP expenditures. This policy change will also improve the overall health of Californians living with HIV/AIDS because clients will have comprehensive health insurance and ready access to the full continuum of care, rather than only HIV care and medications through the Ryan White system. OA anticipates payment of out-of-pocket medical expenses and premiums will begin in January 2016.

HOPWA

RCFCI'S

- Five facilities in San Francisco
- Range in size from 10 - 45 beds
- Total beds = 113
- One is specific for youth
- One provides hospice care
- FY 13-14 total budget: $3.76 million
  - Does not cover 100% of each RCFCI's annual budget
- Client eligibility determined by medical necessity

TRANSITIONAL HOUSING

- One facility in San Francisco
- Total beds = 11
- Short-term supportive housing
- Creation of beds through HOPWA capital funding
- FY 13-14 operational support: $50,000
  - Does not cover 100% of annual budget
- Client eligibility determined by income and program requirements

HOPWA

SCATTERED SITE UNITS/BEDS

- 252 units/beds in San Francisco
- Range from individual units in supportive housing to beds located in shelters and treatment programs
- Total properties = 26
- Creation of units/beds through HOPWA capital funding - $33.7 million since 1992, 50-55 year commitment
  - HOPWA does not provide on-going operational support of these units
- Client eligibility determined by income

RENTAL SUBSIDIES & CLIENT ADVOCACY

- Rental Subsidies
  - Deep subsidies (long-term): 265
  - Shallow subsidies (short-term): 90
- Client Advocacy
  - Housing case management for rental subsidy recipients
- Subsidies are used in the private rental market
- FY 13-14 total budget: $3.6 million
- Client eligibility determined by income

HCAP YEAR IN REVIEW

Service Categories[3]

Service Category	Number of Cases	2013 Percentage of Cases	2012 Contract Year	2011 Contract Year
Primary Medical	23	24%	9%	21%
Housing	21	22%	29%	20%
Case Management	16	17%	12%	13%
Dental	10	11%	19%	10%
Food	2	2%	8%	8%
Money Management	4	4%	4%	7%
Legal/Advocacy	0	-	-	7%
Emergency Financial	4	4%	7%	5%
Mental Health	7	7%	8%	4%
Substance Use	2	2%	4%	3%
Benefits Counseling	1	1%	-	-
Other Health	0	-	-	1%
Hospice	1	1%	-	-
Social Support	4	4%	-	-

Types of Issues

The following provides a brief view of the types of issues alleged by consumers. Each client may have had more than one type of issue.

Type of Issue	Number of Matters	Percentage 2013 Contract Year	Percentage 2012 Contract Year
Information and Referrals	22	19%	6%
Problematic Policy or Procedures	19	17%	11%
Quality of Care	18	16%	12%
Miscommunication	15	13%	19%
Access	12	11%	11%

Trends

Service Categories with Most Cases

- Primary Medical
  - Client issues ranged from suspension of services to communication issues with primary care providers. Several clients expressed their belief that their doctor did not take their concerns seriously regarding a variety of health issues. A number of clients had issues with prescriptions not being ready at private pharmacies, and were told that the primary care providers were not responding to refill requests from the pharmacies.
- Housing
  - The housing crisis in the Bay Area has had a large impact on HCAP clients. Due to the limited options available for long term housing, clients remained longer in temporary housing facilities. Other issues raised have been complaints about habitability, disputes with other residents, and clients not feeling that housing staff is responsive to complaints. Several clients expressed dismay at the limited amount of assistance available in searching for housing.
- Case Management
  - Several clients felt they were not receiving adequate case management services. Some felt that they were given information about care, but not assistance in navigating care, or in finding housing options. Several clients said it was not clear to them what case management services consisted of at various organizations,
- Dental
  - Major complaints included the lack of choice in providers, lack of experience of providers, and the length of time procedures take due to clinics being closed at certain times of the year.

MERGE MOTIONS

- **Motion**: In the event of a merged council, county government representatives from San Mateo and Marin will be allocated one voting seat per county.

- **Motion**: In the event of a merged council, county representatives from San Mateo and Marin will be allocated one voting seat per county.

- **Motion:** In the event of a merged council, all council leadership positions, including workgroups and committees, must be voted on.

- **Motion**: In the event of a merged council, all council members from the HHSPC and HPPC would retain their seat. As members leave the council, or are not renewed, their seats would not be filled until the merged council falls below a maximum of 45 members.

- **Motion**: In the event of a merged council, work towards implementation shall begin Jan 1, 2015.

JULY 2014

- State Office of AIDS update
- Hepatitis C Task Force presentation
- HIV Epidemiology update from SFDPH HIV Epidemiology Section/Maree Kay Parisi
- ARIES update from SFDPH HHS/Celinda Cantu
- Recommendation approved from EHB Work Group

EHB WORK GROUP RECOMMENDATION

In the event of additional funds made available due to shifts in funding from Ryan White to other funding streams, those service categories providing Navigation and/or Benefits Counseling (medical case management, non-medical case management, referral for services, psychosocial support and legal service) will be increased up to an additional 25% of their contract amount dedicated specifically to navigation and benefits counseling support. Funds will be used to specifically provide Navigation and/or Benefits Counseling support.

Any additional funding remaining after the above will be split proportionally across all service categories to allow for cost of doing business increases.

HEPATITIS C TASK FORCE
STRATEGIC RECOMMENDATIONS 2014

Surveillance & Research

- Update CMR to include fields to collect data relating to HCV
- Determine prevalence of HCV in SF Jail system

Prevention, Education, Awareness and Testing

- Urge & educate health care providers to routinely offer HCV tests
- Increase HCV testing settings
- Develop community testing standards
- Increase access to safe injection equipment in varied settings
- Update & reprint SFDPH Viral Hepatitis Resource Guide
- Coordinate local World Hepatitis Day event

Care and Treatment

- Expand provider capacity for testing, care, treatment, prevention
- Include HCV on SFDPH screening protocols
- Enhance supportive services to mono- & co-infected people
- Expand access to care & treatment, including in SF Jail
- Expand access to complementary care

Public Policy

- VH Coordinator position SFDPH
- HCV or VH Planning Council
- Support Safe Injection Facility
- Line item in SF budget for HCV
- Increase attn to HCV by SFDPH
- Monitor ACA implementation re HCV

HCV TREATMENT

Special populations that clinical studies are concentrating on:

- HIV/HCV co-infected
- Those with decompensated cirrhosis
- Post-transplants
- Those with renal impairment

For HIV/HCV co-infected:

- DAAs work as well in HIV/HCV co-infected as in HCV mono-infected
- Co-infected HIV/HCV cirrhotics should be referred to a liver center
- If no cirrhosis, HIV/HCV people can be treated in the HIV clinic

According to Dr. Douglas T. Dieterich of Icahn School of Medicine, Mt. Sinai (NYC)

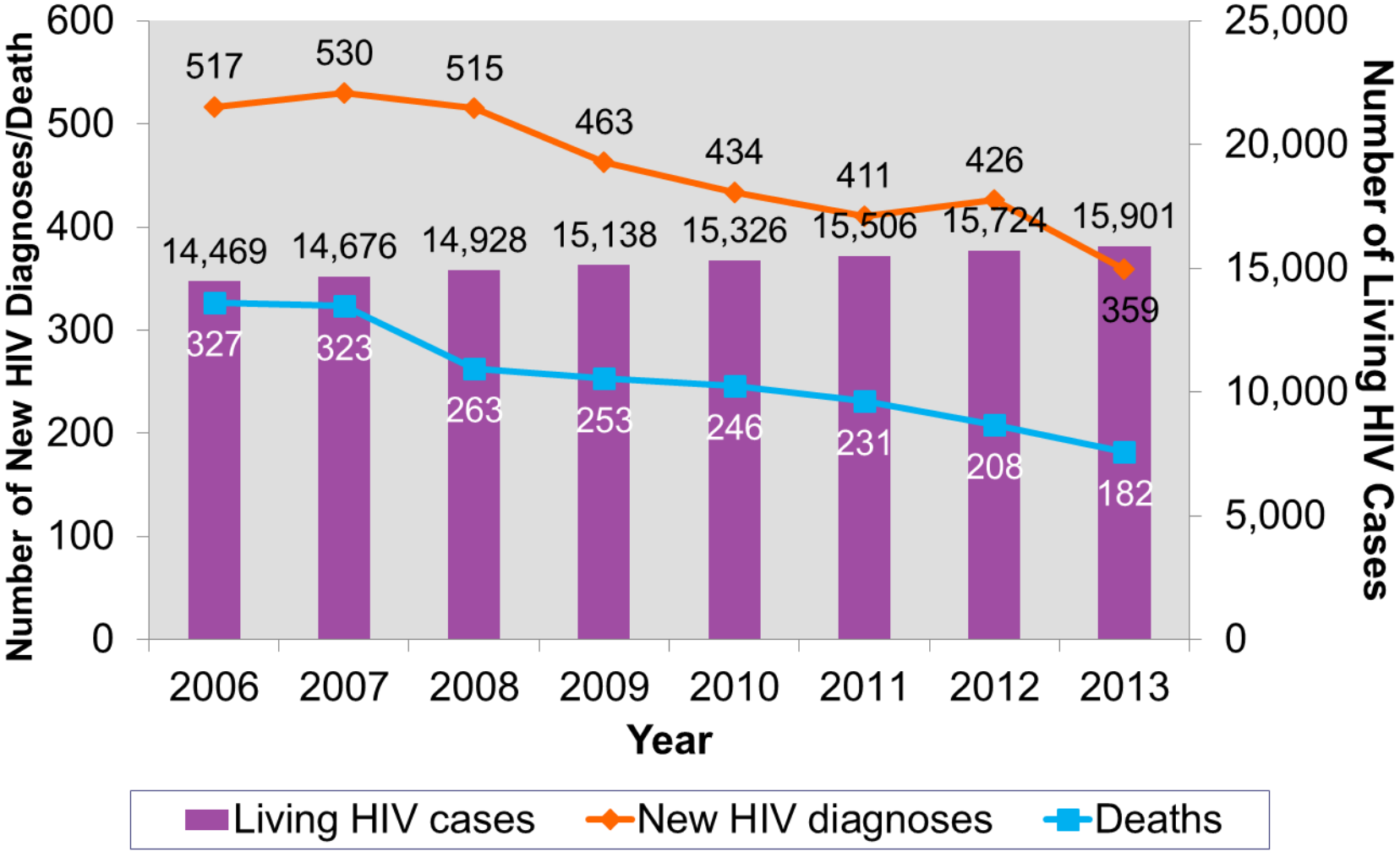
Sovaldi and Olysio were added to the ADAP formulary on July 1.

For FY 2014-15, estimate is that the cost of adding the two drugs will total $26.1 million.

ADAP plans to prioritize treatment for those most in need and with advanced liver disease.

HIV EPI UPDATE

New HIV diagnoses, deaths and prevalence, 2006-2013 San Francisco



Characteristics of Persons Living with HIV, December 31, 2013 and 2013 New Diagnoses

	PLWH (N=15,901)			HIV DX in 2013 (N=359)	
	Number	%		Number	%
Gender					
Male	14,638	92%		327	91%
Female	906	6%		23	6%
Transgender	357	2%		9	3%
Risk					
MSM	11,708	74%		275	77%
MSM PWID	2,380	15%		34	9%
PWID	972	6%		22	6%
Heterosexual	519	3%		14	4%
Other/Unidentified	322	2%		14	4%

Characteristics of Persons Living with HIV, December 31, 2013 and 2013 New Diagnoses

	PLWH (N=15,901)		HIV DX in 2013 (N=359)	
	Number	%	Number	%
Race/Ethnicity				
White	9,760	61%	165	46%
African American	2,038	13%	44	12%
Latino	2,795	18%	88	25%
API/Native Amer.	894	6%	52	14%
Current Age (as of 12/2013)				
< 30 years	604	4%	122	34%
30-39 years	1,870	12%	105	29%
40-49 years	4,777	30%	88	25%
50-59 years	5,600	35%	32	9%
60-64 years	1,689	11%	9	3%
65+ years	1,361	9%	3	1%

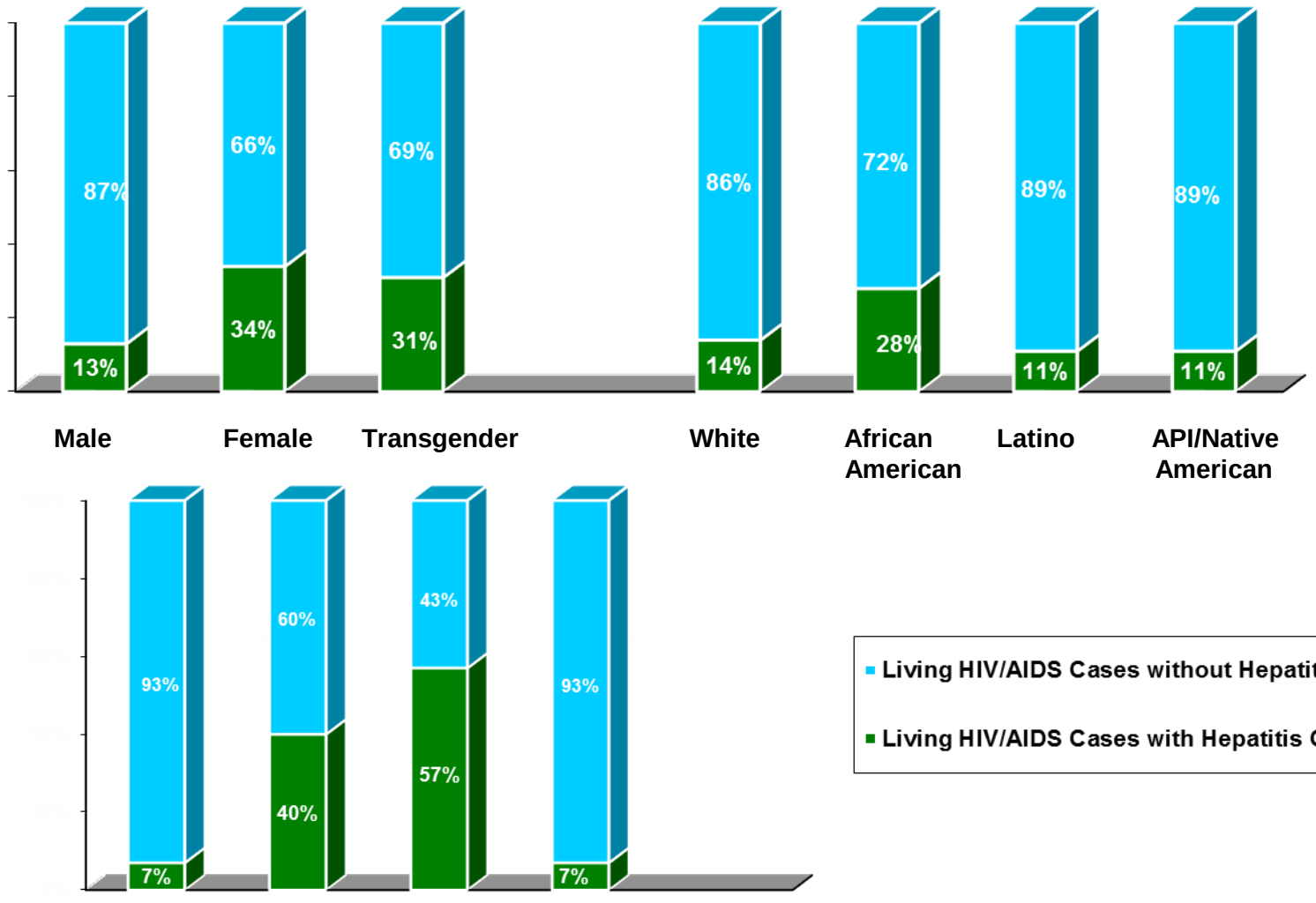
Underlying Causes of Death Among Persons with HIV Infection, 2003-2010

Underlying Cause of Death	2003-2006 N=1,300	2007-2010 N=1,060
	Number (%)	Number (%)
HIV	821 (63.2%)	511 (48.2%)
Non-AIDS cancer	89 (6.6%)	119 (11.2%)
Drug overdose	46 (3.5%)	96 (9.1%)
Heart disease	87 (6.7%)	85 (8.0%)
Suicide	34 (2.6%)	46 (4.3%)
Liver disease	27 (2.1%)	24 (2.3%)

Characteristics of Persons Living with HIV Seen in San Francisco Jails, as of December 2013

	PLWH (N= 15,901)	PLWH with history of jail (N= 1,082)
Gender		
Male	92%	76%
Female	6%	16%
Transgender	2%	8%
Race/Ethnicity		
White	61%	37%
African-American	13%	42%
Latino	18%	16%
API/Native American	7%	3%
Risk		
MSM	74%	21%
MSM-PWID	15%	42%
PWID	6%	31%
Other/ No Reported Risk	5%	6%

Living HIV Cases Co-Infected with Hepatitis C, as of December 31, 2013



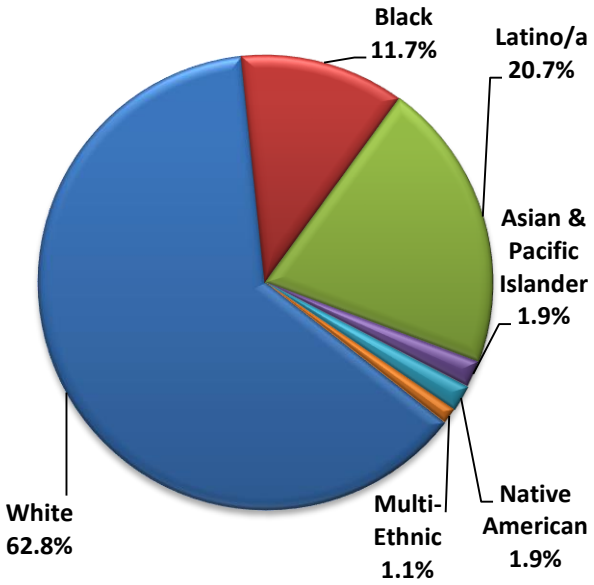
ARIES REPORT: EMA Factoids

- **EMA-Wide** – The UDC is **6,915 (N = 6,915)** of which 615 or 8.9% of clients served in the EMA were "new" and 48 or 0.7% died during the reporting period. There are 168 or **2.4% shared clients** within the EMA.
- **Marin County** – The Marin UDC is 266 (n = 266) or **3.8%** of total EMA UDC. Twenty nine (29) or 10.9% clients served in Marin were "new" and 1 or 0.7% died during the reporting period.
- **San Francisco County** – The San Francisco UDC is 6,313 (n = 6,313) or **91.3%** of total EMA UDC. Five hundred fifty (550) or 10.9% clients served in San Francisco were "new" and 43 or 0.7% died during the reporting period.
- **San Mateo County** – The San Mateo UDC is 504 or **7.3%** of total EMA UDC. Fifty one (51) or 10.1% clients served in San Mateo were "new" and 6 or 1.2% died during the reporting period.
- The UDC for each of the above groups are reflected in the following slides.

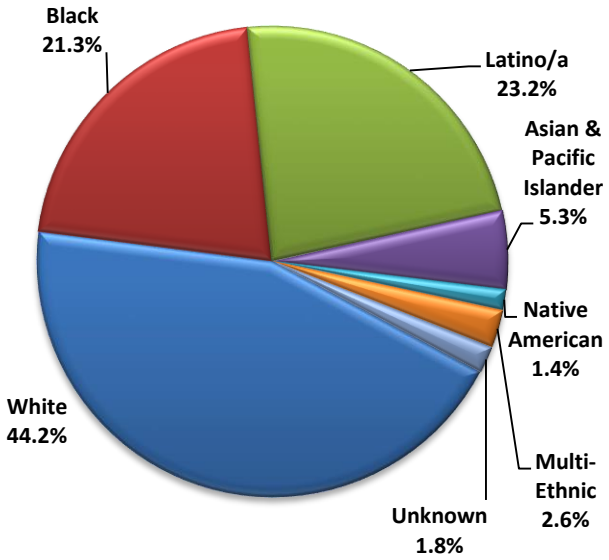
RACE

White	Black	Latino/a	Asian & Pacific Islander	Native American	Multi-Ethnic	Unknown
n=3052	n=1420	n=1668	n=379	n=100	n=169	n=127
44.1%	20.5%	24.1%	5.5%	1.4%	2.4%	1.8%

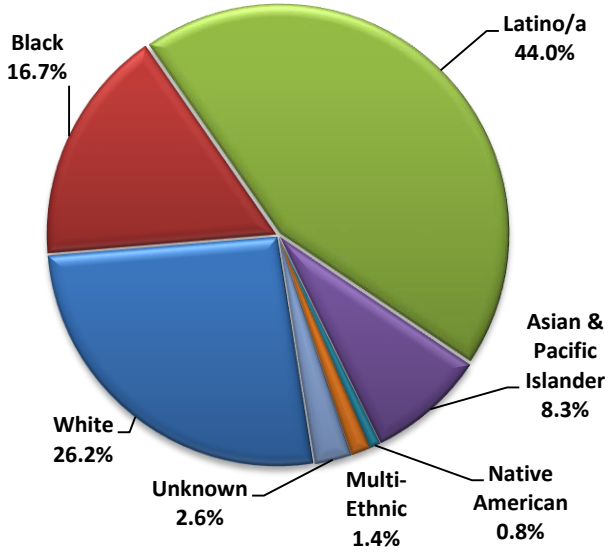
Marin



San Francisco



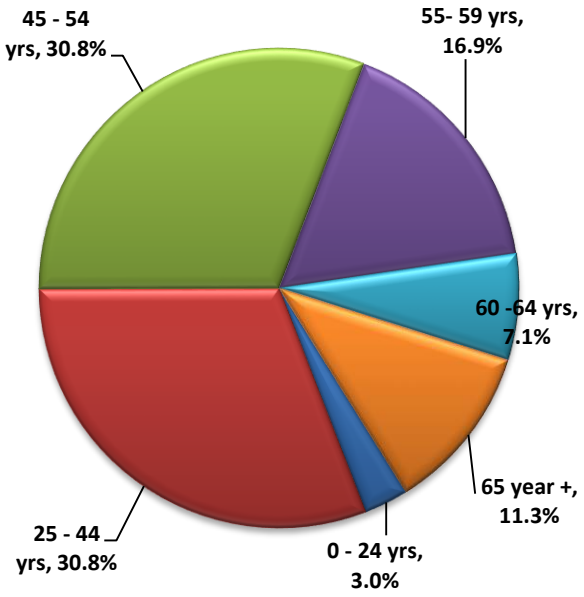
San Mateo



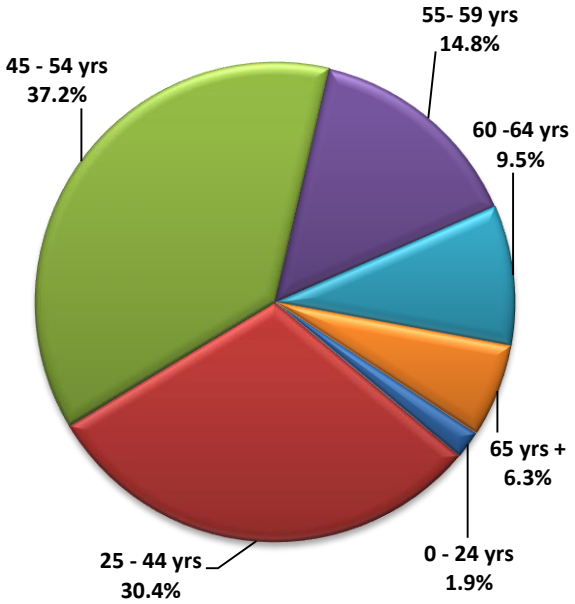
AGE

0 - 24 years	25 - 44 years	45 - 54 years	55 - 59 years	60 - 64 years	65 years & older
n=139	n=2536	n=2536	n=1022	n=636	n=439
2.0%	31.0%	36.7%	14.8%	9.2%	6.3%

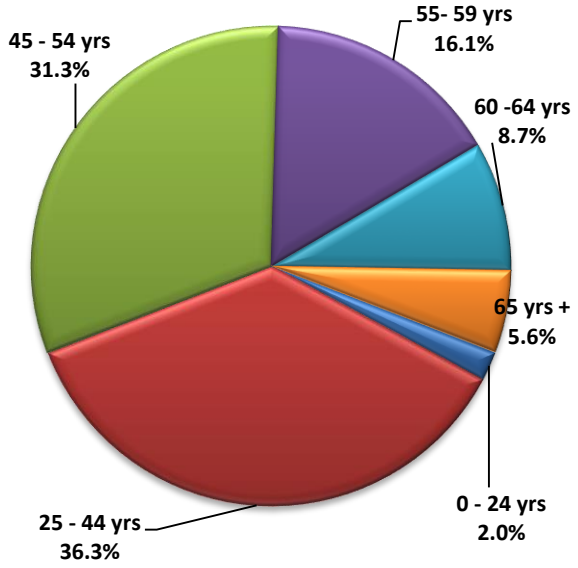
Marin



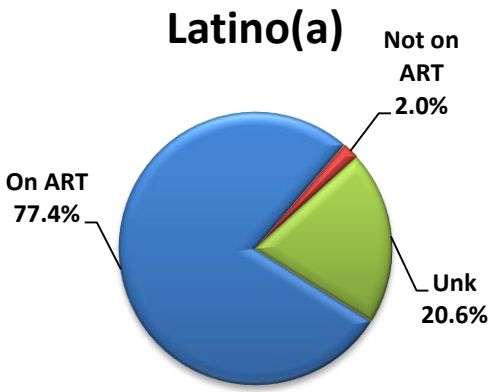
San Francisco

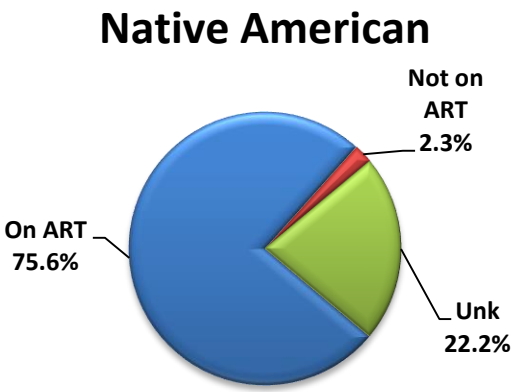


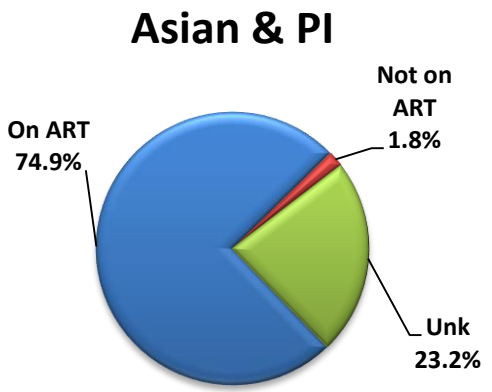
San Mateo

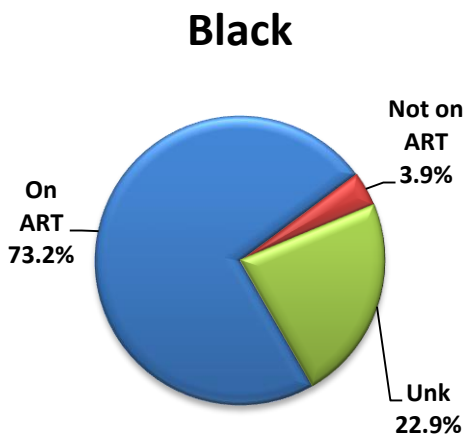


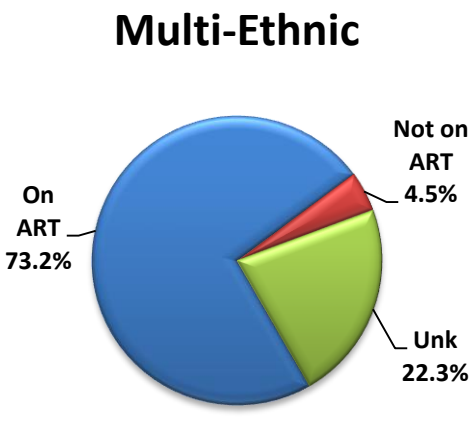
EMA ART By Race

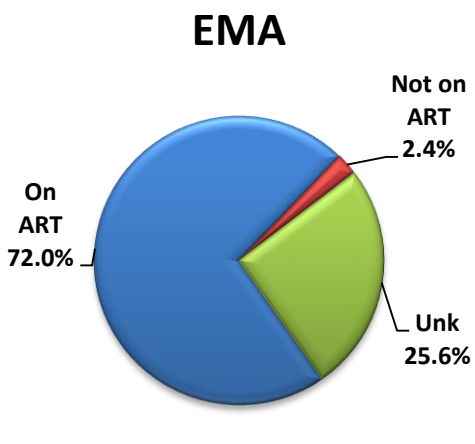


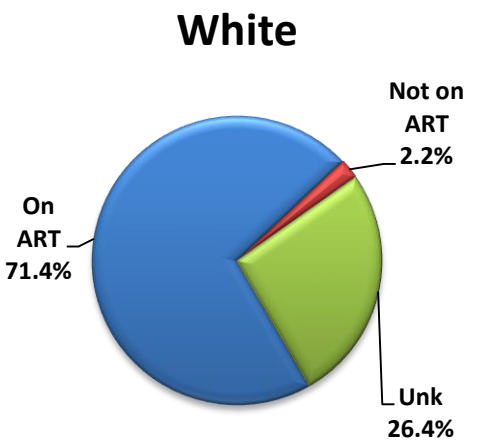












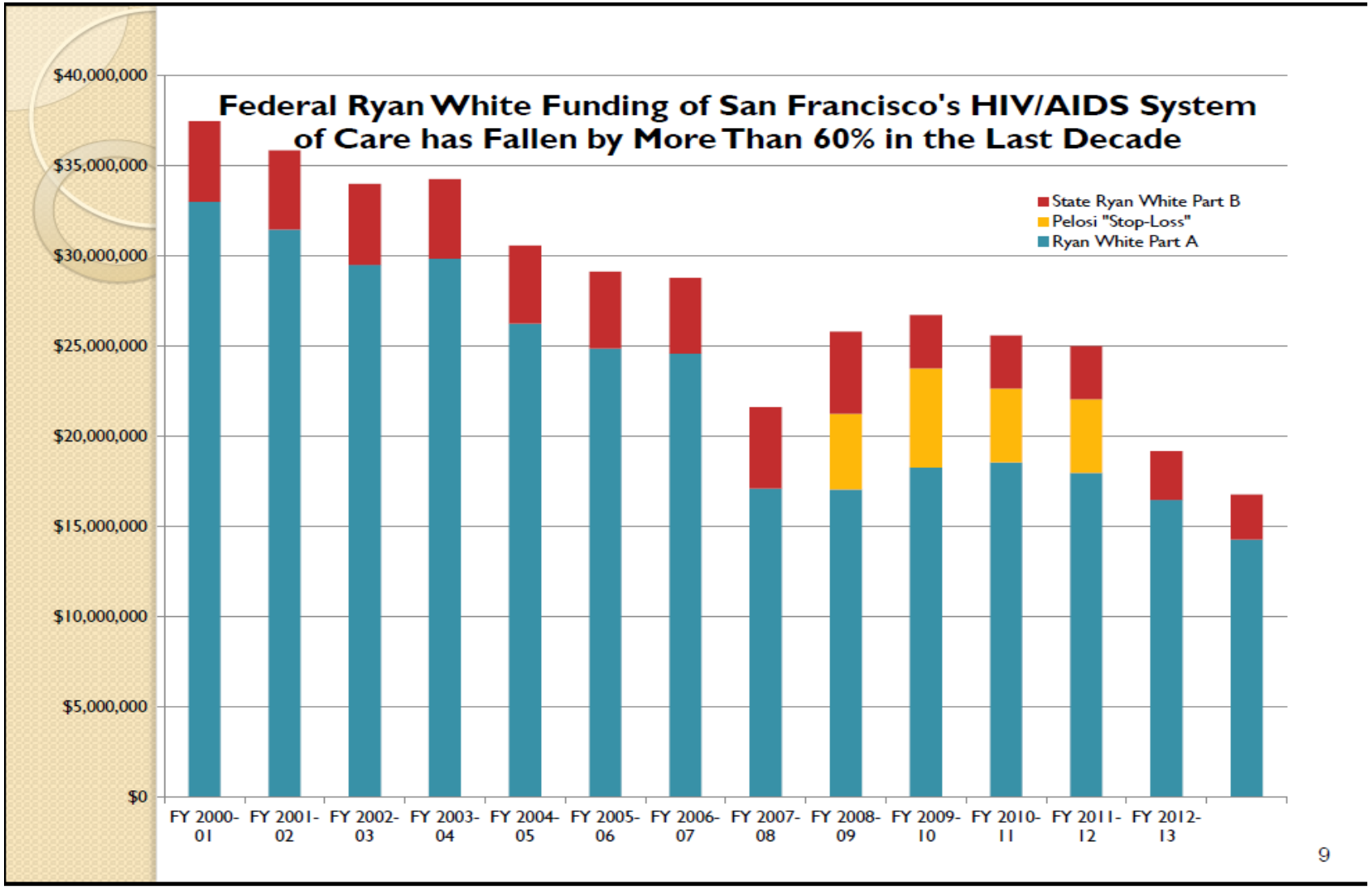
EMA Client Summary

	Marin		San Francisco			San Mateo			EMA		
	Male	Female	Male	Female	Transgender	Male	Female	Transgender	Male	Female	Transgender
Age	50-59	40-49	40-49	50-59	40-49	40-49	50-59	40-49	40-49	50-59	40-49
Race	White	White	White	Black	Latina	Latino	Latina	Latina	White	Black	Latina
FPL%	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL	≤ 100% FPL
Living Situation	Stable	Stable	Stable	Stable	Stable	Stable	Stable	Stable	Stable	Stable	Stable
Insurance Status	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid	Medicaid & Other	Medicaid & Other	Medicaid & Other	Medicaid	Medicaid	Medicaid
Sexual Orientation	Gay	Straight	Gay	Straight	Straight	Gay	Straight	Straight	Gay	Straight	Straight
HIV Exposure	MSM	Heterosexual Contact	MSM	IDU	Transfemale sex with men	MSM	Heterosexual Contact	Transfemale sex with men	MSM	IDU	Transfemale sex with men
Disease Status	AIDS	AIDS	AIDS	AIDS	Disabling AIDS	HIV+, unknown stage	HIV+, unknown stage	AIDS	AIDS	AIDS	Disabling AIDS

AUGUST 2014

- State Office of AIDS update
- Representative to HOPWA Loan Committee elected: Eric Sutter
- HIV/AIDS Provider Network presentation
- Service Summary Sheets update by SFDPH HHS/ Dean Goodwin
- Carry-forward Resource Allocation
- Motion approved regarding committee structure within an HHSPC-HPPC merge
- Motion approved to merge the HHSPC and HPPC

HAPN


Federal Ryan White Funding of San Francisco's HIV/AIDS System of Care has Fallen by More Than 60% in the Last Decade
State Ryan White Part B
Pelosi "Stop-Loss"
Ryan White Part A
$40,000,000
$35,000,000
$30,000,000
$25,000,000
$20,000,000
$15,000,000
$10,000,000
$5,000,000
$0
FY 2000-01
FY 2001-02
FY 2002-03
FY 2003-04
FY 2004-05
FY 2005-06
FY 2006-07
FY 2007-08
FY 2008-09
FY 2009-10
FY 2010-11
FY 2011-12
FY 2012-13

HAPN

Envisioning an EHB package for PLWHA that affirms SF's values

- The goal is to use the language of ACA to introduce a new concept for ensuring the preservation of the San Francisco Model of Care.
- San Francisco should not accept the ACA's minimum standards for PLWHA. San Francisco should continue to be a national leader in HIV care.
- Together HAPN and the Planning Council can create a uniquely San Franciscan EHB that reflects our values and reaffirms our community's commitment to the whole person.
- We support the effort currently under way by the newly reconstituted HIV Health Care Reform Task Force.

Carry-forward Allocation

To prioritize the following for carry forward resource allocation:

- $295,000 – Benefits counseling (see attached)
- $30,000 – taxi vouchers
- $100,000 – Aging Support

With the remaining funding to be distributed amongst:

- Vouchers
- Food
- Emergency financial assistance
- Hygiene kits

Motion:

To accept Exhibit A as a transitional framework for a committee structure and exhibit B as a final framework, both being subject to change.

Motion:

To adopt Model 1 (Time Phased Full Integration) with the following modifications: