

The Year in Review

AUGUST 2015 – August 2016

AUGUST 2015

HPPC:

- Harm Reduction Implementation Plan and Policy Update
- Jurisdictional Plan Update
 - The HPPC approves the 2015 update of the Jurisdictional HIV Prevention Strategy and concurs that such plan describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease in the City and County of San Francisco, San Mateo County, and Marin County.

HHSPC:

- Annual Prioritization & Resource Allocation Summit
 - If funding remains at the current level, service category resource allocation will remain level across all categories
 - In the event of increased funding, increases will occur proportionately across all service categories.
 - In the event of decreased funding, for the first 10% of reductions, allocations for services that are covered under California's essential health benefits package will be reduced proportionately. If further reduced allocation is required, reductions will occur proportionally across all service categories.

Feedback from community engagement groups

Additions to implementation plan:

- 1) Provide opportunities for consumer education about harm reduction principles, and their opportunities for harm reduction-based care within SFDPH and SFDPH-funded programs.
- 2) SFDPH will ensure that current/ongoing challenges in harm reduction implementation are routinely identified and addressed.

Updated Harm Reduction Policy Resolution

NOW, THEREFORE, BE IT RESOLVED, that SFDPH recommits to the principles and practice of harm reduction across the system of care; and

RESOLVED that SFDPH programs and SFDPH contractors, which provide services to people who use alcohol and other substances, shall address in their program design and objectives how they will incorporate harm reduction principles; and

FURTHER RESOLVED that SFDPH will provide guidance and capacity building assistance to operationalize harm reduction principles and will develop and implement effective accountability mechanisms; and

FURTHER RESOLVED that SFDPH will address barriers to health care related to stigma for people who use alcohol and other substances to the greatest extent possible; and

FURTHER RESOLVED that SFDPH will continue to partner with other city departments to effectively reduce the harms related to use of alcohol and other substances; and

FURTHER RESOLVED that SFDPH will ensure that effective and accessible harm reduction options are available throughout the continuum of SFDPH-funded care.

September 2015

HHSPC:

- Co-Chair Election: Eric Sutter & Linda Walubengo
- Medicare Part D Outreach presentation
- Marin County Prioritization & Allocation
- San Mateo Prioritization & Allocation
- Quality Management Program and Performance Measures presentation
 - Quality Assurance (QA) consists of measuring compliance to minimum quality standards and pinpoints specific problems to be resolved.
 - Continuous Quality Improvement (CQI) is the continuous modification of a process or system to improve outcomes for everyone involved.

Marin County - Shifting Resources

Marin's allocation of Ryan White resources has changed to reflect the implementation of the Affordable Care Act and the return of Denti-Cal for adults as payer sources. As indicated in the table below, allocations for outpatient/ambulatory health care, mental health, substance abuse treatment, and oral health have decreased and funds have been shifted in part to the new category of Health Insurance Premium and Cost-sharing Assistance. We will continue to ensure that other payer sources are used when appropriate and clients are assisted in maintaining and utilizing their new health insurance coverage.

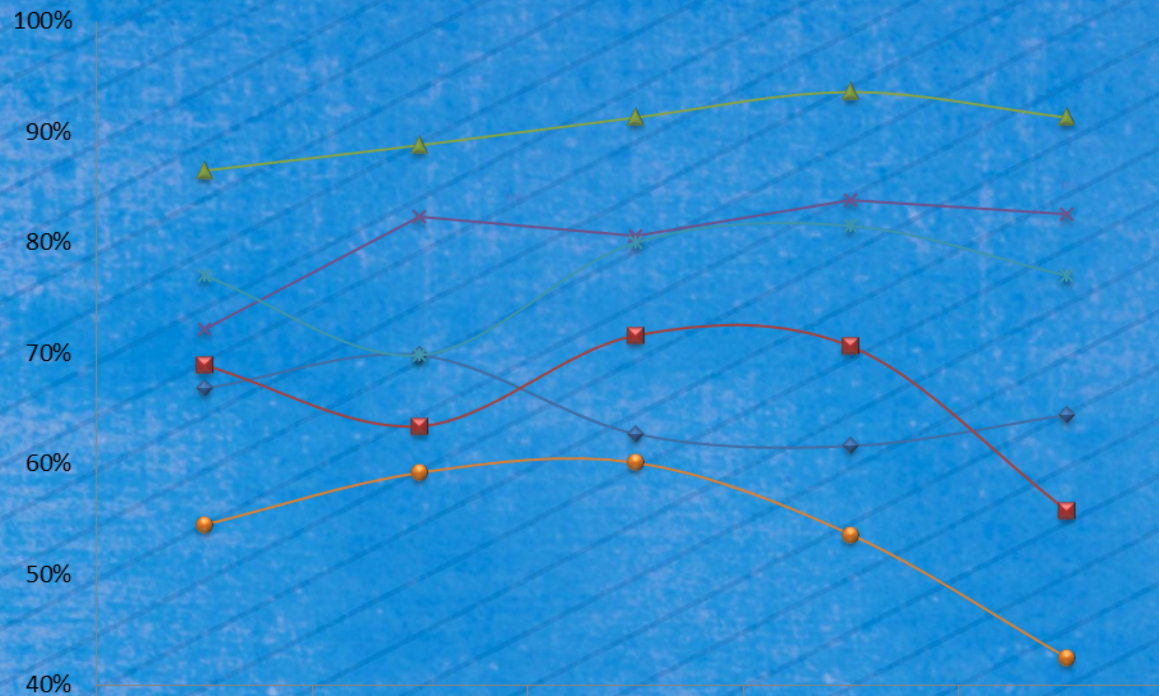
SERVICE CATEGORY			
CORE SERVICES	2013-2014	2014-2015	2015-2016
Outpatient/Ambulatory Health Services	\$129,704	\$10,912	\$30,000
Mental Health	\$80,325	\$60,000	\$80,000
Medical Case Management	\$132,668	\$156,467	\$144,111
Home and Community-based Care	\$38,237	\$38,000	\$25,000
Outpatient Substance Abuse Treatment	\$7,975	\$0	\$0
Oral Health Care	\$5,689	\$874	\$18,000
AIDS Pharmaceutical Assistance	\$12,000	\$12,000	\$12,000
Health Ins Premium and Cost Sharing Assistance	\$0	\$42,153	\$34,020
SUPPORT			
Non-medical case management	\$97,778	\$100,000	\$110,000
Emergency Financial Assistance	\$29,263	\$35,000	\$47,356
Food Vouchers	\$0	\$0	\$78,874
Medical Transportation	\$8,476	\$8,000	\$11,000
Residential Substance Abuse Treatment	\$0	\$0	\$0
Total*	\$546,427	\$467,906	\$467,908

San Mateo County Prioritization Process

During the April 2015 full board meeting, the STD/HIV Program Director provided the board with information on service utilization as well as clarification of the service categories. The discussion led to moving Mental Health services just above Medical Case Management. The board voted to make no changes in prioritization of Support Services. The board did want to stress the importance of Medical Transportation, which is fully funded under Ryan White Part B, due to the lack of adequate public transportation and the large geographic size of the county. The addition of the Early Intervention Services category happened during the July meeting due to the notification of Ryan White Part A funding. We were able to increase the Support Services categories by \$35,000 this year. These are all services provided by contract agencies.

Core Services	Previous Priority	New Priority	% Part A Allocation	Amount
Outpatient/Ambulatory Care*	1	1	18.80%	\$222,362
Oral Health/Dental Care	2	2	7.60%	\$90,000
Medical Case Management	3	4	44.14%	\$522,405
Mental Health Services	4	3	10.15%	\$120,069
Early Intervention Services	*	*	1.64%	\$19,441
Subtotal			82.33%	\$974,277
Support Services				
Housing Services	1	1	1.41%	\$16,688
Food Program	2	2	9.72%	\$115,000
Medical Transportation*	3	3	0.00%	\$0
Emergency Financial Assistance	4	4	6.55%	\$77,495
Subtotal			17.67%	\$209,183
Total			100.00%	\$1,183,460

SF EMA – Quality Indicators 2010-14



	2010 (n=3372)	2011 (n=3771)	2012 (n=3183)	2013 (n=3662)	2014 (n=3380)
◆ Med. Visits	66.8%	69.8%	62.7%	61.6%	64.4%
■ PCP Proph.	68.9%	63.4%	71.6%	70.6%	55.8%
▲ HAART	86.5%	88.8%	91.3%	93.6%	91.3%
✕ Viral Load Supression	72.1%	82.3%	80.6%	83.8%	82.6%
★ Hep C	77.0%	69.8%	80.0%	81.5%	77.0%
● Syphilis Screening	54.5%	59.2%	60.1%	53.6%	42.5%

SF EMA Quality Management Program – Conclusions

- HAART indicator met and exceeded established thresholds.
- Viral Load Suppression and Hepatitis C Screening nearly met established thresholds.
- PCP Prophylaxis, Medical Visits and Syphilis Screening fell significantly below established thresholds.
- Health disparities based on gender & race in the SF EMA primary care client pool don't appear to be significant for HAART and may be present in viral load suppression.

October 2015

Joint Meeting between HPPC & HHSPC

Merged Council motions approved:

Mission Statement

- *Ensure that there is meaningful collaboration that supports the continuum of HIV prevention, care and treatment services;*
- *Ensure that San Francisco has functional networks that provide seamless service delivery; and*
- *Support models that increase health equity among populations heavily impacted by HIV.*

Vision Statement

- *To create an ideal health care system for people living with or at risk for HIV/AIDS*

Membership

- *To offer membership to all current members in good standing at the time of the merge.*
- *To have all representation on the new council be voting members.*
- *Membership of the Joint Council will include 1/3rd unaffiliated HIV+ consumer of HIV services.*

November 2015

HHSPC:

- ACA Implementation presentation
- Harm Reduction Policy Update
- Integrated Plan Work Group approved

Mental Health Coverage

- ❑ **Specialty Mental Health – for Severely Mentally Ill**
 - Covered under Medi-Cal both prior and post ACA implementation
 - Not through primary care funding
 - Agencies and patients are negotiating two systems
- ❑ **Non-Specialty Mental Health**
 - All SF Medi-Cal population will be eligible for services
 - Funds are disbursed by the State Office of Medi-Cal as a separate stream of funding
- ❑ **Anthem Blue Cross**
 - Contracts with individual mental providers
- ❑ **SF Health Plan**
 - The **SF Health Plan** contracts solely with **Beacon Managed Care** to administer non-specialty mental health services
 - **Prior authorization** is required for billing
 - Billing by SFGH clinics is now piloting with no reimbursement yet
 - Scope of services billable to Beacon still to be refined
 - Basic categories have been delineated
 - Substance abuse counseling services are not covered
 - Scope may be less comprehensive than what is covered under RWPA
 - Interventions likely to be problem focused and shorter term with periodic reauthorization needed

DECEMBER 2015

HPPC:

☐ Community Engagement Policy Change

- *Executive Committee of the HPPC moves to amend the section F of the Article III of its bylaws to eliminate the responsibility of members to attend a community engagement event.*
- *Executive Committee of the HPPC moves to eliminate the community-engagement meetings policy.*

☐ Community Co-Chair and At-Large Member Election:

- David Gonzalez and Paul Harkin re-elected

☐ 2016 Scope of Work approved

January 2016

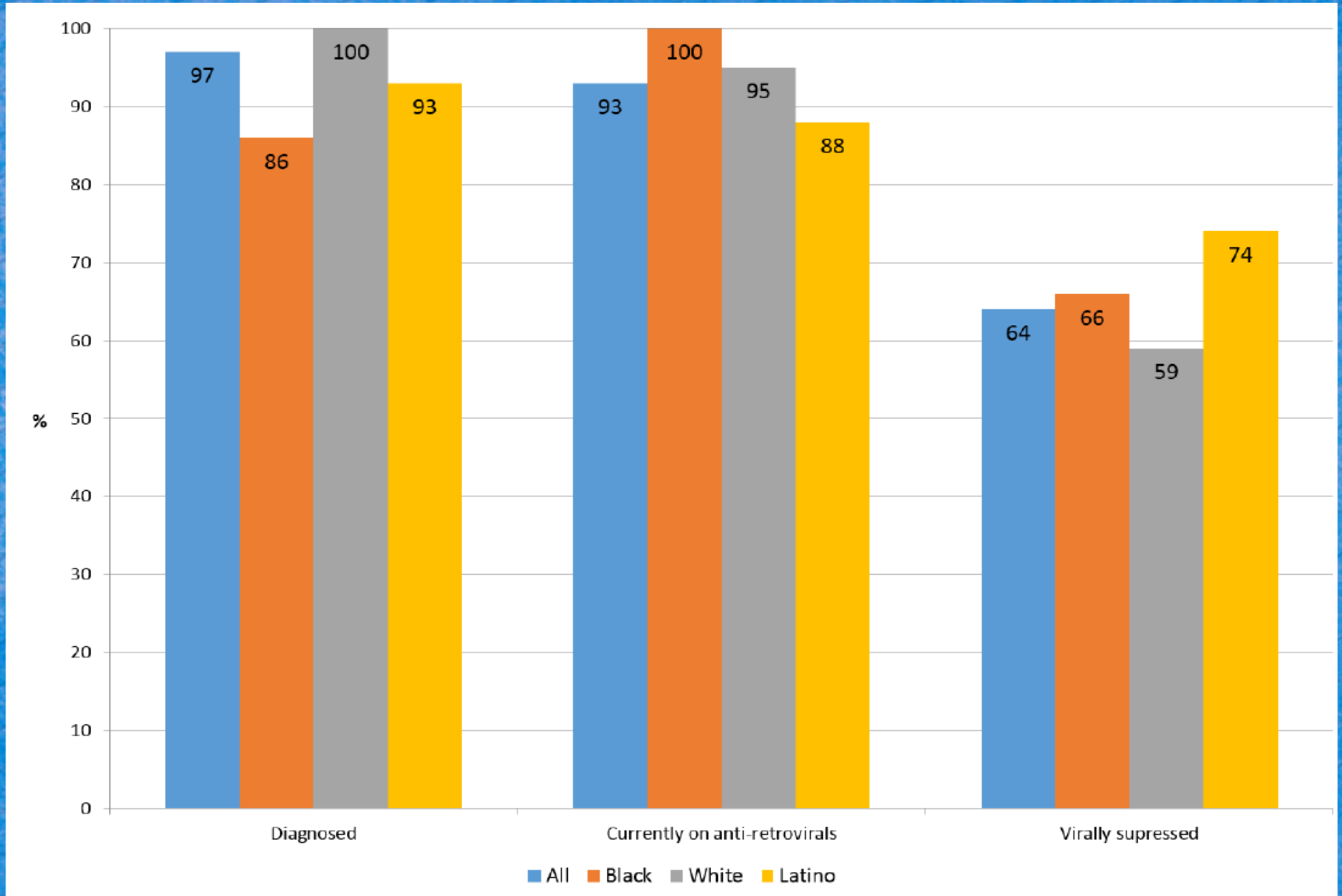
HPPC:

- ❑ 90-90-90 presentation
 - By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.
- ❑ STDs in the Era of Getting to Zero presentation
- ❑ Using Surveillance Date to Measure Progress along the HIV Care Cascade presentation

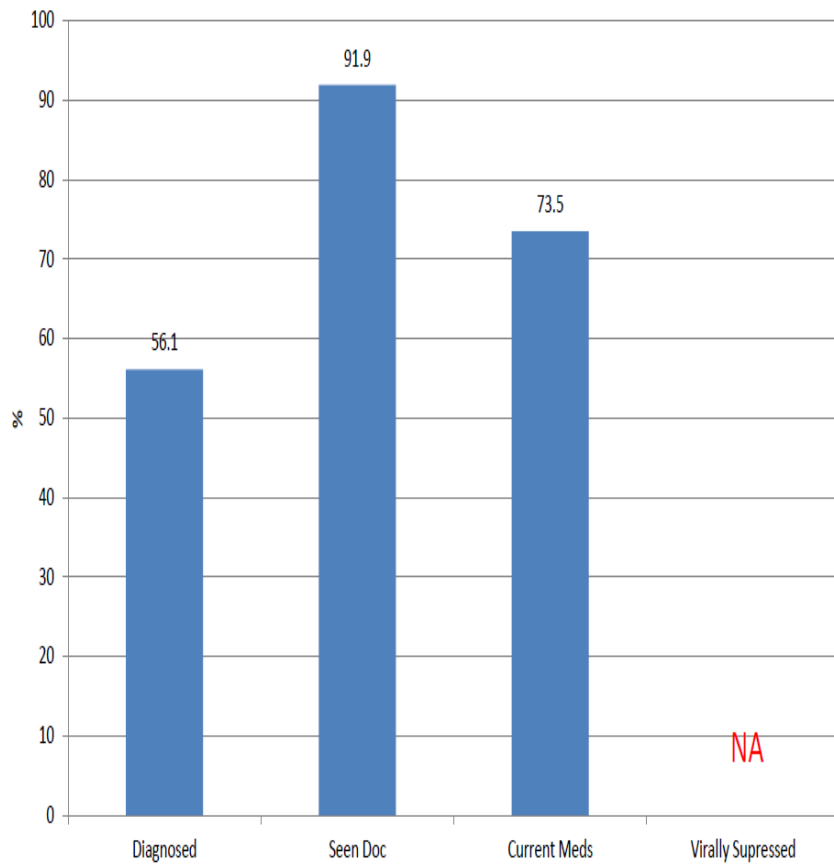
HHSPC:

- ❑ SPNS Report – Trans Access
- ❑ SPNS Report – HHOME
- ❑ 2016 Needs Assessment target approved:
 - People living with HIV/AIDS with clinically diagnosed and/or self-diagnosed mental health challenges, with an emphasis on Special Populations

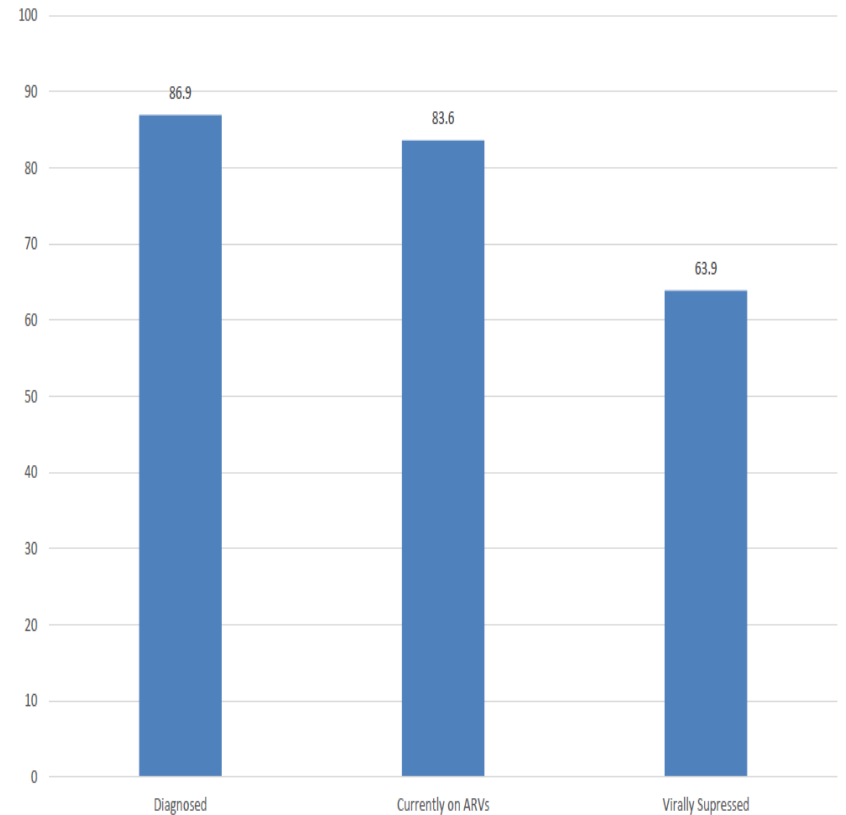
90-90-90 indicators by race / ethnicity, MSM, San Francisco, 2014



IDU: "90-90-90"



Trans women: 90-90-90



New Activities for STD Prevention in MSM

Decrease likelihood of exposure to infected partners

- Sexual Behavioral health consultant – contract in progress
- New STD education and condom media campaign: Jan-March 2016
- Diagnosis and treatment (community based, City Clinic, Magnet)
- Partner services and preventive treatment

Decrease the time a person is infectious

- Increased community-based Screening by SFDPH CHE&P branch - current
- Diagnosis and treatment (community based, SF Health Network, City Clinic, Magnet, other clinical providers)
- Partner services and preventive treatment

Increased condom use

- Community Engagement (focus groups, town halls)
- Sexual Behavioral health consultant
- New STD education and condom media campaign
- Coordinate with Getting to Zero Efforts, including new SFDPH PrIDE grant from CDC

New Activities for STD Prevention in young B/AA women

Decrease likelihood of exposure to infected partners

- New STD education and condom media campaigns (some overlap with MSM)
- Partnership with SFHN in Black/African American (BAAHI) measure: CT screening in young women
- Diagnosis and Treatment

Decrease the time a person is infectious

- Pilot of home-based screening for gonorrhea and chlamydia
- Partnership with SFHN in Black/African American (BAAHI) measure: CT screening in young women
- Diagnosis and Treatment

Increased condom use

- Plan for Community Engagement (focus groups, town halls)
- Sexual behavioral health consultant
- New STD education and condom media campaigns (some overlap with MSM)
- Condom distribution

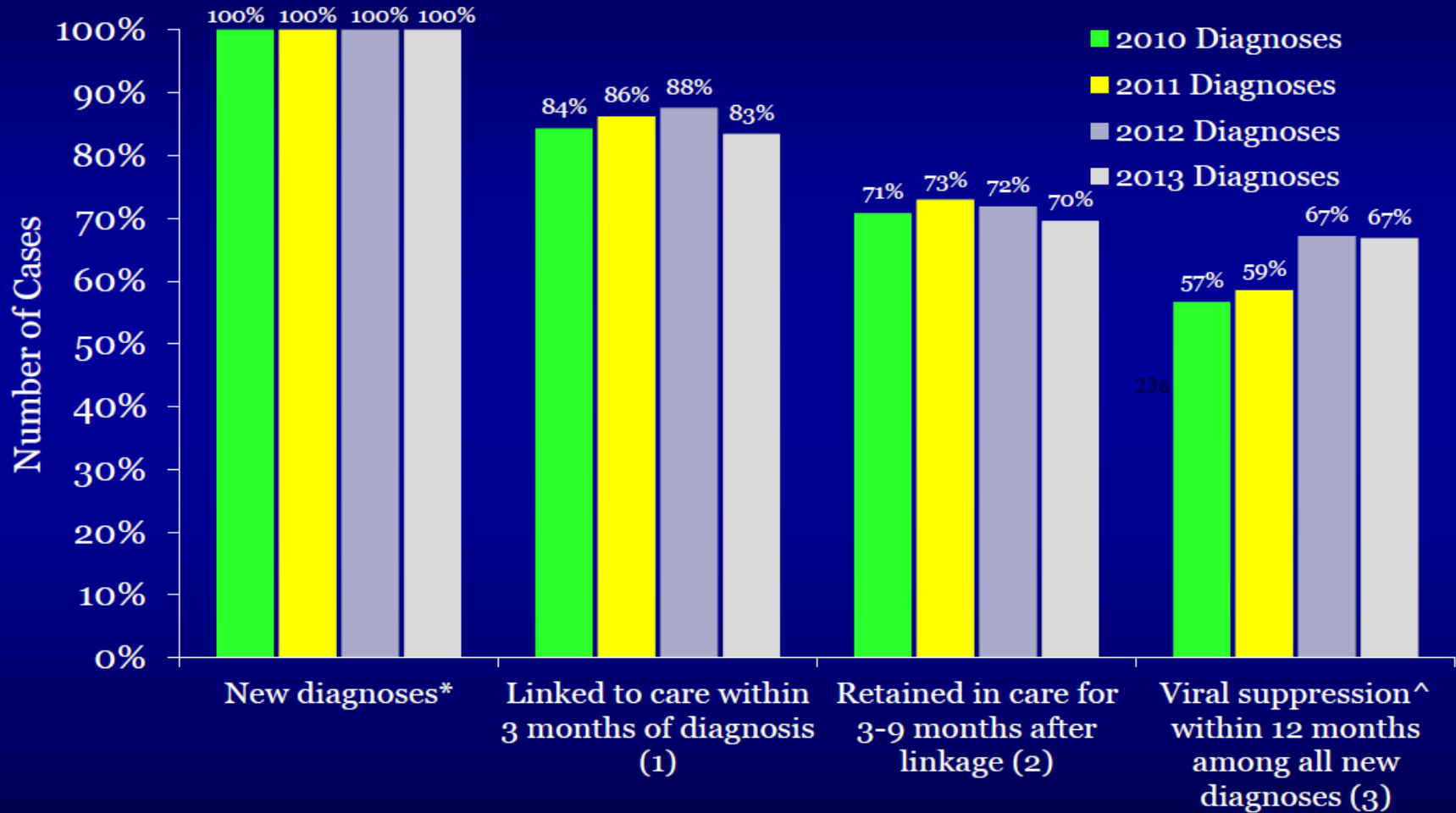
Trends in persons diagnosed with HIV infection by demographic and risk characteristics, 2006-2014, San Francisco

	Year of Initial HIV Diagnosis ¹									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	
Total Number	519	527	522	467	439	413	429	371	302	
Gender										
Male	90%	87%	89%	91%	89%	88%	94%	91%	93%	93% male
Female	7%	8%	8%	5%	8%	10%	5%	6%	5%	
Transfemale ²	3%	4%	3%	4%	3%	2%	1%	3%	2%	
Race/Ethnicity										
White	54%	51%	49%	52%	48%	52%	49%	46%	45%	55% people of color
African American	14%	15%	16%	15%	14%	16%	10%	13%	11%	
Latino	22%	20%	23%	21%	25%	20%	25%	25%	27%	
Asian/Pacific Islander	6%	9%	8%	8%	8%	8%	11%	13%	13%	
Native American	1%	0%	1%	0%	0%	0%	1%	1%	0%	
Multi-race	3%	4%	3%	4%	5%	3%	2%	2%	4%	
Unknown	0%	0%	0%	0%	0%	1%	1%	1%	0%	
Age at HIV Diagnosis (years)										
13 - 17	<1%	<1%	1%	<1%	<1%	<1%	0%	0%	<1%	17% Over age 50
18 - 24	12%	10%	10%	12%	13%	11%	12%	13%	12%	
25 - 29	13%	19%	16%	12%	13%	15%	17%	21%	17%	
30 - 39	34%	36%	35%	31%	31%	26%	31%	29%	30%	
40 - 49	28%	24%	29%	27%	28%	31%	29%	25%	24%	
50+	14%	10%	9%	17%	15%	17%	11%	12%	17%	
Transmission Category										
MSM	70%	66%	72%	71%	64%	72%	78%	77%	75%	75% MSM
PWID	8%	6%	6%	5%	8%	7%	3%	6%	6%	
MSM-PWID	16%	17%	12%	16%	15%	11%	10%	10%	11%	
Heterosexual	5%	8%	7%	5%	8%	6%	6%	5%	3%	
Other/Unidentified	2%	3%	3%	3%	5%	3%	3%	2%	5%	

¹ Data include persons diagnosed with HIV infection in any stage and reported as of April 10, 2015. Percentages may not add to 100% due to rounding.

² Transfemale data include all transgender cases. Transmale data are not released separately due to potential small population size. See Technical Notes "Transgender Status".

Continuum of HIV care among persons diagnosed with HIV, 2010-2013, San Francisco



* Number of new diagnoses shown each year is based in the evidence of a confirmed HIV test and does not take into account patient self-report of HIV positive.

[^] Defined as the latest viral load test during the specified period is ≤ 200 copies/mL.

February 2016

HHSPC:

- Part D presentation
- Women & HIV presentation
- Food Needs Assessment presentation:
 - *Needs Assessment from UCSF and Project Open Hand studying food as a preventative model instead of an intervention model; looked at 30 HIV positive clients and 30 HIV positive clients with type II diabetes. They looked at client's nutrition for 6 months and tested them before and after the study. The incidence of hospitalization, depression, food security, internal and external stigma decreased.*

Family Service Network

- Women 25/older
- Pregnant Women
- 13-24 Youth
- Youth Transitioned to Adult Care

National

Retained in Care:

- 40%

Viral Load Suppression:

- 26%

*YR 2013 Treatment Cascade for HIV+Women

SF Part D

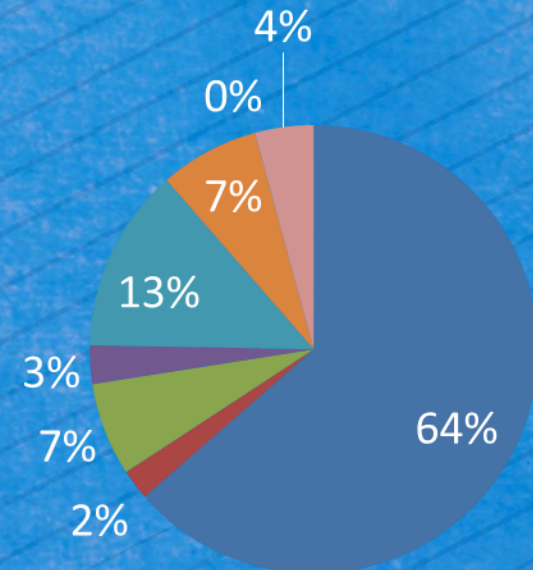
Retained in Care:

- 78% (Goal)
- (85% achieved)

Viral Load Suppression

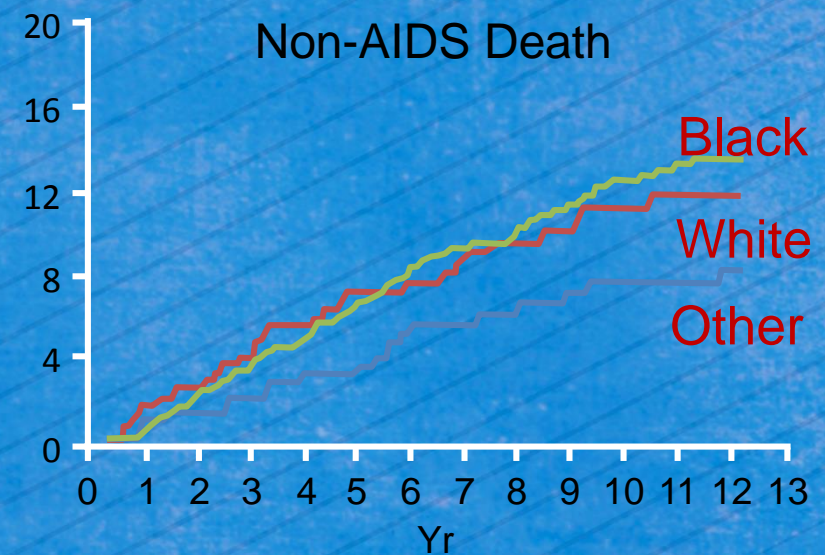
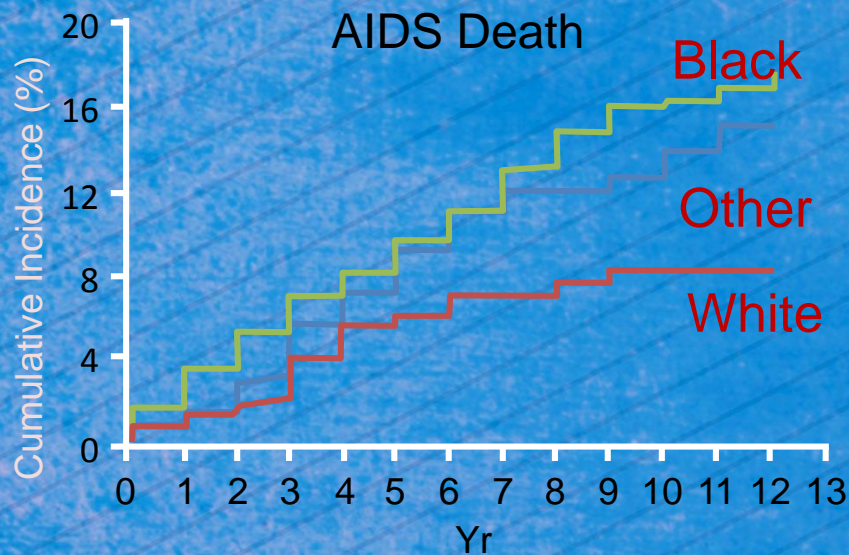
- 80% (Goal)
- (82%/achieved)

*



Black HIV+ Women Twice as Likely to Die of AIDS Than White HIV+ Women

- N = 1471 women on continuous HAART



- Other significant predictors of AIDS death: depression, peak HIV-1 RNA, nadir CD4+ cell count, HCV co-infection, substance use, < 95% adherence to ART
- Black race, depression predicted reduced adherence to ART, but black race remained associated with AIDS death after adjusting for adherence

March 2016

Joint Meeting between HPPC & HHSPC:

Motions approved:

- Merged Council leadership structure, membership total upon attrition, meeting time, membership application, and council committee structure motions approved.
- Merged Council name approved:
 - ***HIV Community Planning Council***

HHSPC:

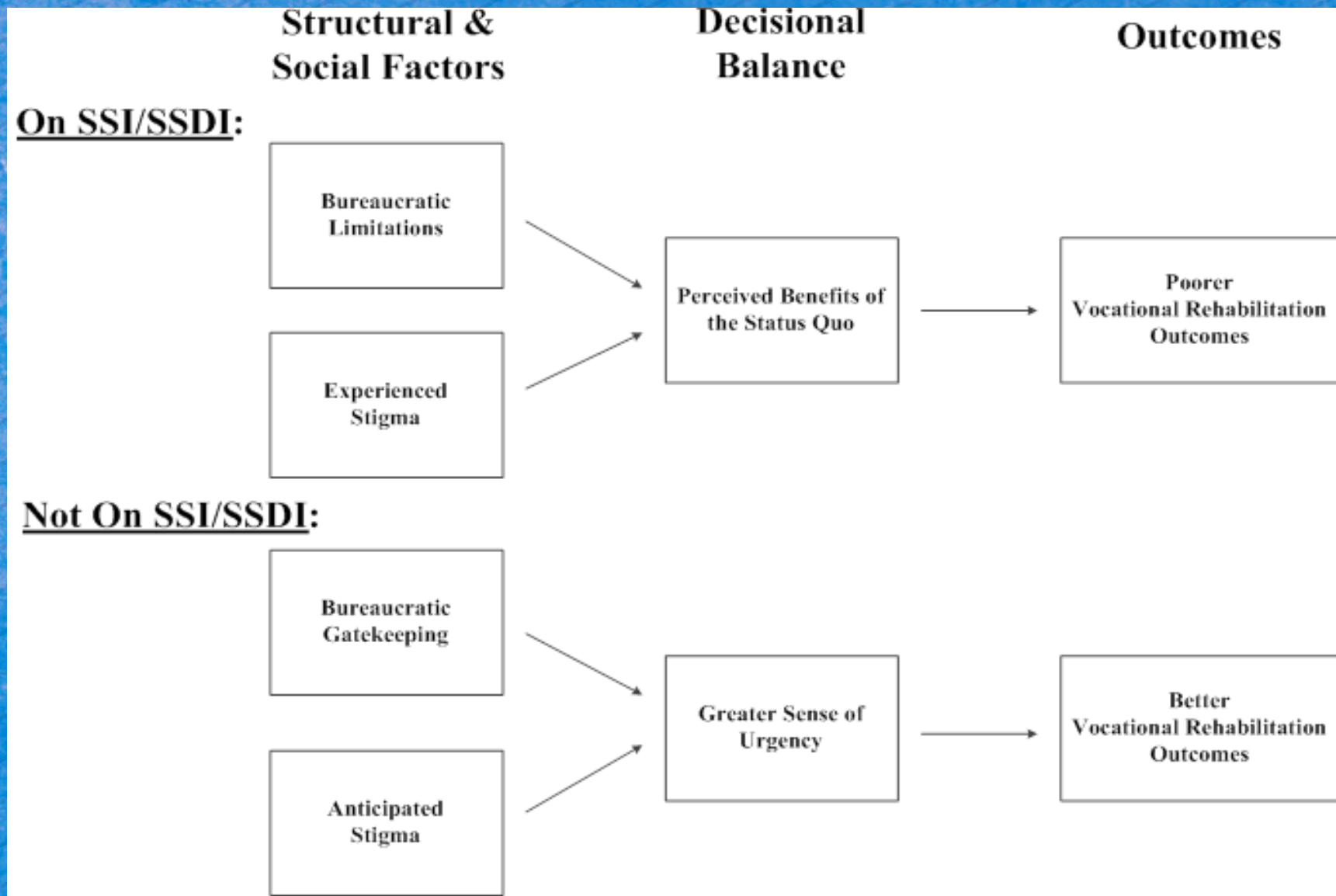
- Marin and San Mateo COLA sessions report

April 2016

HHSPC:

- UCSF Study on HIV & Employment presentation
- HIV Consumer Advocacy Project Annual Report
- MSM Progress along the HIV Care Cascade presentation

Social & Structural Influences on Vocational Rehabilitation



HCAP

SERVICE CATEGORY	2015-16 ⁹
Housing	30% (32)
Request for Assistance	26% (28)
Case Management	18% (19)
Primary Medical	11% (12)
Dental	10% (11)
Food	5% (5)
Social Support	4% (4)
Residential Substance Use	4% (4)
Mental Health	3% (3)
Money Management	2% (2)
Hospice	2% (2)
Benefits Counseling	0% (0)
Emerg. Financial Assist.	0% (0)

TYPE OF ISSUE	2015-16
Quality of Care	34% (36)
Assistance Sought by Provider	26% (28)
Termination From Services	16% (17)
Problematic Policy or Procedures	14% (15)
Miscommunication	7% (8)
Eligibility	4% (4)
Non-Engagement with Regard to Grievance/Complaint	4% (4)
Confidentiality	4% (4)
Access	4% (4)
Cultural Sensitivity	3% (3)
Billing	2% (2)
Failure to Observe Procedures	1% (1)

May 2016

Joint Meeting between HPPC & HHSPC:

- By-laws approved
- Merged Council motions approved:
 - *Committee structure, staggering terms of co-chairs, council member job description, progression of motions, DPH co-chair role, appointed seats, meeting attendance, committee descriptions, at-large seats, CAEAR Coalition representative, steering committee description.*
- Motion approved to dissolve HPPC & HHSPC
- Nominations for Co-Chairs opened

June 2016

First meeting of the

San Francisco HIV Community Planning Council

☐ HCPC Community Co-Chairs elected:

- Ben Cabangun
- Charles Siron
- Linda Walubengo

☐ California Planning Group representative elected:

- Mike Discepola

☐ The Dignity Fund presentation

- *The HCPC voted to endorse The Dignity Fund*

☐ Ryan White Part A “Core Services” presentation

July 2016

- ❑ Community Health Equity & Promotion presentation
- ❑ At-Large Members elected:
 - Elaine Flores
 - David Gonzalez
 - Paul Harkin
 - Laura Thomas
- ❑ ARIES presentation
- ❑ Ryan White Part A “Support Services” presentation

Any door is the right door

Any contact with the service system should lead to appropriate linkage to more intensive health-related services, when appropriate. Structural barriers to access must be addressed with creative solutions.

Continuum of HIV Prevention, Care, & Treatment

Comprehensive health screening, assessment, and referral; retention interventions; and risk reduction for people living with and at risk for HIV should be integrated and available within the service system, whether in primary care, community-based services, substance use treatment, or other services.

Health Outcomes

Our goal is healthy people. We envision an SF MSA where there are no new HIV infections and all PLWH have achieved viral suppression.

Access to Care & Services

Examples of services:

- Linkage support/care navigation
- Health Insurance enrollment
- Benefits eligibility

Examples of entry points:

- (HIV-inclusive) Primary care
- HIV testing
- Substance use treatment
- Mental health services



Screening, Assessment, & Referral

- STIs and other co-infections (e.g., hepatitis C)
- Mental health & substance use disorders
- Trauma history
- Basic needs
- Sexual & injection risks, as well as risk reduction practices
- Resiliency factors

- HIV

Risk Reduction

- Harm reduction
- Mental health & substance use services
- Condoms
- Syringe access
- Sexual health education & risk reduction

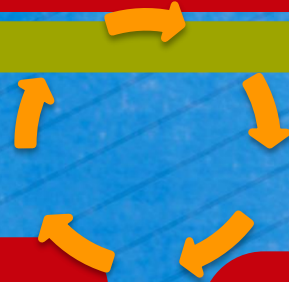
- Post Exposure Prophylaxis (PEP)
- Pre Exposure Prophylaxis (PrEP)

- Antiretroviral therapy
- Prevention with positives

Retention

- Case management
- Linkage to housing & other ancillary services
- Mental health & substance use services
- Patient navigation
- Peer support
- Outreach & re-

- Health/HIV literacy and education



Getting to Zero

- Zero stigma
- Zero new HIV infections
- Zero AIDS-related deaths



Strategies for all, regardless of HIV status

Strategies for HIV negative individuals

Strategies for HIV positive individuals

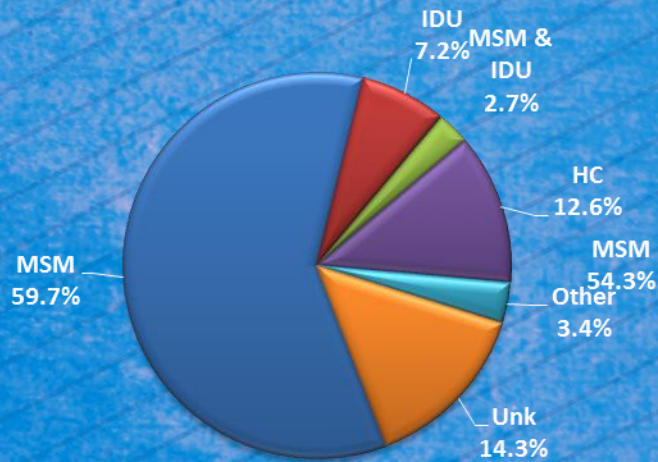
EMA Factoids

- **EMA-Wide** – The UDC is **7,420**
 - 720 or 9.7% of clients served in the EMA were “new”
 - 43 or 0.58% died during the reporting period
 - There are 342 or 4.6% **shared clients** within the EMA.
- **Marin County** – The Marin UDC is 293 or **3.9%** of total EMA UDC
 - 34 or 11.6% clients served in Marin were “new”
 - No clients died during the reporting period.
- **San Francisco County** – The San Francisco UDC is 6,897 or **93%** of total EMA UDC.
 - 654 or 9.48% clients served in San Francisco were “new”
 - 37 or 0.54% died during the reporting period
- **San Mateo County** – The San Mateo UDC is 572 or **7.7%** of total EMA UDC
 - 64 or 11.19% clients served in San Mateo were “new”
 - 8 or 1.4% died during the reporting period.

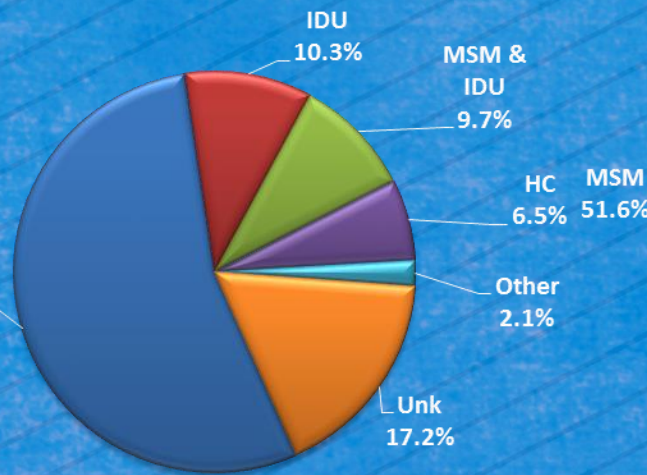
HIV Exposure for EMA

Men who have sex with men (MSM)	Injection drug user (IDU)	Men who have sex with men and injection drug user (MSM & IDU)	Heterosexual Contact (HC)	Other	Unknown (Unk)
n=3993	n=762	n=677	n=528	n=166	n=1294
53.8%	10.3%	9.1%	7.1%	2.3%	17.4%

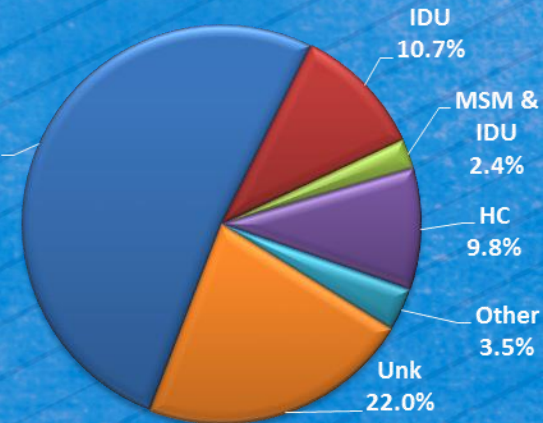
Marin



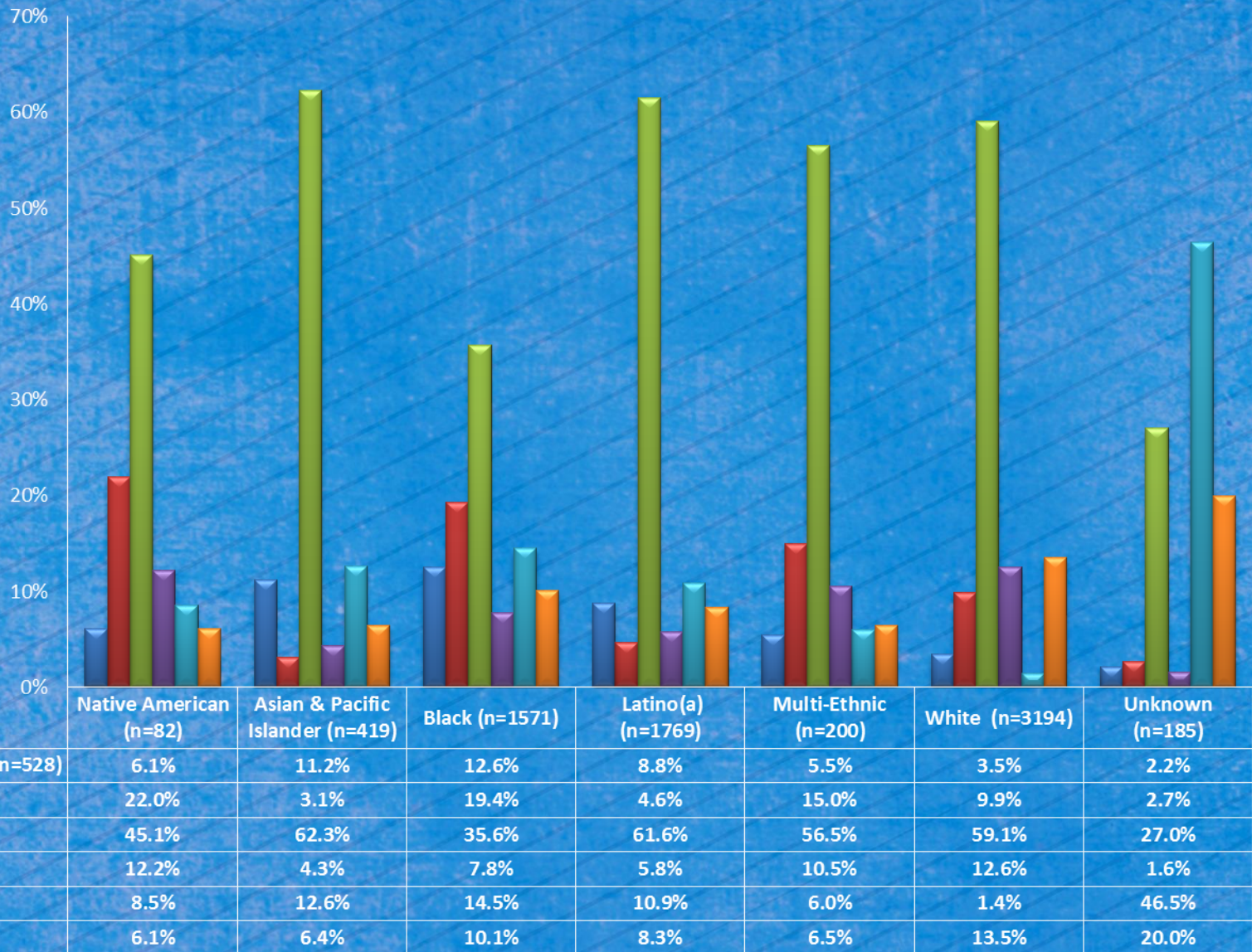
San Francisco



San Mateo



EMA Race By HIV Exposure Hierarchy



August 2016

- ❑ RWPA Service Summary Sheets presentation
- ❑ Carry-forward Allocation motion approved:
 - \$250,000: Pilot Project of Health Insurance Premium Payments program (for Covered CA plans)/ Emergency Financial Assistance grants
 - \$4,000-\$6,000: Addition to Planning Council Support Contract for travel costs for two to attend Ryan White 2016 Conference
 - \$125,000: Additional Dental Services
 - \$109,000-\$111,000: Client Incentive Vouchers
- ❑ 2016 Needs Assessment Report

NEEDS ASSESSMENT CONCLUSIONS

1. Participants felt that navigation, linkage to services, and advocacy were of great importance, specifically during periods of transition. They also expressed concerns about consistency of service, and felt that many of the programs in place to aid with navigation were short term in scope, when what was desired was more long term and personalized advocacy. If funding increases for behavioral health and navigation, perhaps this need could be further explored.
2. Core services are perceived as very effective, as demonstrated by consistently positive cascade numbers. Some participants felt that stigma related to mental health caused difficulty in developing and maintaining relationships with providers.
3. Many participants expressed frustration at high turnover among service providers, and what is perceived as a lack of knowledge regarding the care continuum. Perhaps additional training for direct service providers (in particular new staff) can be explored in order to increase efficacy of navigation services and to maintain and increase institutional knowledge.
4. Participants expressed that support groups aid in maintaining a sense of community, as well as dealing with isolation and depression. They also felt that groups acted as forums for information exchange, and helped them to enact health positive and proactive behaviors. Culturally specific support groups were seen as effective.