

A. Addressing Gaps in Care

As noted above, the San Francisco EMA is continually seeking new approaches to fill identified gaps in care, and this need is addressed both directly and indirectly throughout the Plan. In general, gaps in care addressed through the 2012 Plan fall into **four** broad categories: 1) Gaps related to the system's ability to effectively serve and retain in care multiply diagnosed and complex populations facing a wide range of stabilization needs in order to effectively utilize HIV treatment on a long-term basis; 2) Gaps in the number of persons in the San Francisco EMA infected with HIV who are either not aware of their HIV status or not in HIV care; 3) Gaps in individual agency capacity to utilize and leverage existing and emerging reimbursement streams and benefits programs to finance the cost of HIV medical care and support services; and 4) General systemic service gaps related to a shortage of funding to support both core and support services. The Comprehensive Plan addresses each of these gaps in a variety of ways, some examples of which are listed in the chart below.

San Francisco EMA Service Gap Categories	Sample Objectives that Address These Gaps
<p>Gaps in the system's ability to effectively serve and retain in care multiply diagnosed and complex populations facing a wide range of stabilization needs in order to effectively utilize HIV treatment on a long-term basis</p>	<ul style="list-style-type: none"> ▪ 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. ▪ 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.

San Francisco EMA Service Gap Categories	Sample Objectives that Address These Gaps
<p>Gaps in the number of persons in the San Francisco EMA infected with HIV who are either not aware of their HIV status or not in HIV care</p>	<ul style="list-style-type: none"> <li data-bbox="815 298 1427 604">▪ 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. <li data-bbox="815 634 1427 856">▪ 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. <li data-bbox="815 886 1427 1087">▪ 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. <li data-bbox="815 1117 1427 1381">▪ 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. <li data-bbox="815 1411 1427 1602">▪ 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.

San Francisco EMA Service Gap Categories	Sample Objectives that Address These Gaps
<p>Gaps in individual agency capacity to utilize and leverage existing and emerging reimbursement streams and benefits programs to finance the cost of HIV medical care and support services</p>	<ul style="list-style-type: none"> ▪ 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. ▪ 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.
<p>General systemic service gaps related to a shortage of funding to support both core and support services.</p>	<ul style="list-style-type: none"> ▪ 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. ▪ 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.

B. Addressing the Needs of Individuals Aware of their HIV Status

As noted above, **Goal # 2** below is specifically focused on activities designed to identify, link, and retain in care HIV-aware Ryan White-eligible persons who are not currently in HIV care. The goal includes providing 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 (**Objective # 2.1**) and providing supportive services to help retain persons with HIV