

III. HOW WILL WE GET THERE?

A. Three-Year Action Plan for the San Francisco EMA - March 1, 2012 - February 28, 2015

The following is the three-year Action Plan for the 2012 - 2014 San Francisco EMA Comprehensive HIV Service Plan, encompassing goals, objectives, and potential activities for the upcoming three-year Ryan White funding period. The Action Plan incorporates a total of **six** broad goals along with **18** program-specific objectives. As noted above, the current Plan utilizes a more flexible approach to action steps by listing “Potential Activities” that could be augmented or changed as needed. The Plan summarizes the Ryan White Part A system in a more streamlined manner, while providing greater opportunities to respond rapidly to change.

Goal # 1: To ensure a client-centered, coordinated, culturally competent continuum of essential services for all Ryan White-eligible persons with HIV, including emerging populations, persons experiencing health disparities, persons with severe needs, and persons with unique or disproportionate barriers to care.

- **Objective # 1.1:** Between March 1, 2012 and February 28, 2015, conduct annual needs assessment activities to obtain direct input from persons living with HIV regarding local and regional service gaps, trends, and needs.

Potential Activities:

- Conduct both small and large-scale needs assessments
- Conduct community outreach and listening activities such as town hall meetings and provide other opportunities for consumer input

- **Objective # 1.2:** Between March 1, 2012 and February 28, 2015, ensure that persons living with HIV are central to the planning and allocation of services and resources in the San Francisco EMA.

Potential Activities:

- Ensure that a majority of persons on the San Francisco HIV Health Services Planning Council are persons with HIV
- Prioritize input from consumers in Council prioritization and allocation activities
- Examine and utilize data from client satisfaction surveys conducted at Part A and B-funded agencies wherever appropriate
- Provide opportunities for public comment by consumers and the HIV Consumer Advocacy Program at all Council meetings and obtain input and feedback from consumers through the Council’s community outreach and listening activities

- **Objective # 1.3:** Between March 1, 2012 and February 28, 2015, conduct an annual prioritization and allocations process that assesses Part A resources in light of existing needs; prioritizes care for persons with critical needs and with the least ability to access or pay for services; and allocates funding to maximize the impact of Ryan White resources in the San Francisco EMA.

Potential Activities:

- Examine epidemiological and unmet needs data
 - Examine data on non-Part A HIV services and funding streams to identify gaps and needs
 - Solicit input from local HIV service agencies
 - Develop contingency plans for increases or reductions in allocations
- **Objective # 1.4:** Between March 1, 2012 and February 28, 2015, ensure that Part A-funded services in the San Francisco EMA are delivered in a culturally and linguistically competent manner that embraces the broadest possible definition of cultural identity and community.

Potential Activities:

- Provide presentations and learning sessions on specific populations at Planning Council meetings
 - Require and monitor the provision of culturally and linguistically competent services by Part A-funded providers
 - Encourage the recruitment and hiring of staff who are reflective of the populations they serve
 - Continue to require that Part A-funded agencies in San Francisco submit an updated annual cultural competency plan as a condition of grant award
 - Review trends and themes in grievances through the HIV Consumer Advocacy Project
- **Objective # 1.5:** Between March 1, 2012 and February 28, 2015, ensure that Part A funds in the San Francisco EMA support essential services and care and expand treatment access and retention for severe needs populations.

Potential Activities:

- Continue to support, evaluate, and refine services through Centers of Excellence programs, including assessing client-level service outcomes
- Review and refine Centers of Excellence client eligibility criteria to respond to changes in the epidemic and changes in funding and priorities
- Develop new systems as needed to expand and enhance care for severe need populations

- **Objective # 1.6:** Between March 1, 2012 and February 28, 2015, ensure that Part A-funded services in the San Francisco EMA respond to the needs of Planning Council-defined special populations, including persons and populations disproportionately impacted by the epidemic and persons and populations facing specific barriers to HIV care access and retention.

Potential Activities:

- Enhance and expand service effectiveness for persons of color with HIV
 - Maintain a focus on the needs of women and transgender persons with HIV
 - Assess and develop care approaches for persons 50 and older with HIV
 - Enhance services for homeless and marginally housed persons with HIV
 - Continually assess and develop responses to emerging populations such as young adults under age 25
- **Objective # 1.7:** Between March 1, 2012 and February 28, 2015, continue to incorporate HIV transmission prevention approaches into Part A-funded care systems.

Potential Activities:

- Provide training on new approaches to prevention to Part A-funded HIV agency staff
 - Support the incorporation of HIV prevention programs into Part-A funded agencies
 - Ensure provision of partner services to Ryan White clients wherever possible
- **Objective # 1.8:** Between March 1, 2012 and February 28, 2015, continually monitor Part A-funded HIV services in the San Francisco EMA to ensure the delivery of high-quality services that maximize the impact of Ryan White funds.

Potential Activities:

- Monitor adherence to PHS guidelines and standards of care
- Monitor Grantee contracting process and adherence to local standards for high quality care
- Maintain a Clinical Quality Management Program which monitors the impact and effectiveness of contracted service delivery

Goal # 2: To identify, link, and retain in care HIV-aware Ryan White-eligible persons who are not currently in HIV care.

- **Objective # 2.1:** Between March 1, 2012 and February 28, 2015, provide comprehensive outreach, case finding, and care linkage services to identify and immediately link to care persons who receive a positive HIV test, including persons who have previously been but are not currently in HIV care.

Potential Activities:

- Provide effective care linkage service and support and ensure that all linkages to care have been made
 - Locate and follow-up persons who have left or have been lost to care
 - Integrate HIV status inquiries into health and social service agency intakes to help identify out of care individuals
 - Ensure comprehensive care referrals based on factors such as ethnicity, gender, age, location, and length of time since first HIV diagnosis
- **Objective # 2.2:** Between March 1, 2012 and February 28, 2015, provide supportive services to help retain persons with HIV in care following their linkage or re-linkage to HIV care and support.

Potential Activities:

- Provide peer-based support following initial care linkage
- Provide follow up and support by Peer Navigators and other professionals to help ensure care linkages and retention for as long as needed following initial linkage to care
- Increase scope and quality of client care retention programs at HIV services agencies

Goal # 3: To identify, link and retain in care Ryan White-eligible persons with HIV who are unaware of their HIV status.

- **Objective # 3.1:** Between March 1, 2012 and February 28, 2015, provide strategic HIV testing in the widest possible range of service locations and venues throughout the San Francisco EMA.

Potential Activities:

- Incorporate opt-out and routine HIV testing in medical venues wherever possible
 - Continue to make HIV testing a part of standardized client screening batteries in medical settings
 - Expand HIV testing in non-traditional service settings and programs
 - Develop approaches to remind high-risk individuals to be re-tested for HIV at least every six months, in accordance with current HIV prevention guidelines
 - Expand integration of STD, HIV, and Hepatitis C testing for high-risk populations
 - Ensure provision of partner services to Ryan White clients wherever possible
- **Objective # 3.2:** Between March 1, 2012 and February 28, 2015, provide comprehensive referrals and linkage support to ensure that individuals have access to and utilize the widest possible range of health and social services appropriate to their needs.

Potential Activities:

- Ensure high-quality service referrals by both HIV and non-HIV-specific programs throughout the EMA
 - Provide services to make it as easy as possible for PLWH to access care, including transportation support and accompanying individuals to initial appointments
 - Provide effective follow-up to ensure that service referrals have been made
 - Provide peer-based support following initial care linkage
 - Provide case management services to ensure clients are linked to appropriate services
 - Provide follow up and support by Case Managers and Peer Navigators and other professionals to help ensure care linkages and retention for as long as needed following initial linkage to care
 - Increase the scope and quality of client care retention programs at HIV service agencies
- **Objective # 3.3:** Between March 1, 2012 and February 28, 2015, provide additional supportive services to help retain persons with HIV in care following their linkage to HIV care and services.

Potential Activities:

- Provide comprehensive orientation and intake programs to help individuals become familiar with the HIV system of care
- Provide behavioral and peer support to help individuals cope with a new HIV diagnosis
- Ensure access to substance abuse and mental health services to facilitate readiness for care and treatment
- Provide follow up and support by Peer Navigators, Case Managers, and other professionals to ensure care linkage and retention for as long as needed following initial linkage to care
- Increase the scope and quality of client care retention programs within HIV services agencies

Goal # 4: To expand coordination and collaboration with relevant funding streams and programs throughout the EMA to maximize resources and ensure that Ryan White funds are used as the funding source of last resort.

- **Objective # 4.1:** Between March 1, 2012 and February 28, 2015, maintain and expand collaboration and coordination among Ryan White-funded agencies throughout the San Francisco EMA.

Potential Activities:

- Ensure effective and comprehensive linkages between Ryan White funded programs and agencies
 - Continually share information and conduct mutual planning to develop new approaches to collaboration and coordination among Ryan White providers and funding streams
 - Incorporate information on Ryan White funding into Planning Council prioritization and allocation
 - Continually consider differences in HIV impacts, population, funding, and service issues among the three counties of the San Francisco EMA
- **Objective # 4.2:** Between March 1, 2012 and February 28, 2015, maintain and expand collaboration and coordination between Ryan White and relevant non-Ryan White funding streams and programs throughout the San Francisco EMA.

Potential Activities:

- Utilize complementary federal, state, local, and private funding streams to fill critical gaps in the Ryan White system of care
- Continually share information and conduct mutual planning to develop new approaches to collaboration and coordination between Ryan White and non-Ryan White providers and funding streams
- Partner with entities such as the San Francisco HIV Prevention Section and the San Francisco Housing Authority to ensure linked and integrated prevention and service delivery and to fill critical service gaps
- Conduct outreach to private medical and social service providers and offer education regarding Ryan White-funded programs and resources
- Continually consider differences in HIV impacts, population, funding, and service issues among the three counties of the San Francisco EMA

Goal # 5: To research, plan for, and respond to changes to the Ryan White system resulting from the Affordable Care Act (ACA) and other healthcare access initiatives to ensure that Ryan White funds are used as the funding source of last resort.

- **Objective # 5.1:** Between March 1, 2012 and February 28, 2015, collect data and participate in collaborative planning to anticipate and prepare for healthcare reform and its potential effects on the Ryan White system of care.

Potential Activities:

- Participate in collaborative healthcare reform planning bodies throughout the San Francisco EMA such as the Planning Council's Healthcare Reform Task Force

- Solicit input from experts and key informants to remain aware of healthcare reform changes and emerging healthcare access and insurance issues
 - Expand integration of HIV-specific referral, care, and reimbursement systems within other programs and initiatives in the EMA
 - Conduct data analysis activities to identify categorically eligible HIV populations for federal, state, and local health and reimbursement programs
 - Conduct systemwide eligibility screening of Ryan White clients to identify all potential funding streams for which they are eligible
- **Objective # 5.2:** Between March 1, 2012 and February 28, 2015, modify, refine, and reshape the existing Part A system of care as needed to address threats to patient retention in care and to ensure client retention, client access to medications and services, overall service quality, and resource maximization in the face of healthcare reform challenges and changes.

Potential Activities:

- Incorporate emerging healthcare reform paradigms, frameworks, and terminology into Ryan White Part A planning and systems design
- Incorporate information and data regarding healthcare reform and its impacts into the Planning Council's prioritization and allocation process
- Assess emerging client needs and shift priorities and funding as needed to ensure service retention and access in response to healthcare reform
- Consider Planning Council participation in public education and advocacy activities as appropriate to preserve awareness of the importance of Ryan White services within the overall spectrum of care for persons with HIV

Goal # 6: To continually evaluate, monitor, and refine the 2012 - 2015 Comprehensive HIV Services Plan to ensure implementation and to respond to emerging circumstances, issues, and needs.

- **Objective # 6.1:** Between March 1, 2012 and February 28, 2015, continually monitor and evaluate the 2012 - 2015 Comprehensive Plan and adapt the Plan as needed to respond to changing circumstances, issues, and needs.

Potential Activities:

- Develop a schedule and framework for regular Plan evaluation and reassessment to ensure that it remains responsive to current issues and trends
- Amend and revise the Comprehensive Plan whenever needed to effectively respond to a rapidly shifting healthcare and Ryan White funding environment