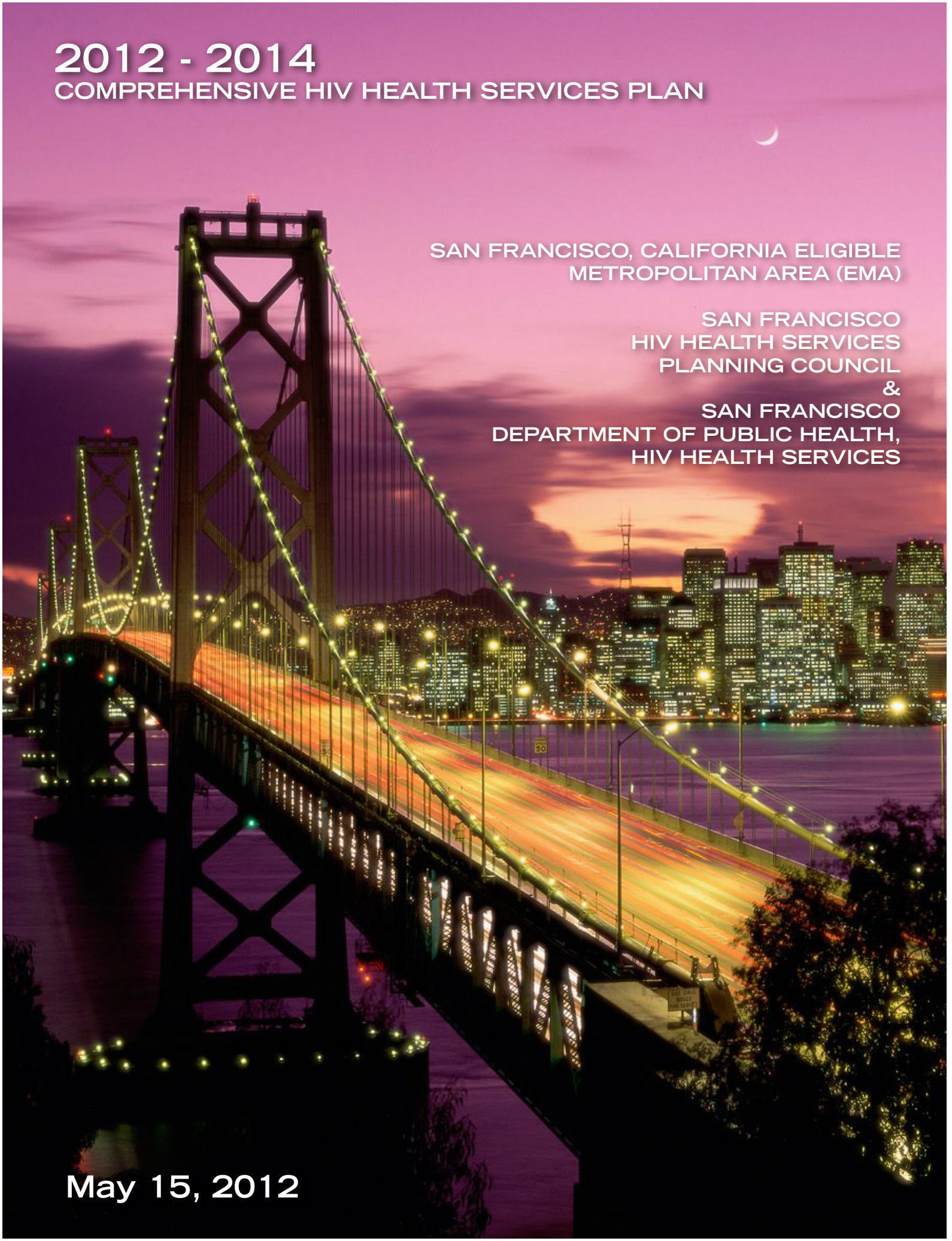
2012 - 2014
COMPREHENSIVE HIV HEALTH SERVICES PLAN



SAN FRANCISCO, CALIFORNIA ELIGIBLE METROPOLITAN AREA (EMA)

SAN FRANCISCO HIV HEALTH SERVICES PLANNING COUNCIL

&

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, HIV HEALTH SERVICES

May 15, 2012

SAN FRANCISCO ELIGIBLE METROPOLITAN AREA (EMA) 2012 - 2014 COMPREHENSIVE HIV SERVICES PLAN

TABLE OF CONTENTS

San Francisco HIV Health Services Planning Council

San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties

May 8, 2012

Barbara Aranda-Naranjo, RN, PhD, FAAN
Director, Division of Service Systems
HIV/AIDS Bureau, HRSA
5600 Fishers Lane, Room 7A-55
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Dear Ms. Aranda-Naranjo:

On behalf of the San Francisco HIV Health Services Planning Council, we are pleased to endorse the 2012 - 2014 Comprehensive HIV Services Plan for the San Francisco Eligible Metropolitan Area (EMA) and to provide assurance that the Planning Council played a central role in researching, developing, and producing this document.

The San Francisco HIV Health Services Planning Council formed a Comprehensive Plan Work Group in late 2011 whose specific charge was to work with the Part A grantee to develop the new three-year Plan. The Work Group was composed of Council members, consumers, representatives of San Francisco HIV Health Services, and representatives of relevant public and private agencies in the EMA, including the Department of Public Health's HIV Prevention Section. The Work Group met twice monthly from January through April 2012 to review and assess the previous Plan and to consider and discuss key topics affecting the future of Ryan White care. The Planning Council Steering Committee reviewed, revised, and approved the Plan at its annual retreat on April 13, 2012. The Council as a whole then reviewed and approved the revised version of the Plan at its meeting on April 25, 2012.

The enclosed Plan offers a blueprint to guide the San Francisco HIV Health Services Planning Council for the next three years as the Council confronts unprecedented challenges and opportunities related to healthcare reform and evolving HIV care and prevention paradigms. The Council views this Plan as a living document to help guide future discussion and decision-making and to allow us to continue ensuring the highest possible quality of care and care access for severe need, underserved, and disadvantaged HIV-infected individuals in our region.

Sincerely,

Lee Jewell
Co-Chair

Mary Lawrence Hicks
Co-Chair

Channing Wayne
Co-Chair

CONTRIBUTORS / ACKNOWLEDGMENTS

The San Francisco HIV Health Services Planning Council worked in close collaboration with the Ryan White Part A Grantee agency - the San Francisco Department of Public Health HIV Health Services section - to develop the 2012 - 2014 Comprehensive HIV Services Plan. We are grateful to those who contributed to the process of Plan development and approval.

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Key support for the planning process was provided by Planning Council staff based at Shanti, including Mark Molnar, Planning Council Director; T.J. Lee, Program Manager; and Dave Jordan, Administrative Assistant. Dean Goodwin and Marguerite Heyward of San Francisco HIV Health Services provided critical assistance throughout the process, including helping to organize the planning process, gather key materials, and coordinate project logistics. Matt Geltmaker of the San Mateo County Health Department and Cicily Emerson and Chris Santini of the County of Marin Department of Health and Human Services lent vital input to the planning process. John Aynsley provided support in developing the resource inventory. Robert Whirry, an independent Program Development Consultant, worked with HIV Health Services and the Planning Council to organize and facilitate the planning process and to draft and revise the text of the 2012 Comprehensive HIV Services Plan.

OVERVIEW OF THE PLANNING PROCESS

To prepare the new 2012 - 2014 Comprehensive Plan, the San Francisco HIV Health Services Planning Council made the decision to form a dedicated **Comprehensive Plan Work Group** that was specifically charged with developing the new three-year plan document. While the Work Group was open to all Planning Council and community members, special efforts were made this year to include representation by key collaborators and complementary organizations whose work had a direct impact on the Ryan White system of care. This included outreach to community-based organizations central to the provision of low-income HIV care in our region such as Mission Neighborhood Health Center, the San Francisco AIDS Foundation, the San Francisco Community Clinic Consortium, and the now-closed Tenderloin Health. Outreach was also made to key public agencies including the San Francisco Department of Public Health HIV Prevention Section, San Francisco HIV Prevention and Control Services, and Healthy San Francisco, the city's groundbreaking low-income insurance program. These outreach efforts, coupled with a high level of interest in the Plan, resulted in an unusually large Work Group comprised of **22** members, listed below.

2012 San Francisco EMA Comprehensive Plan Work Group Members

John Andrews, San Francisco HIV Health Services Planning Council
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The 2012 Comprehensive Plan Work Group met on a **twice monthly** basis from January through April 2012 to collect information and collaboratively discuss and develop key Plan components. The Work Group conducted a comprehensive review of the previous 2009 - 2012 Plan, including reviewing progress made toward each Plan objective and activity. The Work Group held special sessions related to key issue areas such as HIV prevention, inter-agency collaboration, complementary funding streams in the EMA, and health care reform. The Work Group also reviewed and revised key elements of the previous Plan including Plan goals and the Plan's values and vision statement.

The Work Group's activities culminated in the development of a wide-ranging **Action Plan** containing a list of goals, objectives, and potential activities to guide the Planning Council's work over the coming years of unprecedented challenge and change. This Action Plan was presented to and discussed by the San Francisco HIV Health Services Planning Council's **Steering Committee** during its annual retreat on **April 13, 2012.** The Steering Committee also discussed and revised the **core values** for the Comprehensive Plan at that meeting. The Steering Committee unanimously approved both documents with revisions and the Plan was later unanimously approved by the Planning Council as a whole at its meeting of **April 23, 2012.**

The 2012 - 2014 San Francisco EMA Comprehensive HIV Services Plan provides a wide-ranging blueprint designed to help guide the future of Ryan White Part A services in our region over the next three years. The Plan seeks to provide a **flexible** framework for information-gathering, resource allocation, and service planning and organization that gives the Planning Council maximum opportunity to respond quickly to emerging changes in both the healthcare and Ryan White systems.

SAN FRANCISCO ELIGIBLE METROPOLITAN AREA (EMA) 2012 - 2014 COMPREHENSIVE HIV SERVICES PLAN

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socioeconomic circumstance, will have unfettered access to high-quality, life-extending care, free from stigma and discrimination."[1]

- Vision for the National HIV/AIDS Strategy, July 2010

I. WHERE ARE WE NOW?

Introduction to the San Francisco EMA

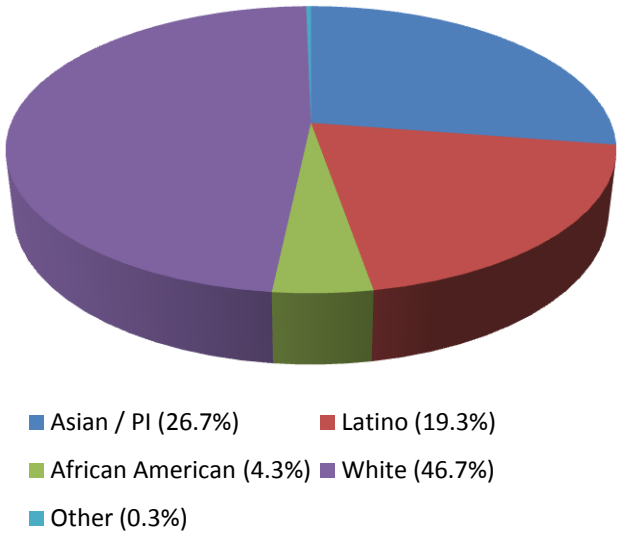
Located along the western edge of the San Francisco Bay in Northern California, the San Francisco Eligible Metropolitan Area (EMA) is a unique, diverse, and highly complex region. Encompassing three contiguous counties - **Marin County** to the north, **San Francisco County** in the center and **San Mateo County** to the south - the EMA has a total land area of **1,016** square miles, an area roughly the size of Rhode Island. In geographic terms, the EMA is very narrow, stretching more than 75 miles from its northern to southern end, but less than 20 miles at its widest point from east to west. This complicates transportation and service access in the region, especially for those in Marin and San Mateo Counties. In San Mateo County, a mountain range marking the western boundary of the San Andreas Fault bisects the region from north to south, creating challenges for those attempting to move between the county's eastern and western sides. The San Francisco (SF) EMA is also unusual because of the dramatic difference in the size of its member counties. While Marin and San Mateo Counties have a land area of **520** and **449** square miles, respectively, San Francisco County has a land area of only **46.7** square miles, making it **by far the smallest county in California** geographically, and the **sixth smallest county in the US** in terms of land area. San Francisco is also one of only three major cities in the US (the others are Denver and Washington, DC) in which the city's borders are identical to those of the county in which it is located. The unification of city and county governments under a single mayor and Board of Supervisors allows for a streamlined service planning and delivery process.

According to 2010 US Census data, the total population of the San Francisco EMA is **1,776,095**.[2] This includes a population of **252,409** in Marin County, **805,235** in San Francisco County, and **718,451** in San Mateo County, with widely varying population densities within the three regions. While the density of Marin County is **485** persons per square mile, the density of San Francisco County is **17,170 persons per square mile** - the highest population density of any county in the nation outside of New York City. While San

Mateo County lies between these two extremes, its density of **1,602** persons per square mile is still more than ten times lower than its neighbor county to the north. These differences necessitate varying approaches to HIV care in the EMA.

The geographic diversity of the San Francisco EMA is reflected in the diversity of the people who call the area home. Over **half** of the EMA's residents (**53.3%**) are persons of color, including Asian/Pacific Islanders (**26.7%**), Latinos (**19.3%**), and African Americans (**4.3%**). In San Francisco, persons of color make up **58.1%** of the total population, with Asian residents alone making up **one-third (33%)** of the city's total population. The nation's largest population of Chinese Americans lives in the City of San Francisco, joined by a diverse range of Asian immigrants including large numbers of Japanese, Vietnamese, Laotian, and Cambodian residents. A large number of Latino immigrants also reside in the EMA, including native residents of Mexico, Guatemala, El Salvador, and Nicaragua. EMA-wide, **31.6%** of residents were born outside the US and **41.7%** of residents speak a language other than English at home with over **100** separate Asian dialects alone spoken in SF. Only **half** of the high school students in the City of San Francisco were born in the United States, and almost **one-quarter** have been in the country six years or less. A total of over **20,000** new immigrants join the EMA's population each year, not including as many as **75,000** permanent and semi-permanent undocumented residents.

Figure 1. Ethnic Composition of San Francisco EMA



A. Description of the Local HIV/AIDS Epidemic

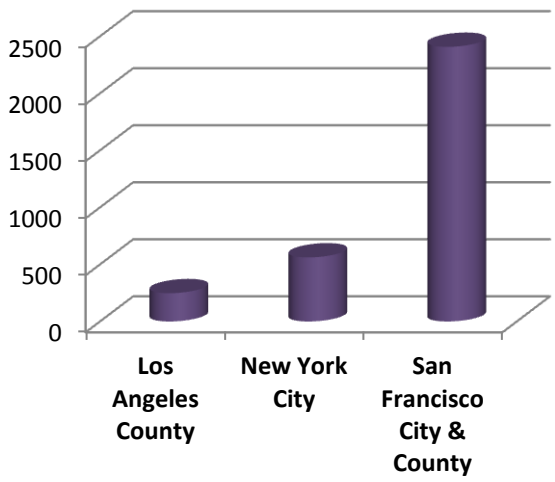
Calendar Year 2010 Epidemiologic Profile

More than a quarter century into the HIV epidemic, the three counties of the San Francisco EMA continue to be devastated by HIV – an ongoing crisis that has exacted an enormous human and financial toll on our region. According to the State of California, as of December 31, 2010, a total of **32,742** cumulative AIDS cases had been diagnosed in the EMA, representing more than **one in five** of all AIDS cases ever diagnosed in the state of California (n=**159,329**).[3] Over **21,626** persons have already died of AIDS in the EMA. As of December 31, 2010, a total of **11,464** persons were living with AIDS in the EMA's three counties while approximately the same number were believed to be living with HIV, for an estimated total of at least **22,928** persons living with HIV infection in the three-county

region.[4] This represents an EMA-wide HIV infection incidence of **1,290.9** cases per 100,000 persons, meaning that approximately **1 in every 78 residents of the San Francisco EMA is now living with HIV.** A total of **1,289** new cases of AIDS were diagnosed in the EMA over the three-year period between January 1, 2008 and December 31, 2010 alone, representing **11.2%** of all persons living with AIDS as of that date.

At the epicenter of this continuing crisis lies the City and County of San Francisco, the city hardest-hit during the initial years of the AIDS epidemic. **Today, the City of San Francisco continues to have the nation's highest per capita prevalence of cumulative AIDS cases,[5] and AIDS is both the fourth leading cause of death among all male residents age 25-54 and the leading cause of death among Latinos in that age group.[6]** The number of persons living with AIDS in San Francisco has increased by nearly **20%** over the last decade alone - a percentage that does include more rapidly escalating non-AIDS HIV cases. Through December 31, 2010, a cumulative total of **28,761** cases of AIDS have been diagnosed in San Francisco, accounting for nearly **3%** of all AIDS cases ever identified in the US as of the end of 2009 (n=**1,089,714**) and nearly **20%** of all AIDS cases diagnosed in California (n=**159,329**), despite the fact that San Francisco County contains only **2%** of the state's population.[7] As of the end of 2010, an estimated **19,390** San Franciscans were living with AIDS or HIV, representing **84.6 %** of all persons living with HIV/AIDS in the EMA, for a staggering citywide prevalence of **2,408** cases of HIV per 100,000. **This means that more than 1 in every 41 San Francisco residents is now living with HIV disease - an astonishing concentration of HIV infection in a city with a population of just over 800,000.**

Figure 2. Persons Living with AIDS Per 100,000 Population - Selected Metropolitan Areas



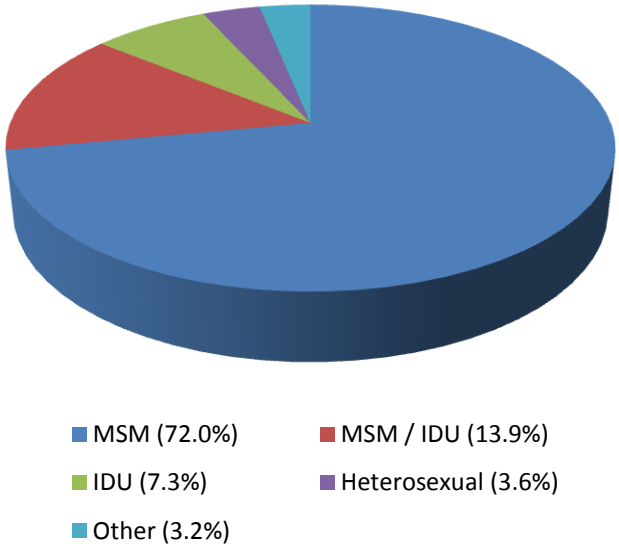
As of December 2010, the incidence of persons living with AIDS per 100,000 in San Francisco County was over **nearly ten times** that of Los Angeles County (**248.1** per 100,000) and **more than four times** that of New York City (**561.9** per 100,000) (see Figure 1).[8] The following sections provide information on the specific demographics of the local HIV epidemic.

Race / Ethnicity: Reflecting the ethnic diversity of our EMA, the region's HIV/AIDS caseload is distributed among a wide range of ethnic groups. The majority of persons living with HIV and AIDS in the EMA are white (**62.2%**), while **13.6%** of cases are among African Americans; **16.8%** are among Latinos; and **5.2%** are among Asian / Pacific Islanders. A total of **4,429** persons of color were living with AIDS in the San Francisco EMA as of December 31, 2009, representing **38.6%** of all PLWA, while another **4,242** persons of color were estimated to be living with HIV as of the same date (**37.0%** of all PLWHA), for a total

of **9,101** persons of color living with HIV/AIDS. **However, the percentage of new AIDS cases among persons of color is increasing rapidly, particularly within Latino and Asian / Pacific Islander communities.** While 38.6% of all people living with AIDS as of December 31, 2009 were persons of color, **nearly half** (**49.7%**) of new AIDS cases diagnosed between January 1, 2008 and December 31, 2010 were among persons of color (n=**641**). Latinos grew from **15.5%** to **16.8%** of all PLWHA living in the EMA between 12/31/08 and 12/31/10, while Asian / Pacific Islanders increased from **4.8%** to **5.2%** of cases over the same period. Additionally, among transgender persons, people of color make up **79.6%** of all PLWHA, including a population that is **35.4%** African American, **30.7%** Latino, and **9.7%** Asian / Pacific Islander.

<u>Transmission Categories:</u> The most important distinguishing characteristic of the HIV epidemic in the San Francisco EMA involves the fact that HIV remains primarily a disease of men who have sex with men (MSM). In other regions of the US, the proportionate impact on MSM has declined over time as other populations such as injection drug users and heterosexuals have been increasingly affected by the epidemic. While these groups have been impacted in our region as well, their representation as a proportion of total persons living with HIV and AIDS (PLWHA) has not been as high. Through December 31, 2010, fully **86.0%** of the population of persons living with HIV/AIDS in our region were MSM (**19,717**), including **16,541** men infected with HIV through MSM contact only (**72.0%** of all PLWHA) and **3,176** MSM who also injected drugs (**13.9%** of all PLWHA). This represents an increase from the end of 2008, when the percentage stood at **82.3%**. By comparison, only **33.0%** of PLWHA in New York City as of December 31, 2009 were listed as infected through MSM contact.[9] Factors underlying this difference include the high proportion of gay and bisexual men living in the EMA and the large number of long-term HIV survivors in the region. Other significant local transmission categories include heterosexual injection drug users (**7.3%** of PLWHA) and non-IDU heterosexuals (**3.6%**). There are signs that this latter population may be increasingly, however, with **6.9%** of new AIDS cases between 2008 and 2010 occurring among non-drug-using heterosexuals (n**=89**).

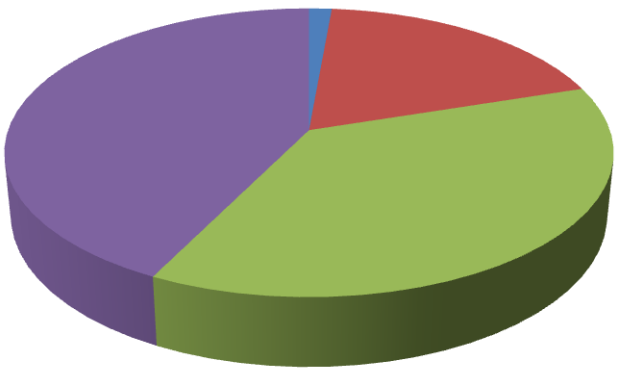
Figure 3. Transmission Categories of Persons Estimated to be Living with HIV/AIDS in the San Francisco EMA as of 12/31/10



Gender: Reflecting the high prevalence of HIV/AIDS among men who have sex with men, the vast majority of those living with HIV and AIDS in the San Francisco EMA (**91.6%**) are men. **6.2%** of all PLWHA in the region are women, **71.3%** of whom are women of color. Among African Americans living with HIV/AIDS, fully **18.1%** are women. **The San Francisco EMA has by far the lowest percentage of women, infants, children, and youth (WICY) living with HIV/AIDS through 2008 of any EMA or TGA in the nation, with WICY populations making up only 7.95% of local PLWHA.** By comparison, the next highest EMA - Denver, CO - has a WICY percentage of 11.49%. The proportion of women with AIDS in the EMA may also be increasing, with women making up **9.2%** of new AIDS cases diagnosed between January 1, 2008 and December 31, 2010. Because of their high representation within the San Francisco population, **transgender persons** also make up a significant percentage of PLWHA, with at least **504** transgender individuals - the vast majority of them male-to-female transgender – estimated to be living with HIV or AIDS in the EMA as of December 31, 2010, a figure representing **2.2%** of the region's PLWHA caseload.[10]

Current Age: An increasingly high proportion of persons living with HIV and AIDS in our region are age 50 and above. This is attributable both to the long history of the HIV/AIDS epidemic in our EMA, resulting in a large proportion of long-term survivors, and the region's hard-fought success in bringing persons with HIV into care. Among the EMA's combined PLWHA population as of December 31, 2010, **more than two out of every five people living with HIV/AIDS** (**42.7%**) are age 50 or older, including **413** PLWHA age 70 and older. **Persons 50 and older now make up the majority of persons living with AIDS in our EMA, constituting 52.7% of this population as of the end of 2010.** Between December 2007 and December 2010 alone, the number of persons 50 and over living with AIDS increased by **10.9%** within the EMA, while the overall number of PLWA increased by only **2%**. This growing aging population creates dramatic challenges for the HIV service system, including the need to develop systems to coordinate and integrate HIV and geriatric care and to plan for long-term impacts of HIV drug therapies. The largest proportion of persons living with HIV and AIDS in the EMA are between the ages of 40 and 49, who make up **37.3%** of the combined PLWHA population, and **34.4%** of new AIDS diagnoses between January 1, 2008 and December 31, 2010. A total of **316** young people between the ages of 13-24 are estimated to be living

Figure 4. Current Age of Persons Estimated to be Living with HIV/AIDS in the San Francisco EMA as of 12/31/10



with HIV/AIDS in the EMA, constituting **1.3%** of the PLWHA population. However, young people ages 13-24 make up **5.2%** of all new AIDS cases diagnosed between January 1, 2008 and December 31, 2010, pointing to a growing HIV incidence within this population. Only **13** children age 12 and under are estimated to be living with HIV or AIDS in the EMA, and only **3** new AIDS cases were diagnosed among this group between January 1, 2008 and December 31, 2010.

Disproportionate Impact: In terms of ethnic minority representation, both African American and Caucasian populations are **disproportionately affected** by HIV in relation to the overall EMA population, while Latino and Asian/Pacific Islander are **underrepresented** in relation to the general population. Certainly the most dramatic over-representation occurs among **African Americans.** While only **4.3%** of EMA residents are African American, they make up **13.6%** of combined PLWHA populations in the San Francisco EMA are African American, meaning that **more than three times** the percentage of African Americans are infected with HIV as their proportion in the general population. And while **62.2%** of all PLWHA are white, only **46.7%** of EMA residents are white. By contrast, Asian/Pacific Islanders make up **26.7%** of the EMA's total population but comprise **5.2%** of PLWHA cases while Latinos constitute **16.8%** of PLWHA but make up **19.3%** of EMA residents. However, new HIV cases will soon create a disproportionate impact among Latinos as well, as **20.7%** of newly diagnosed AIDS cases occurred among Latinos between January 1, 2008 and December 31, 2010.

Homeless and **formerly incarcerated individuals** are significantly over-represented among persons living with HIV and AIDS in our region. While the combined annual EMA-Wide Homelessness Rate is estimated at **1,571** per 100,000, including an estimated **13,500** chronic homeless and another **13,140** individuals who become homeless at some point each year,[11] the combined annual EMA-Wide homelessness rate among persons living with HIV and AIDS is estimated at **7,999** per 100,000[12] - a rate **more than four times** the rate of homeless among the general population. Meanwhile, according to the California Department of Corrections, an average total of **5,134** persons are held in jail settings **each day** in the San Francisco EMA,[13] while a minimum of **65,000** annual bookings take place in the three-county region.[14] While available reports do not reveal how many of these arrested are among **unduplicated** persons, a conservative estimate based on prevailing recidivism rates would be **17,500** unduplicated individuals arrested and incarcerated each year in the EMA, for an estimated total of **50,000** individuals spending time in incarceration facilities over the past three years - a rate of **2,815** per 100,000. According to Ryan White service data for the **Forensic AIDS Project** – the local Center of Excellence serving incarcerated persons - a total of at least **646** individuals incarcerated in the San Francisco County jail were HIV-positive and receiving Ryan White services between July 1, 2008 and June 30, 2011 representing **7.9%** of the city's total Ryan White caseload of **8,171** clients as of February 28, 2011, for a three-year incarceration rate of **7,906** per 100,000 – a rate **more than three times** that of the general population.

The epidemic's most disproportionate impact remains among **gay and bisexual men**. Approximately **63,577** gay-identified MSM live in the San Francisco EMA,[15] and an

estimated **19,717** of them were HIV infected as of December 31, 2010. **This means that a startling 31.0% of all gay-identified MSM in the San Francisco EMA may already be HIV-infected, setting the stage for a continuing health crisis that will impact the future of our region for decades to come.** By contrast, less than **0.4%** of heterosexual men are estimated to be HIV-infected in the San Francisco EMA.

Populations with Emerging Needs: As a highly diverse and complex region with an expanding HIV caseload, the San Francisco EMA is home to many populations with emerging needs, including women, youth, and transgender people; members of distinct ethnic, cultural, and linguistic groups; homeless and formerly incarcerated persons; and members of diverse social and behavioral communities. These groups require specialized interventions to link and retain them in care; meet their service needs; and empower them to become effective self-care advocates. The challenge of effectively meeting the needs of emerging populations in the context of declining resources remains one of the most daunting issues facing the local system of care. The following **six** emerging populations that face evolving needs for specialized HIV care, each of which is described briefly below: **1)** Persons with HIV 50 Years of Age and Older; **2)** Transgender Persons; **3)** Men of color who have sex with men; **4)** Homeless individuals; **5)** African Americans; and **6)** Latinos. All of these groups have growing incidences of HIV infection resulting in increased costs to the local system of care.

Figure 5.
Persons Living with HIV/AIDS Age 50 and Above in San Francisco County as of 12/31/10

Demographic Categories	Number	Percent
Gender		
Male	7,684	93.1%
Female	447	5.4%
Transgender	121	1.5%
Current Age		
50 – 59 Years	5,839	70.8%
60 - 69 Years	2,075	25.1%
70 - 79 Years	298	3.6%
80 - 89 Years	38	0.5%
90 and Above	2	0.0%
Ethnicity		
White	5,747	69.6%
African American	1,226	14.9%
Latino	916	11.1%
Asian / Pacific Islander	255	3.1%
Other / Unknown	108	1.3%
Transmission Categories		
MSM	6,202	75.2%
Injection Drug Users	679	8.2%
MSM Injection Drug Users	1,005	12.2%
Non-IDU Heterosexuals	198	2.4%
Other / Unidentified	168	2.0%
TOTAL	**8,252**	**100.0%**

Emerging Population # 1: Persons With HIV 50 Years of Age and Older: In part because it was one of the first regions hard hit by the HIV epidemic and in part because of its success in ensuring that a large proportion of persons with HIV have access to the high quality treatments and therapies, the HIV-infected population of the San Francisco EMA continues to age dramatically, at levels beyond which could have been imagined in the first decade of the epidemic. As of December

31, 2010, more than **two out of every five** persons living with HIV and AIDS in the San Francisco EMA (**42.6%**) were 50 and older (**9,787** persons). At the same time, for the second year, persons 50 and older make up **more than half** of all persons living with AIDS in the EMA (**6,039** out of **11,464 persons / 52.7%**). An analysis conducted in late 2011 of the **8,252** persons age 50 and above living with HIV/AIDS as of December 31, 2010 in San Francisco County (see Figure 5) revealed many startling facts about this population, including the fact that there are **338** PLWHA age 70 and above in SF, including **38** persons ages 80 - 89 and **2** persons age 90 and above. The 50 and over population in San Francisco also contains a slightly higher percentage of African Americans than in the PLWHA population as a whole (**15.5%** vs. **13.2%**), along with a higher proportion of non-MSM injection drug users (**8.7%** vs. **6.6**).

Emerging Population # 2: Transgender Persons: Transgender persons are traditionally defined as those whose gender identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience gender identity as being incongruent with their anatomical sex and may seek some degree of gender confirmation surgery, take hormones, or undergo other cosmetic procedures. Others may pursue gender expression (whether masculine or feminine) through external self-presentation and behaviors. Key HIV risk behaviors among transgender persons include **multiple sex partners**, **irregular condom use**, and **unsafe injection practices** stemming both from drug use and from the injection of hormones and silicone.[16] Because of the region's traditional openness to diverse lifestyles, many transgender individuals move to the San Francisco EMA seeking greater acceptance and an expanded sense of community. According to Clements, at least **5,000** transgender persons call the Bay Area home, although precise statistics are not available.[17] What is not in question, however, is the epidemic's growing impact on these populations. As of December 31, 2010, at least **500** transgender persons were living with HIV and AIDS in San Francisco and Marin Counties (the County of San Mateo does not break out transgender HIV cases separately). The actual numbers, however, are probably much higher, with some studies indicating that HIV infection

Figure 6.
MTF Transgender Persons Living with HIV/AIDS in San Francisco County as of 12/31/10

Demographic Categories	Number	Percent
Current Age		
13- 24 Years	11	2.5%
25 - 49 Years	311	70.2%
Age 50 and Above	121	27.3%
Ethnicity		
White	95	21.4%
African American	157	35.4%
Latino	136	30.7%
Asian / Pacific Islander	43	9.7%
Other / Unknown	12	2.7%
Transmission Categories		
MSM	226	51.0%
Injection Drug Users	6	1.4%
MSM Injection Drug Users	201	45.4%
Non-IDU Heterosexuals	6	1.4%
Other / Unidentified	4	0.9%
TOTAL	**443**	**100.0%**

rates may be as high as **23.8%** among this population**,** which in San Francisco would mean that at least **1,200** transgender persons may already be living with HIV.[18] Figure 6 provides a demographic breakdown of the PLWHA male-to-female (MTF) transgender population in San Francisco County as of 12/31/10 and offers some fascinating insights into the complexity of this population. Perhaps most striking is the **cultural diversity** of transgender PLWHA, with the largest infected ethnic groups being **African Americans (35.4%)** and **Latinos (30.7%).** Together these groups make up **66.1%** of transgender PLWHA but only **30.4%** of all PLWHA in the EMA. Reflecting the high risk of injection-related infections among transgender persons, fully **45.4%** of transgender PLWHA were infected through combined MSM / IDU behavior, versus **13.9%** for the EMA as a whole.

Emerging Population # 3: Men of Color Who Have Sex with Men (MSM): MSM overall make up by far the most heavily HIV-impacted population in the San Francisco EMA, accounting for **86.0%** of all persons living with HIV and AIDS as of December 31, 2010, including MSM who inject drugs (n=**19,717**). At least **6,500** of these individuals - or approximately **one-third** of the HIV-infected MSM population of the EMA - are people of color, most of them **African Americans** and **Latinos**. However, in calendar year 2010, nearly half of all persons who tested positive for HIV (**48.0%**) were persons of color, an increase of **5.8%** from 2006. Within Latino communities in San Francisco, MSM make up **87.3%** of all persons living with HIV/AIDS, including **75.7%** infected through MSM contact and **11.6%** infected through MSM contact and injection drug use. Among Asian and Pacific Islander groups, the percentage is even higher, with MSM accounting for **87.7%** of all persons living with HIV/AIDS, including **78.6%** MSM only cases and **9.2%** MSM/IDU cases. The percentage of MSM cases among African Americans in San Francisco is somewhat lower, largely due to the fact that a much higher proportion of African Americans living with HIV and AIDS are women.

Emerging Population # 4: Homeless Individuals: Homelessness is an ongoing crisis for the San Francisco EMA, contributing to high rates of HIV infection, and creating an intensive need for integrated, tailored services which bring homeless individuals into care, stabilize their life circumstances, and retain them in treatment. At least **1,605** HIV-infected homeless individuals are estimated to be living with HIV or AIDS in the San Francisco EMA each year (based on an overall 7% homelessness rate among PLWHA), and at least **42%** of them are estimated to be out of care.

Emerging Population # 5: African Americans: The growing crisis of HIV among African Americans in the San Francisco EMA is a cause for significant concern. As of December 31, 2010, a total of **3,119** African Americans were estimated to be living with HIV/AIDS in the EMA, representing **13.6%** of the region's HIV-infected population, despite the fact that only **4.3%** of the EMA's population is African American. At the same time, fully **18.4%** of all those diagnosed with AIDS between January 1, 2008 and December 31, 2010 were African American – a percentage **35.3%** higher than their representation in the overall PLWHA population. Women account for **18.1%** of all African American PLWHA in the EMA, as compared to **6.2%** for the EMA as a whole, while heterosexually transmitted

cases account for **9.7%** of African American PLWHA as compared to **3.6%** for the entire EMA.

Emerging Population # 6: Latinos: In the San Francisco EMA, the Latino population makes up a growing percentage of the region's total HIV-infected population. While **16.8%** of all PLWHA in the EMA as of December 31, 2010 were Latino/a, **10.7%** of new AIDS cases diagnosed between January 1, 2008 and December 31, 2010 were among Latino/as, with a total of **3,854** Latino/a PLWHA estimated to be living in the EMA as of the end of 2010. According to the most recent San Francisco HIV Epidemiology Report, Latinos represent **31%** of young adult AIDS cases age 20-24 in the city and an alarming **44%** of adolescent AIDS cases age 13-19 – a clear overrepresentation when compared to the **26%** of the general adolescent population of San Francisco which is Latino/a.

HIV Unmet Need Estimate for 2010

An estimated **11,981** PLWA and **9,147** PLWH who were aware of their HIV status resided in the S.F. EMA from July 1, 2009 through June 30, 2010 (see Figure 7). A total of **1,203** PLWA and **1,695** PLWH did not receive primary medical care during that time period. Unmet need was thus **14%** overall, and - as would be expected - was higher among PLWH (**19%**) than among PLWA (**10%**). The 14% overall unmet need estimate is lower than last year's estimate of 18%.

HIV Unaware Estimate for 2009

Based on a combined total of **17,237** individuals reported by the State of California to be living with HIV/AIDS in the San Francisco EMA as of December 31, 2009 (15,038 in San Francisco County; 906 in Marin County; and 1,293 in San Mateo County) and applying a back calculation which assumes that **21%** of all persons living with HIV in the EMA are unaware of their status, it is estimated that there were approximately **4,582** HIV-positive individuals who were unaware of their HIV-positive status as of December 31, 2009 (.21 / .79 x 17,237 = 4,582).

Figure 7. San Francisco EMA Unmet Need Calculation - July 1, 2009 through June 30, 2010

1	2	3	4	5
Population Sizes		**Value**		**Data Source(s)**
A	Number of persons living with AIDS (PLWA) from July 1, 2009 through June 30, 2010	**11,981**		HARS counts (all EMA counties)
B	Number of persons living with HIV (PLWH)/non-AIDS/aware from July 1, 2009 through June 30, 2010	**9,147**		Unduplicated counts from linked databases (SF County); estimate assuming 1.00 ratio of total PLWH (non-AIDS) to PLWA and adjusted for estimated 66% of PLWH (non-AIDS) aware of their infection (Marin/San Mateo Counties).
C	Total number of HIV+/aware from July 1, 2009 through June 30, 2010	**21,128**		Value = A3 + B3
Care Patterns		**Value**		**Data Source(s)**
D	Number of PLWA who received the specified HIV primary medical care from July 1, 2009 through June 30, 2010	**10,778**		Chart reviews, lab reporting data, HARS/ Medi-Cal/ADAP/ARIES/Kaiser data linkage. Actual met need counts used for Marin County; San Mateo and SF Counties calculated the proportion in care based on representative subsets of PLWA and applied this proportion to their total PLWA populations.
E	Number of PLWH/non-AIDS/aware who received the specified HIV primary medical care from July 1, 2009 through June 30, 2010	**7,452**		Unduplicated met need counts from chart reviews, lab reporting data, HARS/Medi-Cal/ADAP/ARIES/Kaiser data linkage
F	Total number of HIV+/aware who received the specified HIV primary medical care from July 1, 2009 through June 30, 2010	**18,230**		Value = D3 + E3
Calculated Results		**Value**	**%**	**Calculation**
G	Number of PLWA who did not receive the specified HIV primary medical care	**1,203**	**10%**	Value = A3 - D3; Percent = G3 / A3
H	Number of PLWH/non-AIDS/aware who did not receive specified HIV primary medical care	**1,695**	**19%**	Value = B3 - E3; Percent = H3 / B3
I	Total HIV+/aware not receiving specified HIV primary medical care	**2,898**	**14%**	Value = G3 + H3; Percent = I3 / C3 (quantified estimate of unmet need)

B. Description of the Current Continuum of Care

Administrative Organization: The grantee agency for Ryan White Part A funds in the San Francisco EMA is the **City and County of San Francisco Department of Public Health.** Ultimate authority for the administration and expenditure of Part A funds lies with the city's Mayor, Edwin M. Lee, and with the city's 11-member Board of Supervisors, which acts as both county governing board and city council for San Francisco. This authority is shared with Barbara Garcia, who serves as Director of Public Health for the City and County of San Francisco. The administrative unit overseeing the Part A grant is **HIV Health Services**, an organizational unit of the San Francisco AIDS Office, overseen by Marcellina Ogbu who serves as Director of Community Programs and Deputy Director for Public Health for the City and County of San Francisco. The Interim Director of HIV Health Services is Bill Blum, who has served in this capacity for 18 months. A staff of 6 DPH employees - each funded with different levels of Part A support - is responsible for directing, coordinating, and monitoring the distribution and expenditure of Part A funds throughout the EMA, working a combined total of 7.37 FTE. Additionally, a combined total of 1.25 FTE of staff time is dedicated to Business and Finance Services; 1.9 FTE to Personnel Services; and 1.0 FTE to Accounting Services (see attached Budget Justification for description of individual staff roles and percentages). The EMA's quality management and unmet needs framework activities are coordinated in part through subcontracts with distinguished outside consultants.

San Francisco HIV Health Services works in close partnership with the **San Francisco HIV Health Services Planning Council**, a community planning group with a maximum of **40** members that meets monthly to oversee the prioritization, allocation, and effective utilization of Ryan White Part A funds. At the time of this writing, the Council's work is coordinated by **three Co-Chairs**, **Lee Jewell, Channing Wayne,** and **Mary-Lawrence Hicks, NP**. Co-Chairs are elected annually for staggered terms and serve two-year terms, and also serve on the Council's 15-member Steering Committee, which meets on a monthly basis with HIV Health Services staff to coordinate key Council activities and decision-making. Four additional standing committees support the work of the Council: Consumer and Minority Affairs; Government and Provider Affairs; and Membership. Administrative support for the San Francisco HIV Health Services Planning Council is provided through a subcontract to Shanti Project, a non-profit service organization. The recently appointed Director of Planning Council Support is **Mark Molnar,** a former Planning Council Co-Chair. The Planning council also receives input from the **HIV Consumer Advocacy Project,** a unique program that provides assistance to clients in filing grievances with Ryan White service providers in San Francisco.

The two additional counties that make up the San Francisco EMA have responsibility for administering and distributing Part A funds through their counties' respective health departments. In San Mateo County, Part A funds are coordinated through the **San Mateo County Health System's Director, Jean Fraser**. Responsibility for Part A fund administration lies with **Matt Geltmaker,** who serves as Director of the San Mateo County STD/HIV Program and is responsible for oversight of all Ryan White Part A, Part B, MAI,

CDC, HIV prevention, and HOPWA funds as well as subcontractor oversight. In Marin County, Part A and B funds are administered through **County of Marin Health and Human Services**, whose Director is **Larry Meredith, Ph.D.** He shares responsibility for Part A funds with **Margeret Kisliuk,** Associate Director of Public Health Services. The Marin County HIV/AIDS Program has direct responsibility for Part A fund management and coordination. Direct oversight of Marin Part A funds is provided by **Cicily Emerson,** Community Health and Prevention Services Manager for the County. An EMA-wide Organizational Chart outlining the above relationships is included in **Appendix I** of this document.

Overview of the Local System of Care: The San Francisco EMA has a long and distinguished history of responding to the HIV crisis with a comprehensive continuum of service programs that are impactful, innovative, competent, and cost-effective. During the first decade of the AIDS epidemic, when San Francisco was one of the hardest-hit cities by the AIDS crisis, the region developed a comprehensive network of services that utilized **case management** to link individuals to medical and supportive services. This system became known as the **"San Francisco Model of Care"** and had a lasting impact on the organization of HIV services in the US. Over the past decade and a half, the EMA has continued to evolve and grow to respond to changes in the epidemic and its affected populations, while incorporating new treatment developments. In the mid-1990s, as the epidemic had an increasing effect on disenfranchised individuals, San Francisco developed the **Integrated Services Program,** a multidisciplinary model of HIV care in which services were merged, coordinated, and linked to stabilize and retain hard-to-reach and severely affected individuals. This approach culminated in a significant intensification of the integrated services model in the form of the EMA's seven **Centers of Excellence –"one stop shop"** programs similar to medical homes with wraparound services which work toward the goal of stabilizing the lives of multiply diagnosed and severe need populations through neighborhood-based, multi-service centers tailored to the needs of specific cultural, linguistic, and behavioral groups.

Throughout the San Francisco EMA, the emphasis on **high-quality, client-centered, and culturally competent primary medical care services** remains at the heart of the local care continuum, with **medical case management** offering individualized assessment, coordination, and linkage to a full range of social and supportive services. In addition to a number of major hospitals in the EMA, there are seven public clinics and six community clinics in San Francisco County; two public clinics in San Mateo County; and one public clinic in Marin County providing HIV/AIDS primary care. In Marin County, cases and services are focused around the major cities bordering the north-south-running Highway 101. San Mateo County has one HIV epicenter along its border with San Francisco and another at the opposite end of the county adjacent to East Palo Alto, with services spread between them.

In addition to medical care, the local continuum of care encompasses a range of **linked programs** that help people access and remain in treatment in the face of daunting life challenges. These services include case management, mental health and substance

abuse treatment, dental care, treatment adherence support, direct emergency financial assistance, food, benefits counseling, and housing. The local continuum also includes access to critical services such as home health care and adult day health care to help persons living with HIV cope with more complex medical needs, while facilitating access to medical care through services such as transportation and childcare. A range of ancillary services such as money management support and legal assistance helps clients better manage the circumstances of their lives to consistently access treatment. Inpatient care is provided in a range of settings funded through non-Part A sources. A comprehensive matrix of HIV prevention, counseling, testing, early intervention, and care linkage services are supported through non-Part A funding streams, many directly linked to the San Francisco Centers of Excellence program.

The San Francisco EMA operates a wide range of outreach, care linkage, and treatment access activities to reach severe need populations, some of them supported through **Minority AIDS Initiative (MAI) funding**. Marin County, for example, has co-located testing, primary care, social services, and research programs in one central facility to provide easier access to service for residents, while the San Francisco HIV Prevention Section has funded a new full-time linkage specialist to concentrate on linking newly tested positive persons with counseling and care. San Mateo utilizes outreach workers who are integrated as part of the County's STD / HIV Counseling and Testing Team, and who travel throughout the county providing outreach, testing, referrals, direct linkage to care, and contact to those who have fallen out of care. The emphasis of all of these programs is on ensuring that disenfranchised and underserved HIV-infected persons learn about their HIV status; become informed about the system of care; and receive the support they need to access services on a long-term basis. These programs are also linked and integrated with our EMA's existing matrix of EIIHA services, designed to identify and bring into care as many new HIV-infected individuals as possible.

Additional Part A-funded components of the EMA's system of care increase clients' ability to access service and increase their self efficacy with regard to remaining engaged in medical care and drug treatment. Substance abuse and mental health services, for example, improve clients' emotional and physical well-being, improve stability, and increase the probability of long-term treatment adherence. Benefits counseling maximizes access to health insurance and other income streams, while money management helps persons with HIV living on low incomes maintain housing and other essential services. Transportation via van service and bus and taxi tokens enables clients to access health care appointments. All of these services play an essential role in allowing people to access and remain in care over the long term.

The Centers of Excellence Program: The San Francisco EMA's Centers of Excellence (CoE) network has successfully forged a new type of "safety net" for severe need and special populations based on the medical home model, one that encompasses a range of populations and neighborhoods and that is making a major contribution to the EMA's goal of reducing disparities and improving access to care for hard-hit and underserved communities. Through the CoE program, the Mission Center of Excellence, Native American

Center of Excellence, and Southeast Partnership for Health provide culturally competent services for three key hard-hit populations of color in our region: Latinos/Hispanics, Native Americans, and African Americans, respectively. Meanwhile, the Women's Center of Excellence provides a unique range of services specifically tailored to the needs of HIV-positive women, while the Tenderloin Area Center of Excellence offers services to homeless and marginally housed individuals, as well as active substance users, transgender persons, and - through a partnership with Asian & Pacific Islander Wellness Center - Asian/Pacific Islander communities. The services of the Forensic AIDS Project provide unique incarceration-based outreach, service, and post-release follow-up to persons in San Francisco County Jails. The transitional Case Management Program (TMP) funded by the California Department of Corrections supports inmates' transition from the prison system back into the community by linking them with medical and support. All CoEs also incorporate Prevention with Positives interventions (PWP) into their care services and all are fully linked to the regional HIV counseling and testing network. The Women's Center of Excellence, for example, incorporates an innovative PWP program for women and male-to-female transgender people called the Sexual Health and Empowerment Program (SHE), an intervention incorporating formal risk assessments; one-on-one counseling with on-site Prevention Coordination; and ongoing risk-reduction groups and other services, including sexual and IDU harm reduction seminars, support, and referrals. The chart below outlines the names and functions of the seven CoEs currently operating in our EMA (see Figure 8).

Figure 8. Chart of San Francisco EMA Centers of Excellence (CoEs)

Name of CoE	Lead Agency	Location(s)	Target Populations
Chronic Care HIV/AIDS Multidisciplinary Program Center of Excellence (CCHAMP CoE)	University of California San Francisco – Positive Health Program	Mission / Potrero Hill District (San Francisco General Hospital) &. Clinics in South of Market, Upper Van Ness, & Castro	Medically complex MSM, Latino, African American, transgender, women, persons 50 years and over, immigrants & Spanish-speaking
Forensic AIDS Project	San Francisco Department of Public Health	Six San Francisco County Jails with an average daily census of 2,200 prisoners	Incarcerated persons both in jail and post-release
Mission Center of Excellence	Mission Neighborhood Health Center	Mission District (two locations)	Latino/Latina populations, including monolingual Spanish speakers, and immigrants
Native American Center of Excellence	Native American Health Center	Medical care in Mission District	Native Americans and Alaska Natives, including male, female, and transgender

Name of CoE	Lead Agency	Location(s)	Target Populations
Black Partnership for Health	University of California San Francisco – Positive Health Program	Citywide and Bayview / Hunters Point / South of Market	Underserved & severe need African American populations
Tenderloin Area Center of Excellence (TACoE)	Asian & Pacific Islander Wellness Center, Tom Waddell Health Center	Tenderloin District (three locations)	Homeless & marginally housed, active substance users, transgender people, Asian/Pacific Islander groups, prison populations
Women's Center of Excellence	University of California San Francisco – Positive Health Program	Medical care in Mission District & Parnassus / Additional services in Western Addition and Mission District	Underserved and severe need women, including transgender women

San Francisco's Centers of Excellence have already achieved significant success in enrolling greater numbers of persons of color with low incomes and severe needs in medical care services, with persons of color making up **71.0%** of all Centers of Excellence clients versus **52.7%** of the total Ryan White population. Even more striking has been the increase the CoEs have been able to achieve among **African American** clients, who now make up **30.6%** of the CoE client population as compared to **19.3%** of the Ryan White system as a whole.[19]

Resource Inventory: The chart that begins on the following page provides a comprehensive listing of agencies in the San Francisco EMA that provide direct care and support services for persons in our region who are infected and affected by HIV and AIDS. Together, these agencies make up a high-quality continuum of care that is designed to provide the most effective and sensitive levels of treatment, support, and prevention services, while offering a high degree of cost-effectiveness and coordination. The chart also indicates the agencies in our EMA that receive direct funding through Ryan White Part A, Part B, Part C, Part D, and HOPWA sources.

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
AIDS Emergency Fund 965 Mission Street #630 San Francisco, CA 94103	Offers emergency financial assistance (up to $600.00 per year); provides assistance for rent, telephone, utilities (not including cable television), medical insurance premiums, and medical expenses not covered by insurance and pre-paid funeral costs; other health related costs may be covered by grant; call for information	x			
AIDS Community Research Consortium 1048 El Camino Real Redwood City, CA 94063	Provides HIV and Hepatitis C client advocacy and HIV, substance abuse, and Hep C education, harm reduction, and support. Treatment Adherence Services targeted to the monolingual and bi-lingual Spanish-speaking in San Mateo County. San Mateo also funds this agency to provide food and grocery bags for HIV-positive residents of San Mateo. Clients also have access to a drop-in center for services.	x			
AIDS Health Care Foundation 1025 Howard Street San Francisco, CA 94103	Provides HIV adult primary care, including testing and treatment for HIV, tuberculosis, other STDs, as well as adult immunizations for clients; offers psychological services for clients; HIV, STD and general health education; and HIV, STD prevention and outreach programs				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
AIDS Legal Referral Panel 1663 Mission Street, Suite 500 San Francisco, CA 94103	Provides comprehensive legal services to people with HIV/AIDS; political asylum and HIV waiver assistance; offers assistance with wills, durable and general powers of attorney; assistance with landlord/tenant disputes including discrimination and family law issues; assistance with employment discrimination and harassment; and assistance with other civil cases (not criminal cases); produces and distributes brochures dealing with the legal rights of people with HIV/AIDS; publishes a legal manual dealing with HIV/AIDS; provides speakers on legal issues involving HIV/AIDS; arranges for legal clinics at HIV/AIDS service providers' offices; offers notarization (Notary) services for persons with HIV/AIDS	X			
AIDS Drug Assistance Program (ADAP) **San Francisco AIDS Office** 25 Van Ness Avenue, #500 San Francisco, CA 94102	Provides 144 prescription drugs used to treat HIV/AIDS at little or no cost at pharmacies throughout California; enrollment at many locations throughout San Francisco; drugs covered and enrollment sites are available by calling PHSB at 888-311-7632, the San Francisco AIDS Foundation's California HIV/AIDS Hotline at 415-863-2437, or the San Francisco ADAP Coordinator at 415-554-9168	X			
American College of Traditional Chinese Medicine **ACTCM Community Clinics** 450 Connecticut Street San Francisco, CA 94107	Operates a Community Clinic of Traditional Chinese Medicine (e.g. Acupuncture, herbal therapy, nutritional counseling, Tui Na, Qigong; cupping; moxibustion, electro-stimulation); services may also be accessed through Castro-Mission Health Center, Maxine Hall Health Center, Mission Neighborhood Health Center, and Haight Ashbury Free Medical Clinic				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Ark of Refuge, Inc. 1025 Howard Street San Francisco, CA 94103	Provides HIV education and prevention including Mentorship Pilot Program pairing younger gay, bisexual, and transgender you African-American men with older men to provide healthy role models; the Transcending Program provides psychosocial support groups, treatment and AIDS education prevention advocacy, and recreation activities for the transgender community, as well as medical care services through the Magic Johnson Jr. Medical Clinic; offers HIV housing services, including Walker House, Restoration House, Project Independence; City of Oakland hotel/motel voucher management and emergency assistance program; Young Adult Shelters providing emergency winter homeless shelters for 8-23 year olds; offers food services and case management; offers primary and HIV treatment care services through the Magic Johnson Jr. Medical Clinic, an HIV/AIDS drug-dispensing clinic with supportive care and substance abuse counseling services at Refuge Ministries' corporate offices in San Francisco; offers support and outreach services, including Hands on Heart Ministry, Circle of Love, Jail Ministry, Narcotics Anonymous, and Pathways Ministries Support groups				
Asian & Pacific Islander Wellness Center 730 Polk Street, 4th Floor San Francisco, CA 94102	Offers HIV testing by appointment only, integrated case management, mental health and substance use counseling, client and treatment advocacy, group and individual support to Asian & Pacific Islanders living with HIV/AIDS; also offers youth programs, transgender programs, homeless programs, and MSM programs	**X**	**X**		

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Aurora Dawn Foundation **Marty's Place** 1167 Treat Avenue San Francisco, CA 94110	Provides an eleven-bed, subsidized, long-term home in the Mission District, which offers a community environment for low-income HIV-positive men with nowhere else to live; additional services are secured and managed for residents at their request, as circumstances warrant				
Baker Places, Inc. **Acceptance Place** 600 Townsend Street, Suite 200E San Francisco, CA 94103	Provides a 90-day, 12-bed residential substance abuse facility for gay and bisexual men with alcohol and/or drug problems; provides individual and group counseling and recovery support groups with an emphasis on issues specific to gay men with substance abuse problems; works with clients to secure productive daily activities; residents are referred to clean and sober housing after completion of the program				
Baker Places, Inc. **Assisted Independent & Supported Living Programs** 120 Page Street San Francisco, CA 94102	Operates Assisted Independent Living for adults affected by mental illness, HIV/AIDS, and/or substance use who wish to live independently; basic household is generally for clients who need less support and structure, where clients pay rent directly to the landlord; operates Co-op Household for clients who need more support and structure; Baker Places holds the lease and rent is paid directly to Baker Places; locations for both programs exist throughout San Francisco; offers Supported Living Residential housing program (both transitional and permanent) for men and women with HIV (and their children) in recovery from substance use problems and HIV positive; provides clinical care coordination, support groups, and case management; provides rental subsidies which assist with transition into the community				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Baker Places, Inc. **Ferguson House** 600 Townsend Street, Suite 200E San Francisco, CA 94103	Provides up to 90 days residential substance abuse treatment program for HIV-positive men and women in early recovery with concurrent mental health problems; treatment focuses on the complexities of HIV/AIDS, substance abuse, and mental health issues; service team includes psychiatric and medical and social service agencies; emphasis is placed on continual development of the client's self-esteem, coping mechanisms, interpersonal relationships, and community involvement				
Baker Places, Inc. **Joe Healy Medical Detox Project** 600 Townsend Street, Suite 200E San Francisco, CA 94103	24-hour facility, 7-21 day stay; provides medically-managed detoxification from alcohol and/or opiates under supervision of the Medical Director and 24 hour nursing staff; offers counseling and early recovery education and support, as well as referrals to longer-term treatment and/or housing				
Bar Association of San Francisco **Volunteer Legal Services Program** 1360 Mission Street, #201 San Francisco, CA 94103	Provides free legal counseling for those who are homeless or seriously at risk for becoming homeless; offers phone counseling during business hours; includes benefits advocacy with focus on benefits related to mental disabilities				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Bay Area Addiction Research & Treatment, Inc. 1111 Market Street San Francisco, CA 94103	Provides buprenorphine for opiate addiction treatment, methadone maintenance and detoxification services, outpatient primary medical care including comprehensive physical examination and lab work, health monitoring and management, toxicology screening for recovery monitoring, medication, and prescriptions and management; provides drug counseling/psychotherapy, including assessment, evaluation, and treatment for individual, couples, family, and groups; offers STD and hepatitis testing; OraQuick HIV Rapid testing; offers vocational/educational counseling, case management, self-help modalities education and referral services				
Bay Area Young Positives 701 Oak Street San Francisco, CA 94117	Provides peer-based emotional support, educational workshops, and social events for HIV positive individuals; offers one regularly scheduled support group a week; offers drop-in group and acupuncture on Monday night; educational and outreach coordinator is available for HIV treatment advocacy, health education, and risk reduction with active members; provides on-site HIV testing and counseling				
Black Coalition on AIDS, Inc. **Brandy Moore – Rafiki House** 2800 Third Street San Francisco, CA 94107	Provides a transitional adult group home primarily for low-income HIV positive African-Americans; offers up to six months of temporary housing and support services to residents in a clean and sober environment; provides case management, counseling, support groups, social activities, information sessions, and volunteer services	**X**			**X**

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Black Coalition on AIDS, Inc. 2800 Third Street San Francisco, CA 94107	Offers comprehensive HIV/AIDS services with include peer counseling, education and risk reduction, transgender case management, and prevention case management; offers support groups for transgender persons, African-Americans, HIV positives, HIV negatives, drug relapse prevention, and AIDS treatment; serves as an ADAP enrollment site	**X**			**X**
California Department of Rehabilitation **China Basin Office** 301 Howard Street, 7th Floor San Francisco, CA 94105	Provides vocational counseling and evaluation, and job training and placement to people with disabilities; offers resume development and instruction for interview techniques; provides post-employment services and assists clients in dealing with their employers in order to remove obstacles in the work place; arranges for medical or psychiatric services and provides devices and adaptive equipment to overcome or otherwise reduce the disability; arranges for transportation to the place of employment; provides financial assistance for higher education including tuition, fees, and books; provides reader, interpreter, and not taker services; offers independent living instruction				
California Pacific Medical Center Pacific Campus 2333 Buchanan Street San Francisco, CA 94120	Offers case management and other services through the Case Management Program; offers comprehensive health and medical care services including education, research, counseling (for patients, their families, and loved ones), case management, diagnostic procedures, complementary care (alternative medicine), inpatient and outpatient psychiatric care, physical rehabilitation, vision care, and outpatient IV therapy and HIV/AIDS care; offers anonymous and confidential HIV testing; STD testing and treatment				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Castro-Mission Health Center 3850 17th Street San Francisco, CA 94114	Provides comprehensive outpatient AIDS treatment services; provides comprehensive primary and preventive health care services including a dedicated children's clinic, a teen clinic, and a family planning center; offers immunizations and flu shots, screenings for colo-rectal cancer, hepatitis, tuberculosis, and hypertension; provides public health nurses for home visits and health education; offers the dimensions program for lesbian, gay, transgender, and questioning individual 12-25 years of age, providing primary health care, individual counseling, case management, and health education; offers the HIV Anonymous Testing Program under the direction of AHP; serves as an ADAP enrollment site; provides STD testing and treatment; provides pap smears and breast examinations	**X**			
Catholic Charities of the Archdiocese of San Francisco (CCASF) 2255 Hayes Street San Francisco, CA 94117	Provides comprehensive services in San Francisco, Marin, and San Mateo Counties to seniors, youth, homeless families and individuals, those at the risk for homelessness, single parents, immigrants and refugees, and people living with HIV/AIDS; offers speakers for community groups; publishes a quarterly newsletter				
Catholic Charities of the Archdiocese of San Francisco Derek Silva Community 20 Franklin Street San Francisco, CA 94102	Operates a sixty-five bed residential facility consisting of apartments equipped with individual kitchens and bathrooms for homeless or very low-income individuals with disabling HIV/AIDS who are able to function independently or with a minimum of care; services for residents include case management, social and resident-coordinated recreational activities				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Catholic Charities of the Archdiocese of San Francisco Guerrero House 899 Guerrero Street San Francisco, CA 94110	Operates a 20-bed transitional housing facility for homeless young adults; provides long-term services aimed at helping residents become self-sufficient, including an on-site job developer who assists with enrolling in vocational training and obtaining entry level positions; provides support groups and referrals to service providers to address addiction and other psycho-social issues				
Catholic Charities of the Archdiocese of San Francisco Leland House 141 Leland Avenue San Francisco, CA 94134	Operates a 45-bed residential care facility for low-income San Francisco residents with disabling HIV/AIDS; services include on-site attendant services, case management, money management, nutritional counseling, full meal program, medication management, substance abuse counseling, peer support, and recreational activities; provides 10 beds for end-stage AIDS care	**X**			**X**
Catholic Charities of the Archdiocese of San Francisco Peter Claver Community 1340 Golden Gate Avenue San Francisco, CA 94115	Provides a 32-bed residential program for homeless individuals with disabling HIV/AIDS; offers permanent housing with case management, money management, RN/attendant care, medication management, food program, and social and recreational activities	**X**			**X**

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Catholic Charities of the Archdiocese of San Francisco Rita da Cascia Program/Positive MATCH 2255 Hayes Street San Francisco, CA 94117	Provides comprehensive services for homeless and marginally housed children and mothers living with HIV/AIDS; services include intensive home-based case management, peer and treatment advocacy, educational workshops, weekly support groups for children and mothers, and family activities program; offers a continuum of services including case management and supportive services for relative caregivers through collaborative partner Edgewood Children & Family Services; provides specialized services for children living with HIV; provides permanent housing in independent multi-bedroom units with on-site services	X		X	
Center for Special Problems HIV Mental Health Case Management Program 1700 Jackson Street San Francisco, CA 94109	Provides specialized mental health services for San Francisco adults on an outpatient basis through the SFDPH, CBHS; provides group therapy as well as psychiatric services to individuals with mental health issues through the HIV Mental Health Case Management Program; provides an Alcoholic Anonymous meeting each Wednesday	X			
Central City Hospitality House Tenderloin Self-Help Center 290 Turk Street San Francisco, CA 94102	Provides services for the immediate needs of homeless people; provides case management for other long-term services; provides clothing vouchers, food vouchers, telephone facilities, bathroom facilities, support groups, and other services				
Clinic Esperanza Mission Neighborhood Health Center 240 Shotwell Street San Francisco, CA 94110	Provides comprehensive outpatient medical services; provides social services for homeless individuals; provides psychosocial support, health education, treatment adherence support, and nutritional counseling	X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Coming Home Hospice Residence 115 Diamond Street San Francisco, CA 94114	Provides a 15-bed congregate living health facility for individuals with AIDS, cancer, or other terminal illness. Services include 24-hour care and support through registered nurses, licensed vocational nurses, attendants, chaplains, social workers, and volunteers; meals, laundry services, and recreational therapy				
Community Awareness & Treatment Services, Inc. Redwood Center 1446 Market Street San Francisco, CA 94102	Provides transitional housing facility for men with special needs due to mental health issues, substance abuse, and/or HIV/AIDS; offers psychological support including on-site psychiatric assessment and evaluation; offers emergency overnight shelter on a limited basis				
Community Awareness & Treatment Services, Inc. Mobile Assistance Patrol 1446 Market Street San Francisco, CA 94102	Provides van pick-up and transportation of those who are alcohol intoxicated and homeless persons to appropriate detoxification or shelter facilities; provides outreach referral services to the chronically homeless; provides limited transportation for program clients to social services, medical, legal, and other essential services				
Community Awareness & Treatment Services, Inc. A Woman's Place 1446 Market Street San Francisco, CA 94102	Provides emergency and transitional shelter for homeless women; provides beds that are designated for HIV-positive women and beds for women with a dual diagnosis of substance addiction and a mental or emotional condition; provides on-site psychiatric assessment and evaluation; provides transitional shelter residents with case management, medication monitoring, counseling, and support group counseling; serves as an application agency for the San Francisco Shelter Plus Care Program which is a federally funded rental assistance program for homeless individuals and families	**X**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Community United Against Violence 170-A Capp Street San Francisco, CA 94110	Addresses issues and advocates for prevention of violence that is directed at lesbian, gay, bisexual, transgender, queer, or questioning persons; provides services to gay men, bisexuals, lesbians, and transgender persons who have been battered by their partners; provides crisis intervention, short-term counseling, and assistance with the criminal justice system, support groups, and a 24-hour crisis line				
Compass Community Services 49 Powell Street, 3rd Floor San Francisco, CA 94102	Offers support including emergency food, housing, counseling, transportation assistance, and child care to help stabilize and secure permanent housing, entitlement benefits, and employment for families with children who are homeless or at risk of being homeless; provides centralized intake and assessment or placement in family shelters and child care; provides emergency housing and support services including private rooms, access to cafeteria meals, communal cooking facilities, clothing, linkage to education and employment programs, and peer support for clients; offers child care and activities for children 6 months to 5 years of age; offers two-year transitional housing program for families who need more intensive rehabilitative services before living independently				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Compass Community Services Tenderloin Child Care Center 144 Leavenworth Street San Francisco, CA 94102	Offers full-day childcare for children under age five; offers a specialized early childhood curriculum focused on art, music, science, and nature, pre-reading and pre-math, and gross motor play; provides ongoing assessment of each child's cognitive, emotional, and social development; provides social services to parents, including crisis management, counseling, and referrals; provides up-to-date immunizations for children, plus annual vision, hearing, and dental screenings for children over two years old; provides special attention and services for children with special needs; offers parenting group; offers field trips and visits to parks and playgrounds				
Conard House Incorporated Community Services North 501 Ellis Street San Francisco, CA 94102	Offers money management services along with case management and intense case management; assists SSI/SSA recipients with locating and maintaining stable housing; offers representative payee, budgeting assistance, and advocacy services; offers assistance with securing food, clothing, and other daily living needs, and ongoing supportive contact and assistance with crisis situations; provides access to housing outreach specialist for linkage to supported, low-income housing				
Conard House Incorporated Community Services South 154 9th Street San Francisco, CA 94103	Offers money management along with case management; assists SSI/SSA recipients with locating and maintaining stable housing; offers representative payee, budgeting assistance, and advocacy services; offers assistance with securing food, clothing, and other daily living needs				
Daly City Youth Health Center 2780 Junipero Serra Blvd Daly City, CA 94015	Provides medical care, STD/HIV testing and treatment, mental health counseling, vocational counseling and mentoring, referrals and support groups.				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Dolores Street Community Services 938 Valencia Street San Francisco, CA 94110	Offers meals, showers, storage, mail service, and health clinics; ESL instruction, immigration and legal assistance, and translation services; referral services; volunteer opportunities				
Dolores Street Community Services Richard. M. Cohen Residence 938 Valencia Street San Francisco, CA 94110	Provides 24-hour staffing at facility; offers meals, medication assistance; nurse and attendant care support; case management; mental health referrals; substance abuse referrals; offers community building activities	**X**			**X**
El Concilio of San Mateo County 1419 Burlingame Avenue, Suite N Burlingame, CA 94010	Provides outreach, education and prevention, support groups, and substance abuse education and referrals.				
Episcopal Community Services of San Francisco **Episcopal Sanctuary** 201 8th Street San Francisco, CA 94103	Provides overnight shelter for homeless individuals on a daily basis; 30 day shelter which may be renewed; case management; medical clinic; shower facilities; breakfast and dinner during shelter hours; offers classes for ESL; computer access; U.S. Citizenship, GED, and life skills training; voicemail boxes for homeless clients seeking jobs				
Episcopal Community Services of San Francisco **Next Door** 1001 Polk Street San Francisco, CA 94109	Serves 100 homeless women and 150 men in transitional, case management program, with an additional 30-bed respite care unit; provides shelters, supportive housing, education, and vocational training				
Episcopal Community Services of San Francisco **Canon Kip Skills Center Community House** 705 Natoma Street San Francisco, CA 94103	Provides educational, training, and employment services to homeless and formerly homeless adults; offers job-related and other types of workshops and classes; offers resume workshops, interview skills, job seeking techniques, and other employment related topics; computer literacy assistance; mathematics instruction; career counseling				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Family Link 317 Castro Street San Francisco, CA 94114	Provides guest accommodations in a supportive environment for family members of people with disabling AIDS or other critical illness who require temporary living arrangements while visiting from outside San Francisco				
Family Service Agency of San Francisco **Mental Health Services** 1010 Gough Street San Francisco, CA 94109	Provides short-term (8-24 sessions) crisis intervention counseling; psychiatric medication evaluations; individual counseling; individual psychotherapy; neuropsychological testing; couple/family therapy for significant others and/or family members of people with HIV/AIDS				
Forensic AIDS Project 798 Brannan Street, 2nd Floor San Francisco, CA 94103	Provides AIDS prevention and health education, early intervention services, STD counseling and testing, and TB testing for inmates; HIV risk assessment; test disclosure counseling; emotional support; ADAP enrollment site; HIV testing to inmates	**X**			
General Assistance Advocacy Project 276 Golden Gate Avenue San Francisco, CA 94102	Provides assistance, information, and referrals for individuals applying for or experience difficulties concerning CAAP and food stamps and SSI; provides assistance in completing the necessary forms to receive these benefits				
Glide Foundation **Glide Memorial United Methodist Church** 330 Ellis Street San Francisco, CA 94102	Provides case management, housing referrals, hygiene kits, crisis intervention, information and referrals, clothing, food, substance abuse services, and recovery services; rental assistance; move-in assistance				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Hamilton Family Center 1631 Hayes Street San Francisco, CA 94117	Sponsors a 30-day, 24-hour emergency homeless shelter for up to 70 residents consisting of families and pregnant women; offers meals, medical and prenatal care, housing referrals, employment counseling, social service referrals, and case management; offers an afterschool learning center				
Health at Home 635 Potrero Avenue San Francisco, CA 94110	Offers comprehensive multidisciplinary home health care services, skilled nursing, medical social work, physical and occupational therapy, speech therapy, home health aide services, palliative care, and end of life care	**X**			
Healing Waters 167 Fell Street San Francisco, CA 94102	Offers outdoor trips for people living with HIV/AIDS; offers volunteer and internship opportunities, fundraising events, raffle parties, and periodic volunteer recognitions				
Huckleberry Youth Services 555 Cole Street San Francisco, CA 94117	Operates a community-based adolescent health clinic; primary care services including family planning, case management, psychosocial services, prevention/education services, crisis intervention, and specialty linkage and referral				
Immune Enhancement Project 3450 16th Street San Francisco, CA 94114	Provides complimentary alternative medicine including acupuncture, therapeutic massage, herbal therapy, nutritional/lifestyle counseling; sponsors auricular clinics; drop-off site for unused HIV medications in conjunction with RAMP				
Independent Living Resource Center 649 Mission Street San Francisco, CA 94105	Provides a variety of services designed to assist disabled individuals live independently; provides living options planning; benefits counseling; peer counseling; support groups; employment options workshops; ADA education; information and referrals				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Instituto Familiar de la Raza 2919 Mission Street San Francisco, CA 94110	Provides mental health evaluation and assessment; individual and couple psychotherapy; youth, adult, and family group counseling; support groups; individualized case management	x			
Iris Center 333 Valencia Street San Francisco, CA 94103	Mental health services for women living with HIV/AIDS and their families; substance abuse counseling; mental health counseling; case management; prevention education; perinatal services; free child care				
Jewish Family & Children's Services 2150 Post Street San Francisco, CA 94115	Provides HIV services for Jewish individuals and their families, including counseling, case management, information and referral, attendant care, spiritual support, financial assistance, and volunteer opportunities				
KAIROS Support for Caregivers 730 Polk Street San Francisco, CA 94109	Offers a resource center for the caregivers of individuals affected by a chronic, long-term or terminal illness, including HIV/AIDS; support groups; individual counseling				
Kaiser Permanente Medical Center **Kaiser Permanente HIV Services** 2425 Geary Boulevard, #L140 San Francisco, CA 94115	ADAP enrollment; benefits, disability, and financial assistance; chemical dependency recovery program; nutritional counseling; clinical trials; social services including counseling, referral, and crisis intervention				
Laguna Honda Hospital & Rehabilitation Center 375 Laguna Honda Boulevard San Francisco, CA 94116	Skilled nursing care facility; geriatric care; inpatient and outpatient services; hospice care; terminal illness care; home evaluations; limited respite care				
Larkin Street Youth Center **Haight Street Referral Center** 1317 Haight Street San Francisco, CA 94117	Provides a safe place in the evening hours to homeless youth in the Haight-Ashbury District. The youth center offers information, referral and a snack, as well as serves as an additional point of entry				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Larkin Street Youth Center 1138 Sutter Street San Francisco, CA 94109	Offers eleven locations throughout San Francisco for youth services; drop-in center; assisted care in a residential program; case management; peer counseling; food and nutritional planning; medication management assistance; prevention with positives; mental health and substance abuse services; individual and group counseling; HIV specialty care; HIV testing; referrals and linkages	X		X	X
Latino Commission 301 Grand Avenue, Suite 301 South San Francisco, CA 94080	Provides Residential Substance Abuse services for Monolingual Spanish-speaking Latinos living with HIV/AIDS in San Mateo County				
Legal Services for Children, Inc. Hope Project 1254 Market Street, 3rd Floor San Francisco, CA 94102	Provides legal and social service support to low-income families affected by HIV disease who need assistance with permanency planning; case management; crisis intervention; conflict resolution; education advocacy; MUNI passes				
Lutheran Social Services of Northern California AIDS Financial Services 290 8th Street San Francisco, CA 94103	Offers representative payee and money management services, including budget planning, payment of rent, payment of bills, advocacy with landlords, rental properties, and other supportive service providers	X			
Lyon-Martin Health Services 1748 Market Street, #201 San Francisco, CA 94102	Primary care medical clinic focused upon lesbian, bisexual, and transgender clients; chronic disease management; HIV primary care; HIV/STD testing; routine physicals; gynecological care and family planning; cervical cancer screening; pap smears and follow up; hormone therapy for transgender persons; psychosocial assessments; motivational counseling; case management; emergency referrals for housing, food, and clothing; transportation assistance		X		

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Maitri 401 Duboce Avenue San Francisco, CA 94117	Provides a 15-bed residential care facility for people with AIDS; services include palliative care, psychosocial support, and 24-hour skilled nursing; spiritual counseling, psychiatry and physical therapy	X			X
Marin AIDS Project 910 Irwin Street San Rafael, CA 94901	Provides case management, benefits counseling, mental health therapy, volunteer services, and coordination of funds for transportation and emergency financial assistance with utility and pharmaceuticals expenses. Also provides nursing case management, skilled nursing, and coordination of attendant care services to disabled PLWH. Participates in Medi-Cal waiver program.	X			
Marin County Dental Services 411 Fourth Street, Suite C San Rafael, CA 94901	Provides Dental services for people living with HIV/AIDS	X			
Marin Housing Authority 4020 Civic Center Drive San Rafael, CA 94903	Offers Long term rental assistance subsidies for PLWHA	X			
Marin Health and Human Services Clinic 3260 Kerner Street San Rafael, CA 94901	Provides HIV adult primary medical care, Hepatitis C adult consultative medical care, and HIV medical case management	X			
Marin Treatment Center 1466 Lincoln Avenue San Rafael, CA 94901	Provides coordination of substance abuse services and drug treatment and counseling				
Maxine Hall Health Center 1301 Pierce Street San Francisco, CA 94115	Primary care health services; confidential HIV testing and counseling; TB and pregnancy testing; hypertension screening; immunizations; seasonal flu shots; annual physicals; health education; nutritional counseling; public health nursing; ADAP enrollment; methadone treatment next door				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Mental Health Association of San Mateo County 2686 Spring Street Redwood City, CA 94063	Provides housing services to persons with HIV and AIDS, including referrals and emergency financial assistance with other housing related expenses				
Mission Mental Health Center 111 Potrero Avenue San Francisco, CA 94103	Mental health services primarily to Latinos, gay men lesbians, and bisexuals; short and long-term psychotherapy; medication support and monitoring; crisis triage-assessment referrals; eligibility screening				
Mission Neighborhood Resource Center 165 Capp Street San Francisco, CA 94110	Drop-in respite including bathroom access, showers, laundry services, and lockers focused upon Mission homeless, LGBT, women, active drug users, and SRO tenants; case management; psychosocial support; dual diagnosis counseling; TB testing; urgent care; referrals; acupuncture; HIV counseling and testing				
Most Holy Redeemer AIDS Support Group 100 Diamond Street San Francisco, CA 94114	Offers practical and emotional support to those living with HIV/AIDS including spiritual support, in home assistance, emotional support groups, and a client activities program				
Native American AIDS Project 1540 Market Street, Suite 130 San Francisco, CA 94102	HIV case management; HIV prevention case management; treatment advocacy; street-based outreach; risk-reduction workshops; practical and emotional support; mental health services; community events	**X**			
Native American Health Center 160 Capp Street San Francisco, CA 94110	STD screening and treatment; confidential HIV testing; outpatient medical and dental services; mental health services; treatment advocacy; case management; prevention case management; family planning; immunizations; women's health care	**X**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
North East Medical Services 1520 Stockton Street San Francisco, CA 94133	Comprehensive outpatient health services; primary physician care; specialty physician care; nursing; optometry; nutrition; health education; pharmacy; x-rays; immunizations; family planning; social services; dental care; lab work; confidential STD testing, counseling, and treatment; HIV testing				
Pets Are Wonderful Support (PAWS) 645 Harrison Street, Suite 100 San Francisco, CA 94107	Provides assistance to low-income individuals with a debilitating chronic or terminal illness (including HIV/AIDS) to care for their pets				
Positive Living for Us– STOP AIDS Project 2128 15th Street San Francisco, CA 94114	Conducted educational and practical workshops for individuals who have recently tested HIV positive and need guidance on making informed decisions; topics include HIV pathogenesis, drug treatment options, stress management, nutrition, insurance, public benefits, sexuality and dating, addiction recovery				
Positive Resource Center 785 Market Street, 10th Floor San Francisco, CA 94103	Benefits advocacy for San Francisco residents living with HIV/AIDS or severe mental health condition; employment services; assistance with health insurance premiums; SSI, SSDI, and other benefits assistance; employment workshops; resume assistance; computer training; career counseling; legal clinics; resource area; job placement assistance	**X**			
Potrero Hill Health Center 1050 Wisconsin Street San Francisco, CA 94107	Comprehensive medical services; prenatal and postpartum care; HIV services including confidential testing, women's clinic, teen's clinic; STD screening and treatment; immunizations; nutritional services; limited dental care; social work services; ADAP enrollment site				
Project FOCYS 1670 Amphlett, Suite 115 San Mateo, CA 94402	Provides youth and family counseling services, referrals, anger management, and parent support groups				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Project Inform 1375 Mission Street San Francisco, CA 94103	HIV/AIDS research and treatment information; Treatment hotline; biannual update town meetings; advocates and develops policy recommendations				
Project Open Hand 730 Polk Street San Francisco, CA 94109	Delivers free hot or frozen meals daily to people with symptomatic or disabling HIV/AIDS; free supplemental groceries; catering services for large and small events	**X**			
Quan Yin Healing Arts Center 455 Valencia Street San Francisco, CA 94103	Alternative and holistic healing services to seriously ill patients; affordable acupuncture; massage therapy; nutritional supplements; yoga; educational health classes; Qigong				
Riley Center **Rosalie House** 3543 18th Street, 3rd Floor San Francisco, CA 94110	Supportive services for battered women and their children; 24-hour crisis hotline; assistance with employment, education, housing, child care, legal assistance, support groups, health care, and public benefits				
Rose Resnick Lighthouse for the Blind and Visually Impaired 214 Van Ness Avenue San Francisco, CA 94102	Supportive, educational, and rehabilitative services for blind or visually impaired individuals; mutual support groups; taxi vouchers; referrals; cooking training; orientation and mobility services; employment services; customized services for deaf-blindness and AIDS-related vision loss				
Saint Anthony Foundation **Clothing and Furniture Program** 1185 Mission Street San Francisco, CA 94103	Distributes clothing, dishes, linens, and small appliances to San Francisco families with children and individuals in need; accepts donations of items; home pick-up available				
Saint Anthony Foundation **Dining Room** 45 Jones Street San Francisco, CA 94102	Offers cafeteria-style meals; persons with HIV/AIDS who have difficulty standing in line or carrying a tray are eligible to receive a disability card (doctor's note required)				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Saint Anthony Foundation Free Medical Clinic 150 Golden Gate Avenue San Francisco, CA 94102	Free primary care for low-income adults, uninsured families, and children; drop-in care; pediatrics; podiatry; nutrition; orthopedic; seasonal flu shots; laboratory; pharmacy; free confidential and rapid HIV test				
Saint James Infirmary 1372 Mission Street San Francisco, CA 94103	HIV and other STD counseling and testing; peer counseling; psychotherapy; holistic services; transgender hormone therapy; shelter referrals and linkage; needle exchange; harm reduction supplies				
Saint Mary's Medical Center HIV Services 2235 Hayes Street San Francisco, CA 94117	HIV primary care; subspecialty care; medical case management; treatment advocacy; rapid and confidential HIV testing; ADAP enrollment site	**X**			
Saint Vincent de Paul Society Arlington Residence, Inc. 480 Ellis Street San Francisco, CA 94102	Residential hotel for low-income single individuals, recovery alcohol abusers, recovering drug abusers, and individuals with a dual diagnosis; AA meetings				
Saint Vincent de Paul Society Multi-Service Center South 525 5th Street San Francisco, CA 94107	Shelter and support services for 345 men each night and 100 each day; breakfast and dinner; case management; crisis counseling; information and referral; medical care; substance abuse treatment; emergency clothing; bathing and laundry				
Saint Vincent de Paul Society Ozanam Center 1175 Howard Street San Francisco, CA 94103	Residential substance abuse services for individuals under the influence or experiencing withdrawal from alcohol or drugs; drop-in services; short term supportive services; assessment and referral; money management				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Salvation Army **Harbor Light Center** 1275 Harrison Street San Francisco, CA 94103	Continuum of services to address alcohol and drug-related problems; detoxification; primary substance abuse treatment; long-term residential program; referrals; individual and group counseling; vocational assistance; spiritual counseling; HIV/AIDS specific programs				
Salvation Army **Turk Street Corps** 242 Turk Street San Francisco, CA 94102	Drop-in center; senior services; congregate lunches; health education; podiatry clinic; support groups; exercise classes; field trips; recreational activities; referrals; children's programs; youth programs; women's programs; bible classes; Alcoholics Anonymous meetings				
San Francisco AIDS Foundation 995 Market Street San Francisco, CA 94103	Direct social services; referrals; treatment support; education; HIV prevention; advocacy; volunteer activities; HIV/AIDS information and referral hotline; HIV policy education and direction; needle exchange; sexual health; direct medical services; psychosocial services; harm reduction services; vaccinations	**X**			
San Francisco Dental Society **Emergency and Referral Service** 2143 Lombard Street San Francisco, CA 94123	Offers telephone dental referral services which provides names and phone numbers of member service dentists according to neighborhood, languages spoken, emergency hours, and Medi-Cal acceptance policies				
San Francisco Department of Human Services **TANF & CalWORKS** 170 Otis Street San Francisco, CA 94103	Provides financial assistance for the care of children when one or both parents are absent, disabled, deceased, or unemployed; offers supportive labor assistance; provides job search and training, vocational education, child care, transportation, Medi-Cal assistance, food stamps for those eligible; funding for temporary housing				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
San Francisco Department of Human Services **Emergency Response Unit** 170 Otis Street San Francisco, CA 94103	Provides emergency response as part of pre-placement preventive services; investigates reports of child abuse, neglect, exploitation, and abandonment for the purpose of providing initial intake and crisis intervention to maintain a child safely in his/her own home or to protect the safety of the child; sponsors a 24-hour child abuse hotline; provides child abuse counseling over the telephone				
San Francisco Department of Public Health **City Clinic** 356 Seventh Street San Francisco, CA 94103	Offers STD prevention and control, including examination, diagnosis, treatment, and risk reduction; offers hepatitis A and B vaccinations; offers confidential and rapid HIV testing for individuals in high-risk groups; offers HIV risk reduction counseling, partner notification services, and early intervention services; ADAP enrollment site; offers PEP program; offers limited numbers of free condoms	**X**			
San Francisco Department of Public Health **AIDS Office** 25 Van Ness Avenue, #500 San Francisco, CA 94102	The HIV Health Services section provides funding for HIV primary care and other related services across the San Francisco EMA, based on the needs identified and prioritized by the HIV Health Services Planning Council. The HIV Prevention & Research section provides funding for HIV prevention programs across the city, based on the needs identified and prioritized by the HIV Prevention Planning Council, as well as conducts research. The Epidemiology section consists of two units: the HIV Surveillance Unit & HIV Seroepidemiology Unit. Both units provide HIV statistics, epidemiology, and emerging trends of the San Francisco HIV epidemic	**X**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
San Francisco Department of Public Health **Silver Avenue Family Health Center** 1525 Silver Avenue San Francisco, CA 94134	Provides comprehensive primary health care for all agencies with a satellite clinic for youth 12-24 years old; medical hotline; health screenings; flu shots; ADAP enrollment; children's health services including immunizations, physicals, and dental care; breast examinations; mammogram referrals; pap smears, pregnancy testing; STD testing; family planning services; confidential and rapid HIV testing				
San Francisco General Hospital Early Access Center 1001 Potrero Avenue 1-M3 San Francisco, CA 94110	Rapid access to medical services for individuals who have tested positive for HIV or have AIDS; individualized treatment plans; education; laboratory tests; monitoring				
San Francisco General Hospital HIV Assessment & Prevention Services 1001 Potrero Avenue, #301 San Francisco, CA 94110	Client centered HIV risk assessments; counseling; confidential testing; education; referrals; risk reduction plan development; follow-up services; inpatient and outpatient				
San Francisco General Hospital Medical Center (GMC) 1001 Potrero Avenue, #1-M3 San Francisco, CA 94110	Provides a wide range of diagnostic and treatment services including public health services, primary adult and pediatric care; specialty medicine, laboratory services, AIDS treatment, preventative care, specialty medicine, smoking cessation, stress reduction, and other support services				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
San Francisco General Hospital Positive Health Program – Ward 86 995 Potrero Avenue, 6th Floor San Francisco, CA 94110	Full range of primary medical care and programs for individuals with HIV, cancer, and hematology conditions; day-infusion services; diagnostic workshops; pharmacist consultations; laboratory services; acute crisis intervention; mental health referrals; research consultation; women's clinic; lymphoma clinic; general hematology; nutrition counseling; oncology; dermatology; metabolism/wasting clinic; neurology; psychiatric services; pharmacy; CMV management services; home visits and hospice care; IV infusion services; ADAP enrollment site	X		X	
San Francisco General Hospital Post-Exposure Prevention Study (PEP) 3180 18th Street, Suite 301 San Francisco, CA 94110	Offers clinical study to individuals within 72 hours of serious exposure to HIV to help prevent infection; all components are free; HIV counseling; HIV testing; 28 days of HIV medications				
San Francisco General Hospital Psychiatric Emergency Services (PES) 1001 Potrero Avenue San Francisco, CA 94110	Provides psychiatric emergency services including psychiatric evaluations and crisis stabilization; short term case management; referrals				
San Francisco General Hospital Substance Abuse Services 995 Potrero Avenue San Francisco, CA 94110	Outpatient detoxification treatment with an emphasis upon IDU; social, psychiatric, and medical services; methadone; maintenance treatment; health care; comprehensive services to pregnant women; prenatal and postpartum medical and substance abuse treatment; classes	X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
San Francisco Housing Authority 440 Turk Street San Francisco, CA 94102	Offers housing to people with disabilities, seniors, low-income, and families; develops and maintains low-rent permanent housing; Section 8 Subsidized Housing vouchers; administers SRO units; administers the Shelter Plus Care Program				
San Francisco Lesbian, Gay, Bisexual, & Transgender Center 1800 Market Street San Francisco, CA 94102	Offers programs and services for LGBT people, their friends, and families; economic and workforce development; arts; culture and social activities; children, youth, and families health and wellness; building services; community development; community meetings; special events				
San Francisco Paratransit Broker 68 12th Street San Francisco, CA 94103	Provides four modes of transportation for persons who are unable to use public transportation due to disability; Ramped Taxi, Group Van				
San Mateo County STD/HIV Program 225 – 37th Avenue San Mateo, CA 94403	Provides comprehensive, multidisciplinary HIV primary medical care services, including social services, case management, client advocacy, benefits counseling, psychotherapy, alcohol and drug programs, substance abuse treatment, and prevention and STD/HIV testing services.	**X**			
San Mateo Medical Center Dental Clinic 775 Willow Menlo Park, CA 94025	Provides dental services for persons with HIV and AIDS.	**X**			
Shanti 730 Polk Street, 3rd Floor San Francisco, CA 94109	Intake and assessment; information and referral; integrated case management; workshop series; drop-in groups; HIV/Hep-C co-infection group; individual counseling; activities program; emotional and practical support	**X**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Shelter Plus Care Program 1440 Harrison Street San Francisco, CA 94103	Provides rent subsidies for homeless persons with disabilities and their families; case management; basic living skills; representative payee and money management; benefits advocacy; substance abuse intake/assessment; support groups; crisis intervention; specialized mental health services; vocational training				
Social Security Administration 939 Market Street San Francisco, CA 94103	Processes claims for all Social Security programs; provides assistance in the case of retirement, disability, or death; issues social security cards				
South of Market Health Center 551 Minna Street San Francisco, CA 94103	Primary health care for adults; prenatal care; family planning; pregnancy testing; pediatrics; adolescent medicine; gastrointestinal services; podiatry; TB screening; HIV testing, treatment, and counseling; STD testing and treatment; vision and hearing screening; mental health counseling; comprehensive dental care		**x**		
South of Market Mental Health Services 760 Harrison Street San Francisco, CA 94103	Operates one of four Integrated Service Centers providing evaluation admission into San Francisco Public Health; non-emergency mental health; evaluation and supervision of psychotropic medications; individual and group therapy; urgent care; information and referrals; clinical case management; bilingual and culturally relevant services to the Filipino community; mobile mental health support				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Southeast Health Center **HIV Early Intervention Program** 2401 Keith Street San Francisco, CA 94124	Confidential HIV testing; HIV primary medical care; psychosocial support; case management; health education and medication adherence support; mental health and substance abuse counseling and therapy; STD testing and counseling; hepatitis testing; ADAP enrollment site; dental care; urgent care; immunizations; TB screening; diabetes screening; family planning; general nutritional services; podiatry; pregnancy testing and counseling; prenatal care	X			
Swords to Plowshares **Veterans' Rights Organization** 1060 Howard Street San Francisco, CA 94103	Supportive services to veterans; legal counseling and referrals; limited court representation; information and referral; representative payee services; advocacy; benefits assistance; individual counseling and referrals for PTSD; transitional housing; job training; resume assistance; job interview coaching; voice mailboxes for job seeking homeless clients				
Tenderloin Housing Clinic **Law Offices** 126 Hyde Street, 2nd Floor San Francisco, CA 94102	Provides drop-in legal services to landlord/tenant disputes to residents of the Tenderloin, South of Market, and resident hotels citywide only; advice includes issues such as leases, rental agreements, legal eviction procedures, condition of property, et cetera				
Tenderloin Housing Clinic **Homeless Program** 126 Hyde Street San Francisco, CA 94102	Offers a Modified Payment Program which places clients in residential hotels; representative payee services; vocational services; counseling; group activities; Hot Meals Program; Community Voice Mail program				
Tom Steel Clinic 655 Redwood Highway Suite 200 Mill Valley, CA 94941	Provides HIV adult primary medical care	X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Tom Waddell Health Center 50 Lech Walesa Street San Francisco, CA 94102	Provides primary and urgent care including TB, hepatitis, HIV and other testing; case management; transgender health-specific services; ADAP enrollment site	X	X		
University of California San Francisco **School of Dentistry** 707 Parnassus Avenue, #D-1000 San Francisco, CA 94143	Provides low-cost comprehensive dental services including children's services and emergency dentistry; orthodontics; pedodontics; periodontics; oral surgery; prosthodontics	X			
University of California San Francisco **AIDS Health Project** 1930 Market Street San Francisco, CA 94102	Free (based around risk assessment), anonymous, and confidential HIV antibody testing; limited STD testing (gonorrhea and Chlamydia only) to gay and bisexual men, MSM, and transmen; HIV/STD prevention and testing education; mental health services; counseling; psychiatry; support groups and workshops	X			
University of California San Francisco **AIDS Substance Abuse Program** 1930 Market Street San Francisco, CA 94102	Provides assessments and interventions related to substance abuse for people with HIV/AIDS or at risk for infection; drug counseling; relapse prevention; case management; mutual support groups; anonymous and confidential rapid HIV testing and counseling				
University of California San Francisco **360: The Positive Care Center** 400 Parnassus Street San Francisco, CA 94143	Health care services for individuals living with HIV/AIDS; inpatient and outpatient medical evaluations and treatment; medical, nutritional, and pharmacy consultation; telemedicine; benefits assistance; counseling and referrals; research protocols; ADAP enrollment site				
University of California San Francisco **360: The Positive Care Center, Men of Color Program** 400 Parnassus Street San Francisco, CA 94143	Health care services for African American individuals living with HIV/AIDS; inpatient and outpatient medical evaluations and treatment; medical, nutritional, and pharmacy consultation; telemedicine; benefits assistance; counseling and referrals; research protocols; ADAP enrollment site	X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
University of California San Francisco **Women's & Children's Specialty Program** 400 Parnassus Street San Francisco, CA 94143	Primary medical care for women with HIV (particularly advanced disease); primary pediatric care; medical consultations; gynecological care; colposcopy; nutritional counseling; opportunistic infection identification and treatment; psycho-social assessments; legal counseling for wills; power of attorney; housing and guardianship; on-site child care; high-risk obstetric clinic; access to clinical trials			**X**	
University of California San Francisco **Mount Zion Medical Center** 1701 Divisadero Street, 5th floor, Suite 500 San Francisco, CA 94115	Provides comprehensive primary medical services on an outpatient basis only; services include confidential HIV testing with the results being available in one week				
University of California San Francisco **Mount Zion Medical Center Teen Services** 2330 Post Street, #320 San Francisco, CA 94115	Confidential screening and treatment for STDs; HIV testing results available in two weeks; pregnancy testing; birth control; prenatal care; medical exams; case management; counseling; referrals; HIV/STD education and prevention; Sensitive Services Medi-Cal				
University of California San Francisco **Mount Zion Medical Center Home Care** 3330 Geary Boulevard San Francisco, CA 94118	Provides skilled home health care services under the direction of a physician, including physical, occupational, or speech therapy; medical social work; home health aides; public health nurses; speech therapists; occupational and physical therapists				
University of the Pacific **Dugoni School of Dentistry** 2155 Webster Street San Francisco, CA 94115	Provides preventative treatment; same day emergency dental care; fillings; root canals; dentures; oral surgery; interpretation services available in most languages	**X**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Veterans Affairs Medical Center Comprehensive Homeless Center 401 3rd Street San Francisco, CA 94103	Locates and links homeless veterans to services; offers Healthcare for the Homeless Veterans program; crisis intervention; outreach; case management; sobriety support groups; education classes; outpatient psychiatric and nursing care; work therapy; individual and vocational counseling; treatment enrollment; work placement; supportive housing assistance; application agency for the Shelter Plus Care Program; relapse prevention				
Veterans Affairs Medical Center Substance Abuse Programs 4150 Clement Street San Francisco, CA 94121	Substance abuse treatment programs for veterans; outpatient clinic for individual, family, and group counseling; antabuse prescriptions; methadone clinic; complete education series; variable length of stay treatment program; free confidential HIV testing; free STD testing; free hepatitis testing; treatment programs available for not-veterans if they are willing to participate in medical studies				
Veterans Affairs Menlo Park Division Clinic 795 Willow Road Menlo Park, CA 94025	Substance abuse treatment programs for veterans; outpatient clinic for individual, family, and group counseling; antabuse prescriptions; methadone clinic; complete education series; variable length of stay treatment program; free confidential HIV testing; free STD testing; free hepatitis testing; treatment programs available for not-veterans if they are willing to participate in medical studies				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	PART A/B	PART C	PART D	HOPWA
Walden House, Inc. 890 East Hayes Street San Francisco, CA 94117	Managed rehabilitative services to individuals with drug and alcohol problems and their families; residential stabilization; mental health services; medical care; nutritional counseling; continuing education classes; adult day treatment services; residential program for adolescent girls; detoxification services; Department of Correction services				
Westside Community Mental Health Services **AIDS Case Management Home Care Program** 245 11th Street San Francisco, CA 94103	Provides comprehensive case management and other services through the state Medi-Cal Waiver Program and Case Management Program; medical care; home care; home health attendant care; client advocacy; education/prevention materials; free confidential HIV testing	**x**			
Women and Children's Family Services 2261 Bryant Street San Francisco, CA 94110	Provides residential and outpatient drug treatment for women who are HIV-positive and their children; operates three residential houses				
Women Organized to Make Abuse Nonexistent (WOMAN) 333 Valencia Street, #450 San Francisco, CA 94103	Operates a 24-hour crisis line specializing in issues related to Latina women, lesbians, and abused women; individual counseling; support groups; drop-in crisis assistance; options counseling; bed-space inventory; restraining order assistance; information and referral				

Coordination with Other Ryan White Act Programs: The San Francisco EMA is dedicated to ensuring the integration and coordination of **all** sources of Ryan White funding in the region. The Health Services Planning Council prioritizes the use of Ryan White funds for services that are not adequately funded through other reimbursement streams to ensure that Part A funds are the funding source of last resort. During each year's priority setting and allocation process, the Grantee produces detailed fact sheets on each service category that include a listing of **all** other funding streams available for that category, including Part B, C, D, and F programs, ADAP, and MAI funding. The Planning Council also assists in the planning for Part B-funded services. The Planning Council works with other local planning groups such as the HIV Prevention Planning Council and Long Term Care Coordinating Council to coordinate services and eliminate duplication. The figure below details complementary Ryan White contributions in the San Francisco EMA during the most recent 12-month contract period (see Figure 9).

Figure 9. Table of Complementary Non-Part A Ryan White Funding Most Recently Completed 12-Month Funding Cycles

Local Jurisdictions	Ryan White Funding Categories & Amounts					H.U.D.
	Part A MAI	Part B	Part B MAI	Part C	Part D	HOPWA
San Francisco County	$ 710,140	$ 2,909,365	$ 96,000	$ 1,185,617	$ 1,062,497	$ 8,564,816
San Mateo County		$ 269,459	$ 26,000			$ 878,500
Marin County		$ 136,364	$ 26,000			$ 339,500
TOTAL	**$ 710,140**	**$ 3,315,188**	**$148,000**	**$ 1,185,617**	**$ 1,062,497**	**$ 9,782,816**

Coordination With Non-Ryan White Programs and Funding Streams: The San Francisco HIV Health Services Planning Council and the SF Department of Public Health work together to ensure that Ryan White Part A funds are coordinated across all applicable funding streams in the region. As with the Ryan White streams listed above, the Planning Council reviews annual service category summaries that include a detailed listing of all non-Ryan White funding sources for each category, including sources such as ADAP, Medicaid and Medicare support, public entitlement programs, private insurance and HMO support, Veterans Administration programs, City and County funds, HOPWA and SAMHSA grants, and State mental health funds. The Grantee also ensures that services are coordinated to maximize the number and accessibility of services, while seeking every possible alternate source of funding apart from Part A to support HIV care.

The most important complementary funding stream to support HIV care for populations with low incomes is the **Medicaid** system, or **Medi-Cal**, as the system is known in California. Medi-Cal is an indispensable link in the chain of support for persons with low-incomes and HIV in the San Francisco EMA. According to documents supplied by the State of California, a total of **$58,469,157** in HIV-specific Medi-Cal expenditures were reported for the three counties of the San Francisco EMA for the 6-month period between January 1 and June 31, 2011, resulting in a 12-month projection of **$116,938,314** for calendar year

2011. **Over one-half (52.0%)** of HIV Medi-Cal expenditures in the San Francisco EMA during the first six months of 2011 were for **HIV-related medications** (**$30,411,407**); another **17.1%** (**$9,974,674**) were for **inpatient care; and 16.8%** (**$9,818,282**) were for **intensive and skilled nursing care.** The remaining **14.1%** were dispersed among other categories. A total of **6,106** unduplicated HIV-positive individuals were listed as Medi-Cal recipients for the period January 1 – June 30, 2011, an increase of **11.2%** over the 5,491 beneficiaries reported for the first half of 2009. The SF HIV Health Services Planning Council examines changes in Medi-Cal data each year and considers this information in allocating Part A primary medical care funding.

Other significant non-Ryan White funding streams which affect the allocation of Part A resources in the San Francisco EMA include the following:

- The **AIDS Drug Assistance Program (ADAP)** provides a major source of income for HIV care in California, supporting the costs of a diverse formulary for tens of thousands of low-income California residents. According to NASTAD's 2011 National ADAP Monitoring Report, total ADAP expenditures in California for calendar year 2010 totaled **$436,930,287,** by far the largest ADAP budget in the nation and **58.0% more** than the next highest state, New York, at $276,605,700. [20] At the same time, California's state contribution to the program totaled **$126,019,004**, also by far the largest contribution by any state in the nation, making up **over one-third (36.4%)** of combined state ADAP contributions nationally, and representing a remarkable **77.8%** increase over the $70,859,000 in ADAP funding provided by California in 2009. A total of **34,963** Californians were enrolled in ADAP as of June 2010, versus 19,051 for the state of New York, the next highest state. While California has continually demonstrated its unwavering support for ADAP – most recently in the 2011-2012 State budget – the future of ADAP is far from certain. Even a slight funding reduction would have drastic consequences for the tens of thousands of individuals who rely on this funding to keep them alive.

- Veterans in the EMA are able to access care at **three Veterans Administration (VA)** clinics in the EMA: the Infectious Diseases Clinic at the San Francisco VA Medical Center, offering primary medical care to PLWHA along with access to clinical trials and research; the VA outpatient clinic in the South of Market area in San Francisco; and the Palo Alto VA Center located just outside the EMA, with a satellite clinic in Menlo Park in San Mateo County which is co-located with a public Part A-funded clinic.

- **Housing Opportunities for Persons with AIDS (HOPWA)** services are coordinated through the HOPWA Loan Committee, which includes two Planning Council representatives. For FY 2010, the total HOPWA allocation for the San Francisco EMA totaled **$9,782,816,** including **$8,564,816** for San Francisco County; **$878,500** for San Mateo County; and **$339,500** for Marin County. The Grantee works closely with the San Francisco Redevelopment Agency to coordinate housing access for Ryan White Part A-funded clients.

- Other state and local social services programs such as **General Assistance** and **vocational rehabilitation programs** are used by PLWHA in the EMA. General Assistance provides a very small amount of money per month for the few clients who qualify which is less than the rental cost for an average single room occupancy (SRO) hotel room. Vocational services including counseling, training, and job placement are provided directly to PLWHA who wish to enter or re-enter the workplace.

- **Substance abuse services** are supported through a combination of federal, state, local, and private funds, with each county combining resources together to develop its own local system. The passage of California Proposition 36, requiring drug treatment rather than incarceration for many persons convicted of drug-related offenses, increased funds available for substance abuse treatment in the EMA. However, funding for Proposition 36 was eliminated by the Governor in California's 2009 budget, and local governments cannot fill this gap. The EMA has therefore lost a major source of support for substance abuse treatment services. California also receives HIV set-aside funds from **SAMHSA**, which are primarily used to provide HIV counseling and testing within substance abuse treatment programs.

The Affordable Care Act and Health Care Reform: Both the State of California and the City and County of San Francisco have also taken significant strides toward implementation of the **Affordable Care Act (ACA)**. The city's groundbreaking **San Francisco Health Plan**, founded in 2009, is a licensed, city-sponsored community health plan that provides affordable health care coverage to over **70,000** low and moderate-income families. Members have access to a full spectrum of medical services including preventive care, specialty care, hospitalization, prescription drugs, and family planning services. Members choose from over **2,300** primary care providers and specialists, **6** hospitals, and **200** pharmacies - all in neighborhoods close to where they live. The Health Plan has been extremely supportive of SFDPH efforts to improve and innovate the quality of HIV care, and ensure that HIV is addressed with the same level of excellence as other chronic illnesses. This program is complemented by **Healthy San Francisco**, another city program that makes health care services accessible and affordable for uninsured residents through the placement of clients in **medical homes** and an emphasis on a **wellness model** of care**.** All city-funded health centers, including those involved in the present application, are moving toward medical home status, giving them access to expanded city and state healthcare reimbursement support. San Mateo County also operates a public health plan called **Health Plan of San Mateo**.

These efforts have more recently been augmented at the State level by creation of the **Low-Income Health Program (LIHP),** the State's first step toward implementing health care reform. Also known as "California's Bridge to Reform" and established through the Section 1115 Medicaid Demonstration Program," the program expands Medicaid eligibility for low-income persons in 25 of California's 58 counties. The LIHP demonstration will give the State a major head start in enrolling populations in Medicaid prior to the implementation of the ACA. However, implementation of the LIHP program has created significant challenges in San Mateo County in particular, which has a higher income

eligibility level than San Francisco County and is therefore dealing with a much larger number of patients who are being transitioned into Medicaid programs. Matt Geltmaker, Direct of the San Mateo County STD/HIV Program, serves on the statewide LIHP Stakeholders Advisory Committee. Statewide LIHP efforts are being complemented by the State's **Medi-Cal Managed Care Expansion Program**, which is expanding enrollment of up to **800,000** Medicaid eligible individuals - including persons with HIV - in Medicaid managed care programs.

C. Description of Need

The most recent San Francisco EMA Comprehensive HIV Health Services Needs Assessment included in-depth client surveys completed by **248** PLWHA in all three counties and a series of **4** population-specific focus groups involving monolingual Spanish-speaking persons; persons age 55 and older; Marin County residents; and formerly incarcerated individuals.[21] The Needs Assessment revealed that the local system of care was **extremely successful** in meeting HRSA core service needs among HIV-infected persons who have low incomes, with fully **95%** of survey respondents reporting that their last health care visit for HIV/AIDS had been within the past six months. While the majority of needs assessment respondents stated that they were able to access needed care services, challenges and barriers to health and supportive services that respondents "always" or "sometimes" experience included: a) **transportation** (**12.7%** always / **30.5%** sometimes); b) **service hours** (**6.8%** always / **35.0%** sometimes); c) **cultural sensitivity** (**3.8%** always / **15.3%** sometimes); and d) **language** (**3.0%** always / **9.7%** sometimes). In regard to housing, **21%** of survey respondents met the criteria for being **homeless -** including **4%** living on the streets or in a car - while **12%** of respondents did not have health coverage of any kind.

The Council also conducted a Follow-Up Qualitative Study to the Needs Assessment which provided an in-depth exploration of the needs of **three** key emerging subpopulations in the San Francisco EMA: African American women, older adults, and hepatitis C co-infected individuals.[22] The study also included a focus group made of HIV service providers. Among the most significant findings of the study was the fact that while persons 50 and older with HIV are generally satisfied with the quality of medical care they are receiving, they are concerned that medical providers are not prepared to deal with the health needs of the burgeoning HIV-positive geriatric population. Participants are also concerned that doctors may not be able to differentiate which symptoms are specific to aging versus HIV, and there was general concern regarding the lack of research on the implications of taking HIV medications over long periods of time.

A key emerging need in the San Francisco EMA involves the need to continue to prepare for the advent of healthcare reform and the full rollout of the **Affordable Care Act (ACA)** in early 2014, including considering the impact this will have on funding for Ryan White services. Although both the San Francisco EMA and the State of California have taken significant steps to move toward health care reform, additional planning is needed to determine the precise impacts on existing Ryan White Part A populations and to implement

strategies to ensure that as few individuals as possible are lost to care - either on a short or long-term basis - following full transition to the ACA. Additionally, the EMA must begin identifying potential scenarios related to the future of Ryan White legislation and developing potential responses in order to help preserve as high a level of service support and care retention as possible in our region in the event of major legislative changes. The proposed 2012 - 2014 Action Plan contains a series of pro-active recommendations to anticipate and respond to potential systemic changes related to healthcare reform over the coming years.

D. Priorities for the Allocation of Funds

The San Francisco HIV Health Services Planning Council utilizes a broad range of approaches to understand and incorporate the needs of out of care PLWHA throughout its prioritization and allocation process. The Council utilizes the **Unmet Needs Framework** as a tool to quantify the number of individuals living in the EMA who are aware of their HIV status but are not currently in care. The Council also utilizes a comprehensive annual **EMA-Wide Epidemiological Report** which provides data on the size and scope of the population of persons living with HIV in the region, including persons with HIV who are unaware of their status. This information is used by the Planning Council both to anticipate new populations who may enter the system in the future and to flag potential emerging challenges in the epidemic related to emerging epidemiological trends. The Council continues to be informed by the findings of its most recent **Comprehensive Needs Assessment** which includes significant qualitative input from out of care populations and has influenced decisions on how best to tailor services to overcome barriers to care for PLWH. The Council also receives briefings on San Francisco neighborhood based **community viral load**, which provides key information on intermittent care seekers.

The Planning Council consistently incorporates **cost data** into its considerations, drawing from detailed reports prepared by HIV Health Services for each funded and unfunded Part A service category. This includes a full utilization review for each Part A service category listing total dollar amounts, unduplicated clients and cost per unit of service; a listing of all non-Part A funding sources available for each category; a description of issues and trends affecting the categories; and a description of possible impacts of further cuts. These data are accompanied by cost estimates related to care for special populations. The Council also receives a detailed presentation on other funding streams in the EMA, including a summary of Part A, MAI, Part B, Part C, Part D, SF DPH, HOPWA, and other funding sources such as Medicare, private insurance funding, and funds provided through the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The funding streams presentation also includes information on the history, current funding and programmatic levels, challenges and gaps related to each funding source.

The San Francisco Planning Council has placed a historical emphasis on meeting the needs of **underserved populations**, and on developing care systems which facilitate entry and retention in care for these groups. This approach is consistent with the overall purpose of Ryan White funding, which is in part to develop systems that allow highly underserved

individuals to access high-quality HIV care, treatment, and support services regardless of income status. The San Francisco EMA's entire model of care is in fact structured around the need to ensure access to care for underserved populations, including its Centers of Excellence program, which is specifically designed to address retention and care access barriers for underserved populations with special needs such as women, African Americans, Latinos, Native Americans, MSM of color, transgender persons, and recently incarcerated individuals.

Among the additional data and information used on an annual basis to assist in prioritizing services and allocating resources - with an emphasis on HRSA-identified core medical services - are the following:

- Background information on requirements and parameters of the Ryan White HIV/AIDS Treatment Extension Act of 2009, including definitions of core service categories;

- A detailed analysis of each priority service category funded and not funded by the Council in by county, including service definitions; budgeted and actually funded service category amounts; populations served; key points of entry; utilization reviews; other funding sources available in each category; and possible impacts of cuts in each service category;

- A detailed analysis of client-level data reported through the ARIES data system, including information on the demographic characteristics and changing health status of Ryan White-supported clients and service utilization data related to all Part A services;

- A review of goals and objectives from the current Comprehensive HIV Health Services Plan, along with updated progress reports for each goal, objective, and action step; and

- Consensus input to the Planning Council from the San Francisco HIV/AIDS Provider Network, a group of 43 community-based, non-profit HIV service agencies in the San Francisco EMA meeting the needs of persons living with HIV and AIDS.

E. Gaps in Care

As noted in Section A above, from July 1, 2009 through June 30, 2010, a total of **2,898** HIV-aware individuals in the San Francisco EMA were estimated to currently **not be** receiving HIV primary care, representing **14%** of the region's total estimated HIV-aware population. This is a significant reduction from the previous year's estimate, in which **3,654 (18%)** HIV-aware individuals were estimated to not be receiving HIV primary care, and a dramatic reduction from FY 2008-2009, when **5,205 (23%)** were estimated to be out of care. **These reductions are reflective of our ongoing success in identifying, referring, and linking new HIV-positive persons to care.** Between March 1, 2010 and February 28, 2011, at least **8,171** individuals were receiving Ryan White services in the EMA, representing an impressive **44.8%** of the region's combined PLWHA population in care, and **35.6%** of the PLWHA population.

Among all PLWHA populations, analysis reveals that unmet need from July 1, 2009 through June 30, 2010 was similar for males and females and across race/ethnicity and age categories, attesting to the expanding success of our programs in reaching diverse ethnic populations. Also, as is to be expected, the proportion of persons reporting an unmet need was significantly higher among those with non-AIDS HIV (**19%**) than among those diagnosed with AIDS (**9%**), reflecting the fact that the vast majority of persons diagnosed with AIDS is currently in care. However, in terms of age, PLWHA **adults aged 30-39** were most likely to have unmet need for medical care than other age groups (**19%**), while significant unmet need also exists among persons **29 years and below.** Persons **aged 60 years or older** were **least** likely to have unmet need (**7%**). These findings point to the urgency of expanding outreach and service linkage programs related to young adult and recently diagnosed populations. In terms of youth, the San Francisco EMA service system has for many years been actively engaged in efforts to expand mobile and alternative approaches to HIV testing, and in systems such as the new LINCS Program that **immediately** link to care individuals who test positive in both public and private settings. The EMA has developed cooperative education and outreach programs in collaboration with regional prevention providers - programs that have consistently expanded the proportion of young people who enter the care system annually. At the same time, innovative approaches such as the Centers of Excellence model are specifically designed to expand awareness of and access to HIV services among young people within ethnic minority communities in San Francisco County, and to overcome barriers to care resulting from distrust of the medical system, fear of disclosure of HIV status, and fear of not receiving culturally appropriate services.

F. Prevention-Related Needs

A wide range of issues and challenges complicate the task of making individuals aware of their HIV status on a widespread basis. Many of these are the same challenges that have faced HIV prevention providers since the earliest years of the epidemic, including challenges such as the following:

- Challenges in making individuals aware of their personal HIV risk, the risks related to HIV infection, and the importance of early intervention in HIV treatment, including the need for education that is cultural, age, gender, sexuality, and language specific;
- Difficulties in bringing persons who do not normally access health services into HIV testing;
- The problem of overcoming HIV-related stigma, including the stigmas associated with HIV transmission behaviors;
- The need to overcome fears and misinformation regarding HIV treatment toxicity, including a historical mistrust of the medical profession; and
- The need to overcome fears of a loss of confidentiality or protection from status disclosure.

With the emergence of a new prevention paradigm in which broadly based **community viral load suppression** holds out the possibility of dramatically reduced rates of new HIV infections, additional challenges emerge that are equally salient. What standardized models of routinized HIV testing are most appropriate for which health care settings, and what are the cost and capacity factors associated with these approaches? How can the San Francisco EMA best encourage regular, ongoing HIV testing among members of high prevalence populations, particularly when a negative test can sometimes be perceived as an indication that the individual is managing risk effectively? As more persons with HIV are identified, how can we ensure that these individuals are linked to care and do not fall through the cracks, particularly in a climate of diminishing resources? What are the long-term cost and capacity issues associated with bringing an expanded population into HIV care, particularly in light of the decades of medical and drug treatment support most of these individuals are likely to need? While the potential benefits of expanded HIV testing and care linkage are great, the challenges faced by systems and providers may prove to be commensurately daunting.

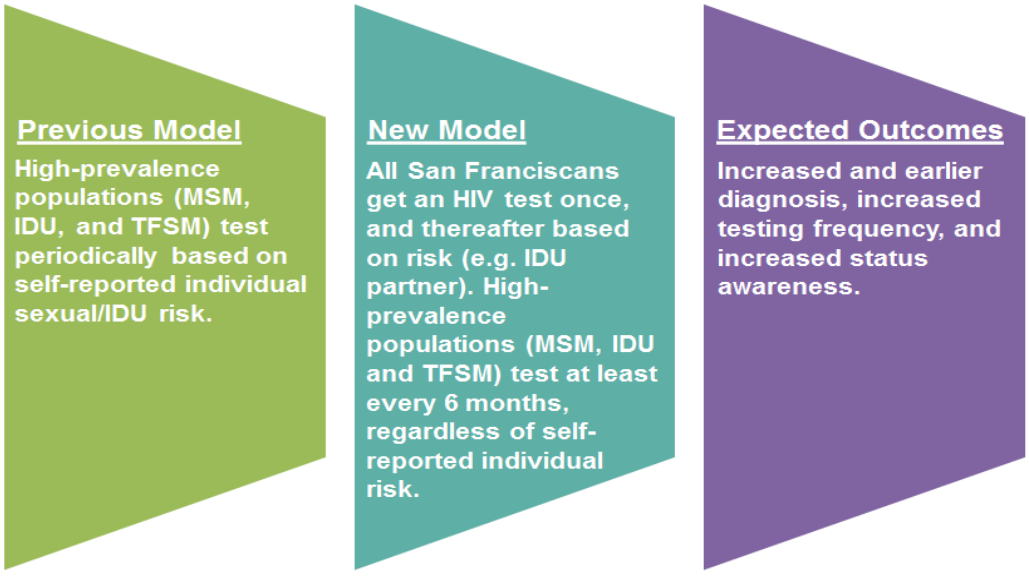
The San Francisco EMA oversees a well-developed system of HIV prevention and early intervention services that incorporates extensive public / private partnerships and employs innovative, cutting-edge approaches to reach, identify, and link persons with HIV who are unaware of their status to care. These systems are in part the result of the direct HIV prevention funding San Francisco receives from the US Centers for Disease Control and Prevention (CDC). As one of several jurisdictions nationwide to receive direct CDC funding, San Francisco has developed a complex local response to HIV prevention that incorporates HIV testing activities ranging from education and outreach to pre and post-testing counseling in public and private settings to service referral and linkage to care. Under the leadership of the San Francisco HIV Prevention Section (HPS) and the San Francisco HIV Prevention Planning Council, San Francisco has also developed complex data reporting and tracking systems to measure the qualitative impact of its programs on specific populations which are cross referenced by neighborhood. San Francisco has been a leader in pioneering the use of **community viral load** to track the epidemic and reduce HIV incidence by targeting high-risk neighborhoods and areas for enhanced HIV testing and linkage to care.[23] These approaches extend to the adjoining counties of the San Francisco EMA, and embody a regional prevention approach that involves all relevant providers in an effort to ensure that every door is the right door to HIV counseling, testing, and treatment, and that HIV testing consistently results in linkages to primary care and other direct service and support.

As of September 1, 2011, the San Francisco HIV Prevention Section has put into place a comprehensive set of integrated prevention and care linkage strategies based on priorities outlined in its **2010 Comprehensive HIV Prevention Plan** and on activities enumerated through its most recent prevention request for proposals (RFP). These programs center on the goal of **reducing new HIV infections in San Francisco by 50% by the year 2017**.[24] To attain this goal, the County RFP focuses on **five** key objectives that addressed high prevalence subpopulations which statistically comprise the bulk of the local epidemic: 1) Reduce new HIV infections among men who have sex with men by 50%; 2)

Reduce new HIV infections among transpersons by 50%; 3) Eliminate new HIV infections among IDUs; 4) Eliminate perinatal HIV infections; and 5) Reduce disparities in new HIV infections.

The first priority area of the 2010 HIV Prevention Plan entitled "HIV Status Awareness" is specifically directed toward HIV-unaware populations. The goal of this priority area – which also serves as the EIIHA goal for the EMA - is "to promote knowledge of HIV status and link all people who have HIV to medical care and support services." The goal is consistent with the need to make individuals who are unaware of their HIV status aware of their infection. The San Francisco HIV Prevention Section has also established a new set of recommendations for HIV testing frequency depicted in the chart below (see Figure 10). These will be fully reviewed within the Department of Public Health and then disseminated to providers and the community via social marketing and other methods. The new approach mirrors a key vision of the HIV Prevention Plan that HIV testing should be frequently utilized, widely accessible, client-centered, and responsive to the community. The Prevention Plan also articulates a complex set of rationales for prioritizing HIV status awareness activities, and prioritizes partner services and linkage to medical care as indispensable components in the HIV status awareness process.

Figure 10. Overview of New Paradigm for HIV Testing in San Francisco - 2011



As sister units in the San Francisco Department of Public Health AIDS Office, HIV Health Services works in close partnership with the HIV Prevention Section to plan services, design interventions, and share data and emerging findings. Through its strong working relationship, the two units are able to closely coordinate prevention and care planning and interventions with the goal of maximizing available resources and ensuring a seamless testing system in the EMA. The collaboration also aims to ensure non-duplication and non-supplantation of Ryan White Program funding. The partnership is augmented with strong working relationships involving virtually all providers of HIV-specific prevention

and care services in the EMA, as well as agencies serving high-prevalence populations at risk for HIV infection. With the new addition of San Mateo and Marin Counties to San Francisco's HIV prevention jurisdiction beginning January 1, 2012, the ability to coordinate and scale up HIV testing across all counties is greatly enhanced.

San Francisco recently brought about a major enhancement of its HIV testing services this year by implementing the new **Linkage Integration Navigation and Comprehensive Services (LINCS)** program, modeled on a highly effective linkage/retention program still in operation at San Francisco General Hospital**.** Through LINCS, the HIV Prevention Section employs a citywide team of trained individuals who partner with newly identified HIV-positive individuals to provide intensive care linkage support for up to three months following their initial HIV diagnosis. The Citywide PHAST Team offers a comprehensive range of services based on individual client needs and circumstances, incorporating linkage to HIV medical care, social services, partner services, and retention services under a single umbrella. The PHAST program employs a team of **between four and six full-time staff** who will provide individualized, tailored care linkage and retention services and centralized access to services for the majority of persons testing newly positive in San Francisco. **Two** of the PHAST Team members will be based at high-volume citywide testing sites - one at San Francisco's nationally recognized Magnet Clinic and another at AIDS Health Project - while the remaining team members will serve as "rovers" serving lower-volume community-based testing and medical sites. PHAST Team members will remain paired with newly identified individuals in a supportive relationship for **up to three months** following an initial HIV diagnosis. PHAST team members will strive to ensure: 1) that linkage to care is made **within 30 days** for **everyone** testing positive in San Francisco; and 2) that **all** newly-diagnosed individuals are offered comprehensive and immediate linkage and partner services. Specialized members of the PHAST team will also focus on long-term HIV-positive clients who are at risk for falling out of care or are out of care, with a goal of ensuring that **no one** falls out of care, and if they do, that they are re-engaged with care as quickly as possible.

The PHAST Team will play a critical role in facilitating identification of new persons with HIV by taking a leading role in **partner services (PS)** in the region. Formerly, when individuals in the EMA tested positive, they were given the option of speaking to a Health Department staff person regarding the PS program, an option that was often not chosen. Under the new PHAST system, however, each PHAST team member will directly offer partner services to a newly identified person with HIV during the **initial** client encounter, with clients **strongly encouraged** to participate in the program. Additionally, because each PHAST Team member serves as both DPH linkage specialist and partner services representative, the PS message can be reinforced over time through contact with an individual the clients comes to know and trust. In order to expand the broadened partner services program to private care providers, the SF Department of Public Health maintains memoranda of understanding (MOUs) with at least **10** private physicians in the City who serve a high proportion of HIV patients to refer clients for partner services through the PHAST Team members. The incorporation of partner services into the PHAST Team model

is expected to significantly increase the number of new HIV positive individuals identified in the San Francisco region.

G. Barriers to Care

The primary challenge of Part A-funded agencies in the current fiscal environment is to stabilize peoples' lives so that they can access care on a more consistent basis, while continuing to provide comprehensive, quality care for those whose lives remain chaotic. An increasing proportion of those affected by HIV in the region are members of emerging and increasingly large multiply diagnosed populations who face a range of co-morbidities such as homelessness, poverty, mental illness, substance addiction, Hepatitis C co-infection, recent incarceration, and/or a range of additional health and life complications, including the effects of aging with HIV. San Francisco's integrated services programs have been highly successful in bringing such hard-to-reach clients into care and helping them manage medication regimens and remain engaged in care. However, many programs providing specialized support services focused on hard-to-reach populations have been de-funded as a result of Part A funding cuts in our EMA - cuts made just at the time when those services are most urgently needed.

Despite diminishing financial resources, there are today more persons living with HIV in the San Francisco EMA than at any point in the history of the epidemic - an increase of more than **50%** over the last 12 years alone. The estimated 23,928 persons living with HIV and AIDS as of December 31, 2010 represents **73.1%** of the total 32,742 AIDS cases ever diagnosed in the San Francisco EMA, and is **9.2%** more than the 21,910 people who had ever died from AIDS in the region through the end of 2010. Because of our unparalleled success in bringing large numbers of persons with HIV into care, supporting the cost of their medications and treatment, and providing help for them to remain stable and compliant, persons with HIV in the region are living much longer and more productive lives than would previously have been thought possible. At the same time, they are progressing to AIDS at a slower rate, despite the growing need and complexity of the HIV-infected population. The reduction in the rate of new annual AIDS cases in the region is a sign of the success of the San Francisco system of care in preventing HIV-infected people from progressing to AIDS.

But local HIV-infected populations are not only growing – they are becoming much more challenging to serve, presenting a greater range of pre-existing physical, psychosocial, and financial issues than at any point in the past. The characteristics of the local epidemic are staggering: Two-thirds of persons living with HIV and AIDS and one hundred percent of persons in the Ryan White system are living at or below 300% of federal poverty level;[25] One in four persons with HIV have no form of health insurance;[26] Nearly one in ten persons newly diagnosed with AIDS in the EMA is homeless;[27] As many as half of MSM living with HIV in the EMA suffer from depression;[28] Thirty percent of local PLWHA are active substance users;[29] One in seven persons with HIV in the EMA speaks a primary language other than English;[30] As many as one-third of gay-identified men in the San Francisco EMA may be HIV-infected;[31] Thirty-five percent or more of transgender persons are believed to

be HIV-infected, including over half of all African American male-to-female transgender persons.[32]

Ironically, it is in part because the San Francisco system of care has been so successful at bringing people into care and preserving their health that the system faces the unprecedented pressures with which it is currently struggling. Success in increasing lifespan compels the system to provide supportive services, including financing medications for a growing population over an increased length of time. Additionally, more and more individuals move to the San Francisco EMA to access its high level of services, creating a growing burden on the system from outside the region without adding to the its reported HIV/AIDS caseload because these individuals were first diagnosed with HIV elsewhere. A recent review by the San Francisco Epidemiology Unit found that at least **1,221** PLWHA whose cases reside in other jurisdictions sought and received HIV care in the SF EMA from 2008 - 2010. At least another **1,000** additional out-of-region PLWHA received care but were not counted in the system because of missing HIV test documentation. All PLWHA participating in the 2008 San Francisco HIV Needs Assessment, for example, were asked where they had received their original HIV diagnosis and nearly **40%** reported that they had initially tested positive for HIV outside the San Francisco EMA, and had moved to the region to receive care.[33]

H. Evaluation of the 2009 - 2012 Comprehensive Plan

Implementation of the 2009 - 2012 San Francisco EMA Comprehensive HIV Services Plan was monitored by the Steering Committee of the San Francisco HIV Health Services Planning Council. The Committee included Plan review as part of its regular meeting agendas and developed strategies for accomplishing objectives and activities through standing committees, the Council as a whole, and through collaboration with San Francisco HIV Health Services. The Steering Committee developed and maintained a **Three-Year Plan Implementation Grid** which listed all goals, objectives, and activities contained in the Plan and specified responsible parties and projected timelines for each activity. The Implementation Grid also included a status column for monitored progress made toward each key or new activity. Because the 2009 Plan was complex and multi-faceted - with **11** goals, **25** objectives, and **109** separate activities - monitoring the Plan required continual attention, and frequently drew time and attention away from other Steering Committee tasks and responsibilities. This could occasionally be a frustration, particularly as the Ryan White and healthcare funding scenario began to change and new priorities began to emerge that had not been adequately encompassed by the Plan.

Despite the complexity of monitoring the Plan, the Planning Council achieved success in accomplishing virtually all objectives and action steps contained in the 2009 Comprehensive Plan**.** Among these specific successes were the following:

- Successfully completing the transition from the Reggie data management system to the ARIES data management system, allowing interface with statewide HIV data maintained through the California Office of AIDS

- Developing and disseminating best practices guidelines for Prevention with Positives to expand the scope and quality of PWP interventions in HIV care settings

- Expanding utilization of ARIES data to track client-level care outcomes and HIV quality indicators throughout the Ryan White system

The final version of the Council's Three-Year Plan Implementation Grid is contained in **Appendix II** of this document.

II. WHERE DO WE NEED TO GO?

A. Meeting Challenges in the 2009 Plan / Guiding Principles

Responding to Challenges Identified in the 2009 Comprehensive Plan: The 2012 San Francisco EMA Comprehensive Plan Work Group continually reviewed the goals, objectives, and activities contained in the 2009 - 2012 Comprehensive Plan to identify successes and barriers and to determine which elements of the Plan were still relevant in a time of unprecedented change and transition. In general, the Comprehensive Plan Work Group had **three** broad responses to the previous Plan which significantly influenced the structure of the current document.

- **First,** the Work Group as a whole felt that the previous Plan was needlessly complex and involved, incorporating a larger number of goals and objectives than was necessary, particularly at a time when a more streamlined approach could be more conducive to flexibility and rapid responses to change.

- **Second**, the Work Group felt that many sections of the 2009 Plan were needlessly duplicative, often repeating basic tasks and responsibilities that could more simply and effectively have been expressed if they had been listed only once.

- **Third**, the Work Group felt that the 2009 Plan unnecessarily listed too many basic tasks that were already a part of Planning Council procedures and operations, and that did not necessarily need to be expressed as separate activities in the Comprehensive Plan.

The Comprehensive Plan Work Group also formed a consensus that the previous Comprehensive Plan did not allow for a great enough level of flexibility and potential for change given the extreme challenges that lie ahead for the EMA over the coming months and years. In particularly, by listing **required** activities as opposed to **potential** activities, the Work Group felt the 2009 Plan did not offer enough leeway to easily change course if needed, or to adopt new approaches to respond to unexpected or emerging challenges.

For these reasons, the Comprehensive Plan Work Group made **three** major changes to the structure of the new 2012 Plan. **First**, the Work Group dramatically condensed the total number of goals contained in the Plan from **11** in the last Plan to only **6** in the current 2012 - 2014 Plan (see Section B below). **Second**, the Work Group made the decision to change the terminology of its Plan action steps from **"Activities"** to **"Potential Activities"** in order to ensure that the Council would not be restricted by the Plan but would be free to use it more as a guide and set of suggestions to influence future Planning Council activities. Additionally, the Work Group made the decision to give greater emphasis to the fact that the new Comprehensive Plan is intended to serve as a **living document**, continually open to change and revision to respond to new opportunities and circumstances that may arise. This included explicitly noting that the Comprehensive Plan could be revisited, re-edited,

and rewritten at any time throughout the upcoming three-year period, and emphasizing throughout the need for flexibility and fluidity in the Council's response to change.

Shared Values and Guiding Principles: The core values that guide the San Francisco EMA reflect our continuing commitment to a comprehensive, high quality, client-centered, and culturally competent system of HIV care. However, our region's core values are continuing to shift in light of the realities of healthcare reform and in relation to broader paradigm shifts in the healthcare system that are placing a greater emphasis on concepts such as quality improvement, panel management for chronic conditions, systemwide and region-wide patient registries, and enhanced cost efficiency.

This year, the San Francisco HIV Health Services Steering Committee conducted an exercise to identify a set of current core values which incorporate both our vision of an ideal system of HIV care and the growing need to ensure a streamlined, cost-effective system in which maximum service is provided with increasingly limited resources. This task resulted in the prioritization of **eight core values** for the 2012 Comprehensive Plan. These values differed in key ways from the core values identified in the EMA's previous three Comprehensive Plans, as shown on the following chart (see Figure 12).

Figure 12. Comparison of Core Values from 2002 through 2012 San Francisco EMA Comprehensive HIV Services Plans

2002 Plan Core Values	2005 & 2009 Plan Core Values	2012 Plan Core Values
▪ Access	▪ Access	▪ Timely Access
▪ Compassion & Respect	▪ Oversight / Accountability	▪ Accountability
▪ Excellence	▪ Efficiency	▪ Efficiency
▪ Partnership	▪ Integration	▪ Comprehensive, Centralized Care
▪ Integration	▪ Excellence	▪ Excellence in Health Outcomes ▪ Excellence in Consumer Experience of Care ▪ Consumer-Driven
▪ Informed Choice	▪ Client Centered	

▪ **Equity**	▪ **Cultural Competency**	▪ **Cultural Competency**

Each of the 2012 an Francisco EMA core values is discussed briefly in the section below, along with a description of the **vision** for HIV services in the EMA which is linked to each core value.

Value: TIMELY ACCESS

Vision: The leading core value of the San Francisco EMA remains focused on **access to HIV care services.** Our care system is committed to the idea that the regional HIV care system must be accessible to **all** who need services, and that it must create **equal access** to services, eliminate **disparities** in care, and achieve **parity** in relation to the quality and accessibility of HIV service and support. At the same time, by incorporating the concept of **timely access**, this year's core value emphasizes the importance of clients being able to obtain services when they need as rapidly as possible and in a client-centered manner. Timely access means ensuring that clients are able to easily find a given service, preferably through or by referral from a patient-centered medical home; to feel comfortable using that service; and to have full accessibility to service sites. Timely access means reaching out to those who are not in care to help them identify their HIV status and to bring them directly into the system in a welcoming and comfortable manner, including hard to reach, underserved, and complex communities of PLWH. Timely access also means expanding system-wide linkages and integration to help clients move easily from one service modality to another, and to access services in different parts of the San Francisco EMA. In an era of declining fiscal resources and expanding HIV-affected populations, ensuring HIV service access requires an increasingly delicate balance that often pits reduced resources against the need to ensure that those with the greatest need continue to have full access to care.

Value: ACCOUNTABILITY

Vision: A high priority is placed in our Plan on the concept of **accountability**. This emphasis reflects our region's concern with ensuring the highest level of service quality within an increasingly competitive healthcare environment that is focused on **client-level outcomes** as a way to document the quality, impact, and efficiency of care. The San Francisco EMA has always placed a high priority on **quality management**, **quality assurance**, and **continuous quality improvement** programs. However, these activities have assumed greater urgency as the EMA has become focused on providing services to more individuals using fewer resources. Accountability also refers to fiscal accountability, and the need to ensure that dollars are being spent well, that they are serving the highest need populations in the most effective and efficient

manner possible, and that Ryan White funds are used as the funding source of last resort. Accountability also means developing outcomes-based measures to ensure that HIV services are improving client health and life conditions, and are continually increasing the standards to which **all** members of the HIV service system are held in our region, including the three county governments that make up the San Francisco EMA, the region's HIV Health Services Planning Council, and the individual agencies that provide direct services to HIV-infected populations in our region.

Value: **EFFICIENCY**

Vision: The core value of **efficiency** reflects our awareness of the need to streamline and increase the cost-effectiveness of services to serve a growing HIV-infected population within the parameters of capitated models of care. This includes the need to improve efficiency in order to continue to finance high-quality HIV patient care through the Medi-Cal reimbursement levels that will soon cover a much larger percentage of our existing Ryan White population. While the members of our regional HIV service system have made great strides in increasing the efficiency of service planning and delivery, these efforts must increase dramatically over the three years encompassed by the present Plan. This includes incorporating more extensive **panel management** approaches which track the quality and impact of HIV care across entire populations using the **chronic care model.**

Value: **COMPREHENSIVE, CENTRALIZED CARE**

Vision: The provision of **comprehensive, centralized care** for low-income persons with HIV - formerly expressed by the concept of "integration" - remains an important core value for the San Francisco EMA. Several years ago, the EMA pioneered a new model of integrated service provision which allowed multiply diagnosed and severe need populations to access an intensive range of co-located services. This approach significantly increased the ability of complex and severe need populations to enter and remain in care, and helped us make significant inroads in reducing the unmet needs populations in our region. Today, the vision of a system that emphasizing comprehensive, centralized care refers to one in which services are available to the extent possible in a **patient-centered medical home** incorporating a range of medical, psychosocial, and support services in a single setting. The concept also incorporates the idea of clients being able to move smoothly from one service to another based on their need for care, with services provided in a respectful, holistic, and culturally competent manner. Ensuring the availability of comprehensive, centralized care is particularly important in engaging and retaining in care persons with HIV and AIDS who have multiple, complex, and severe needs. This includes providing critical ancillary client retention services such as substance abuse treatment, mental health services, and housing. HIV and STD prevention efforts are also

critical elements of effective, integrated systems of HIV care. Providing comprehensive, centralized care supports our system's overall goal of achieving positive health outcomes and long-term adherence to HIV medications for clients who wish to take them.

Values: **EXCELLENCE IN HEALTH OUTCOMES**
EXCELLENCE IN CONSUMER EXPERIENCE OF CARE

Vision: As the San Francisco EMA has expanded its understanding of how best to serve multiply diagnosed and severe need populations, our region's emphasis on the concept of **excellence** as an approach to HIV care – particularly as a means to involve and retain severe need populations in care – has expanded along with it. Our EMA's **Centers of Excellence** providing a medical home model specifically tailored to serve severe need populations while improving the cost-efficiency of services. As defined by our EMA, services defined as excellent: a) meet the highest professional standards of quality; b) are comprehensive, holistic, and responsive to client needs; c) are effective at improving health status and health outcomes; d) are provided by trained, competent, and sensitive staff; e) address social service needs as issues that affect health status; f) engage clients in the planning, delivery, and evaluation of services; and g) incorporate quality assurance and evaluation into program design. Maintaining excellent systems of care requires significant resources, however, even when such systems have achieved a high level of efficiency.

This year, the San Francisco HIV Health Services Planning Council also emphasized two interrelated but distinct aspects of service excellence in its list of guiding principles. **Excellence in health outcomes** means ensuring that HIV care is **outcome-based**, continually utilizing client-level data to track care quality benchmarks and to develop care enhancement strategies to improve quality where needed. **Excellence in consumer experience of care** stresses the importance of applying **customer service principles** to the provision of HIV care, including providing staff training to improve the quality of care at all levels, and obtaining client feedback to assess the quality of each client's experience of care. This approach is particularly critical in an environment in which Ryan White-funded HIV care providers will increasingly need to compete for clients against larger, more traditional medical agencies.

Value: **CONSUMER DRIVEN**

Vision: While the San Francisco EMA has always emphasized client centered services, the value is more strongly emphasized in the current Plan through the term **consumer driven** to stress the fact that in an environment of declining resources, meeting client needs must remain the **paramount** priority of the HIV system of care. In our view, consumer driven care refers to programs in which the **experience** of clients, consumers, and people living with HIV/AIDS becomes

the most important benchmark of provider effectiveness. The term also refers to a system in which consumers are at the **center** of the system in a variety of roles, including as planners, providers, consumers, and evaluators. Consumer driven services are developed and managed specifically and exclusively to meet client needs, and to ensure that service responses facilitate care access and adherence at all levels. In regard to the Ryan White system of care, consumer driven also refers to a region-wide planning process in which persons living with HIV play a central role in assessing needs, identifying service gaps, prioritizing service categories, and developing, allocating funding, and supporting service programs such as our Centers of Excellence model.

Value: **CULTURAL COMPETENCY**

Vision: Cultural competency refers to a service delivery approach that is tailored to meeting the full range of cultural needs and orientations that exists within a given client population. This means not only incorporating culturally competent approaches to racial and cultural issues such as ethnicity, language, national origin, and immigration status, but a range of additional factors that can define 'culture', including lifestyle, family structure, personal beliefs, sexual and gender identity, and socioeconomic background. In a region as diverse as San Francisco, the issue takes on special meaning as both a challenge to service providers and an opportunity for our system of care to benefit and grow from our region's rich cultural traditions. Cultural competency is critical for ensuring that clients feel comfortable, safe, respected, and welcomed in care, and is indispensable in ensuring that people with HIV remain in care and find supportive social networks. One researcher has written that cultural competence can be defined as "a set of congruent behaviors, attitudes and policies that come together as a system, agency, or among professionals, and that enable that system, agency, or group of professionals to work effectively in cross-cultural situations." Our EMA has continually worked to attain this goal by developing services and programs that are tailored to the needs of diverse ethnic populations including African Americans, Latinos, and Asians, and to members of communities such as transgender men and women, active substance users, men who have sex with men, and young people. This includes training providers in a range of specific cultural issues; working to ensure that services are delivered – wherever possible – by individuals who embody the cultural and linguistic characteristics of the populations they serve; and involving diverse cultural groups as representatives on the Planning Council.

B. 2012 Proposed Care Goals

Figure 12 below compares the **11** goals from the 2009 Comprehensive HIV Services Plan to the **6** goals contained in the new 2012 - 2014 Plan. This change reflects the consensus of the Comprehensive Plan Work Group and later the Planning Council as a whole that the previous Action Plan had been too involved and complex, and that the EMA

would be better served by a more streamlined set of goals for the coming years. By far the largest change involved condensing a total of **8 goals** contained in the previous Plan into only **one goal** - Goal # 1 - which broadly summarizes the basic, required Planning Council activities related to the assessment of local needs and the prioritization and allocation of Ryan White Part A resources in the San Francisco EMA.

While achieving this reduction, the Work Group at the same time **expanded** the number of goals related to engaging and retaining persons with HIV in the care system and developing coordinated responses to the HIV epidemic. 2009's Goal # 4 related to bringing new HIV-positive individuals into HIV care was divided into **two** new goals, Goal # 2 specifically directed to HIV-aware populations and Goal # 3 specifically directed to HIV-unaware populations. In addition, the 2009 Plan's Goal # 9 related to coordination and integration - broadly reflected in 2012's Goal # 4 - is joined by a new goal - Goal # 5 - specifically related to planning and preparing for the impacts of healthcare reform and the Affordable Care Act, as a way to highlight and emphasize the importance of this issue.

C. Goals for HIV Aware Individuals

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. This includes activities to locate HIV-aware individuals who are out of care as well as activities to link and retain them in care.

D. Goals for HIV Unaware Individuals

Goal # 3 below focuses on identifying, linking, and retaining in care Ryan White-eligible persons with HIV who are unaware of their HIV status. This goal incorporates expanded HIV testing in a broader range of care settings along with coordination with the LINCS system to successfully engage individuals with a comprehensive range of medical, health, and psychosocial services.

Figure 12. Comparison of 2009 and 2012 San Francisco Comprehensive HIV Services Plan Goals

2009 Plan Goals	2012 Plan Goals
Goal # 1: To ensure a culturally competent EMA-wide continuum of essential services for all Ryan White-eligible persons with HIV. **Goal # 2:** To ensure a high-quality, integrated system of care for people with HIV with severe needs. **Goal # 3:** To ensure a client-centered system of care that empowers people with HIV at all levels. **Goal # 5:** To continue to improve the health status of people of color who are living with HIV. **Goal # 6:** To improve the health status of women and transgender persons with HIV. **Goal # 7:** To improve the health status of persons living with HIV age 50 and above. **Goal # 8:** To prevent transmission of HIV and other STDs by HIV-positive individuals. **Goal # 10:** To ensure the highest quality of HIV services in all categories through implementation of a comprehensive Clinical Quality Management (CQM) Plan.	**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, and persons with severe needs.
Goal # 4: To bring people with HIV who are not in care into care, including persons who know and do not yet know their HIV status.	**Goal # 2:** To identify, link, and retain in care HIV-aware Ryan White-eligible persons who are not currently in HIV care. **Goal # 3:** To identify, link and retain in care Ryan White-eligible persons with HIV who are unaware of their HIV status.

2009 Plan Goals	2012 Plan Goals
Goal # 9: To coordinate HIV care resources and maximize benefits access for persons with HIV to ensure that Ryan White funds are used as the funding source of last resort.	**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. **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.
Goal # 11: To ensure that the San Francisco HIV Health Services Planning Council conducts its activities efficiently and effectively and that it fulfills all mandated roles and responsibilities.	**Eliminated**
	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.

E. Closing Gaps in Care

The San Francisco EMA as a whole is continually seeking new approaches to fill identified gaps in care, particularly in regard to the growing number of multiply diagnosed and highly marginalized individuals who are infected with HIV in our region. This need is addressed both directly and indirectly throughout all facets of the Plan. **Goal # 1**, for example, seeks to ensures a client-centered, coordinated, culturally competent continuum of essential services for all Ryan White-eligible persons with HIV, with a special focus emerging populations, persons experiencing health disparities, and persons with severe needs. This includes ensuring equity in service access and ensuring that all low-income persons with HIV in the region are able to access high-quality, culturally and linguistically

competent care. **Goals # 2 and # 3** are designed to address care gaps by increasing the number of HIV-infected individuals who are aware of their serostatus and are effectively engaged in care on a long-term basis. **Goal # 4** is designed to fill gaps in care by enhancing and expanding inter-agency collaboration and service partnerships, including partnerships that expand the availability of multi-service, HIV specialist medical homes in the EMA. **Goal # 5** focuses specifically on the impacts of healthcare reform, and the need for pro-active research and service planning to ensure that no individual is lost to care in the transition to expanded Medicaid coverage and in the face of the healthcare system's increasing emphasis on client-level outcomes and population-based panel management approaches.

F. Addressing Overlaps in Care

The San Francisco EMA has done an outstanding job of eliminating and preventing overlaps in client care throughout its Ryan White system. All Ryan White-eligible persons are assigned to a **patient-centered medical home** through which they receive HIV specialist primary medical care along with access to a range of complementary medical and psychosocial support services. Clients are also assigned to a designated **medical case manager** who collaborates with the client to assess needs and coordinate access and linkage to needed services. Expanded inter-agency planning and coordination, increased use of client-level data reporting systems, and the development of region-wide patient registries have created important channels through which client care utilization can be documented and utilization of services tracked. The goals of new Comprehensive Plan fully support these efforts, including **Goal # 4**'s emphasis on expanded service integration and health care partnerships in part as a strategy to forestall service duplication and prevent over-utilization of services.

G. Coordinating Efforts with Related HIV Programs

Goal # 4 above is specifically focused on expanding 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. This goal encompasses existing inter-agency service planning initiatives as well as public-private partnerships to sustain and deliver coordinated care. The goal also includes an emphasis on the need to coordinate care funding and benefits to ensure that low-income persons with HIV are not lost to care as they make the transition to new reimbursements streams. Because collaborative planning and service delivery is in many ways at the heart of the San Francisco system of care, coordination underlies nearly all of the other goals in the Plan, including providing a seamless system of comprehensive HIV care, ensuring that as many persons with HIV as possible are aware of their status and involved in care, and planning for the advent of health care reform.

H. ECHPP Initiative

In late 2010, the San Francisco Department of Health applied for and was awarded a CDC grant to begin the process of developing and implementing a new program of **Enhanced Comprehensive Planning and Implementation for MSAs Most Affected by HIV/AIDS (ECHPP). T**he process was formally launched in November 2011 through a collaborative meeting involving both the HIV Prevention Section and HIV Health Services as well as representatives of San Francisco's **Program Collaboration and Service Integration (PCSI) Initiative**, a project whose goal is to develop a sustainable system of primary prevention and clinical care in San Francisco that comprehensively addresses HIV, other STDs, viral hepatitis, and TB. The group developed an initial ECHPP planning framework and timeline which was presented to the San Francisco HIV Prevention Planning Council (HPCC) in November 2010. This was followed by formation and convening of an **ECHPP Steering Committee**. The ECHPP Steering Committee met regularly through February 2011 and made a formal presentation of its first draft ECHPP Plan to the HPPC in March 20111. The San Francisco ECHPP Plan incorporates **four** key parts: 1) a Situational Analysis (review of the past); 2) Goals, Strategies, and Objectives (vision for the future); 3) Rationale for Goals; and 4) An "At-A-Glance" Summary. Among other visions, the Plan incorporates a **scaling up** of HIV testing and interventions for HIV positive people and a **scaling down** and refocusing of interventions to reduce sexual risk behavior.

The County Health Department now employs **three** new dedicated staff whose specific role is to coordinate, align, and maximize the effectiveness of the local continuum of HIV prevention, care, and treatment. One of these positions – **the Director of Strategic Integration** – is employed through the HIV Prevention Section and works throughout the Health Department and the local community to ensure that HIV outreach, testing, referral, and linkage is seamless and fully coordinated. Meanwhile, two new **ECHPP Liaisons** – one within HIV Health Services funded through ECHPP and one within Community Behavioral Health Services funded through MAI Targeted Capacity Expansion (TCE) funding – are specifically dedicated to ensuring that the services overseen by these two units are fully coordinated.

The San Francisco EMA Part A program has and will continue to play a key role in the development and implementation of the ECHPP strategy on a number of levels. At the planning and development level, representatives of HIV Health Services participated in the initial development of the ECHPP planning process and ensured incorporation of key elements of the Part A program. ECHPP planning activities were shared with the San Francisco HIV Health Services Planning Council through its Points of Integration Committee, the joint committee of HPPC and the Services Planning Council. The ECHPP Plan also directly reflects the services described in HIV Health Services' most recent RFP for its Centers of Excellence program, marking a significant advance in the integration of EIIHA activities into local Ryan White care contracts. The following are key activities in which HIV Health Services and the local Part A program will play a role in the development and implementation of the local ECHPP strategy:

Activities	Timeline	Persons Responsible
▪ HHS and the Health Services Planning Council participate in scheduled meetings focused on planning a seamless continuum of HIV Prevention, Care, and Treatment	Quarterly	Director of Strategic Integration, HHS Program Coordinator (funded through ECHPP)
▪ HHS develops specific ECHPP objectives to be included in the 2012 ECHPP Plan revision, including methods for monitoring progress toward achieving objectives.	By end of 2011	Director of Strategic Integration, HHS Program Coordinator (funded through ECHPP)
▪ HHS and HPS (and other DPH sections such as STD) develop a coordinated set of program policies and procedures for status awareness, referral, linkage, and PS. These will become DPH policy.	By end of 2012	Director of Strategic Integration, HHS Program Coordinator (funded through ECHPP)

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

<u>Goal # 4:</u> **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

<u>Goal # 5:</u> **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

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
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	▪ **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
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	▪ **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. ▪ **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. ▪ **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. ▪ **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. ▪ **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
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	▪ **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.
General systemic service gaps related to a shortage of funding to support both core and support services.	▪ **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

in care following their linkage or re-linkage to HIV care and support (**Objective # 2.2**). Key activities related to these objectives include the following:

- 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
- Ensure comprehensive care referrals based on factors such as ethnicity, gender, age, location, and length of time since first HIV diagnosis
- 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

C. Addressing the Needs of Individuals Unaware of the their HIV Status

Goal # 3 of the 2012 Comprehensive Plan below focuses on identifying, linking, and retaining in care Ryan White-eligible persons with HIV who are unaware of their HIV status. This goal incorporates expanded HIV testing in a broader range of care settings along with coordination with the LINCS system to successfully engage individuals with a comprehensive range of medical, health, and psychosocial services. The goal is divided into **three** distinct objectives, including **Objective # 3.1** to provide strategic HIV testing in the widest possible range of service locations and venues throughout the San Francisco EMA; **Objective # 3.2** to 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; and **Objective # 3.3** to provide additional supportive services to help retain persons with HIV in care following their linkage to HIV care and services. Sample activities contained within this wide-ranging goal include the following:

- Incorporate opt-out and routine HIV testing in medical venues wherever possible
- 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 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 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
- Ensure access to substance abuse and mental health services to facilitate readiness for care and treatment

D. Addressing the Needs of Special Populations

The San Francisco EMA has always placed a strong emphasis on the provision of effective, comprehensive care for so-called special populations - groups that are disproportionately impacted by the epidemic and face specific barriers to accessing and utilizing HIV care and services. **Objective # 1.6** of the 2012 Plan specifically addresses the importance of providing tailored, specialized care to these populations, expressed as the need to "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." Key activities incorporated in this objective into the following:

- 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

Ensuring effective care for special populations also means providing **culturally and linguistically competent care** so that special needs populations are able to access services in respectful and welcoming environments that improve the chances of retaining these individuals in care. **Objective # 1.4** of the 2012 Plan is specifically focused on ensuring 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, which activities that include the following:

- 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

E. Enhanced Coordination Activities

Goal # 4 of the Comprehensive Plan is specifically focused on ensuring expanded 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** is dedicated to maintaining and expanding

collaboration and coordination **among Ryan White-funded agencies** throughout the San Francisco EMA while **Objective # 4.2** is centered on maintaining and expanding collaboration and coordination **between Ryan White and relevant non-Ryan White funding streams and programs** throughout the San Francisco EMA. Both objectives seek to build upon the unusually strong inter-agency collaborations and partnerships that already exist in the San Francisco EMA, including programs within the San Francisco Department of Public Health that provide integrated models of medical, health, behavioral, and psychosocial service delivery specifically for the most marginalized and impoverished persons with HIV living in our region. Key activities encompassed by the two objectives above include the following:

- 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 and between Ryan White and non-Ryan White providers and funding streams
- Utilize complementary federal, state, local, and private funding streams to fill critical gaps in the Ryan White system of care
- 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

F. Addressing Healthy People 2020

San Francisco EMA Part A services are fully compatible with the goals and objectives of the U.S. Department of Health and Human Services' recently released *Healthy People 2020* document, the nation's overarching health plan. [34] The vast majority of HIV-specific objectives contained in *Healthy People 2020* are focused on EIIHA-related **HIV testing and linkage to care** objectives, as opposed to objectives more specifically focused on Part A goals such as retaining persons with HIV in care; helping them remain adherent to medications, in part by stabilizing the conditions of their lives; and ensuring support for the cost of HIV medical care and treatment on an ongoing basis. The most specific relevant objectives of *Healthy People 2020* reflected in our region's Comprehensive Plan and by our FY 2012 Part A funding plan are: a) **HIV-11:** Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS; and b) **HIV-12:** Reduce deaths from HIV infection.

G. Correspondence with the California SCSN

California's most recent Statewide Coordinated Statement of Need (SCSN) was produced by the California Department of Health Services Office of AIDS in February 2009

through a collaborative process that incorporated input from consumers, healthcare leaders and planners, and representatives of public and private HIV and related service organizations across the state.[35] The current SCSN is in development, and will be published in June 2012 in conjunction with the State's new HIV Care Plan.

Activities proposed in the current Plan are fully consistent and compatible with recommended strategies and approaches identified in the 2009 California SCSN. Overarching HIV care priorities listed in the SCSN to which the new three-year Plan is particularly responsive include the following:

- To give all Californians with HIV immediate access to high-quality, culturally competent HIV primary medical care and treatment, including medications;
- To maximize the number of PLWH who are aware of their status by supporting expanded HIV testing efforts and linkages into care;
- To deliver HIV/AIDS services in California in an equitable, client-centered manner that responds sensitively and appropriately to client age, gender, cultural group, language, sexual orientation, income, region or residence, family status, health status, incarceration status, and legal residency status;
- To ensure that HIV/AIDS services in California are delivered by experienced, competent, and fully trained providers who are knowledgeable about and responsive to their communities; and who understand and represent, to the extent possible, the cultural, linguistic, and community backgrounds of the clients they serve; and
- To provide to PLWH in California the services necessary to sustain and support their health and quality of life, regardless of income or ability to pay and across all stages of illness by maintaining and enhancing California's community-based system of HIV/AIDS care.

H. Responding to the Affordable Care Act (ACA)

The San Francisco EMA is acutely aware of the potential impacts on the impacts that have resulted and will continue to result from the seismic paradigm shifts that are transforming the healthcare field, particularly in regard to low-income populations. To help the Planning Council continue to anticipate, plan for, and pro-actively respond to these changes, **Goal # 5** of the 2012 Plan is specifically dedicated to responding to the ACA and to other emerging healthcare initiatives, particularly to ensure that clients are not lost to care and that Ryan White funds continue to be used as the funding source of last resort. The goal encompasses **two** distinct objectives. **Objective # 5.1** centers on collecting data and participating in collaborative planning to anticipate and prepare for healthcare reform and its potential effects on the Ryan White system of care. **Objective # 5.2.** provides a mandate to 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. Key activities encompassed by these objectives include the following:

- 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
- 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

I. Addressing the National HIV/AIDS Strategy

The 2012 - 2014 Comprehensive Plan directly addresses several key elements of the 2010 National HIV/AIDS Strategy for the United States.[36] In terms of the Strategy's second goal of Increasing Access to Care and Improving Health Outcomes for People Living with HIV, our Plan's continuation of a comprehensive, coordinated system of care responds to **all three** of the action steps encompassed by this goal, including: 1) Establishing a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV; 2) Taking deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV; and 3) Supporting people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing. Through its use of highly developed, cross-disciplinary service collaborations, the Plan also addresses the key action step of increasing the coordination of HIV programs across the Federal government and between federal agencies and state, territorial, tribal, and local governments.

The Comprehensive Plan also directly addresses and corresponds to goals of the **National Strategy for Quality Improvement in Health Care (The National Quality Strategy)** currently being implemented by the US Department of Health and Human Services. Launched in March 2011, the Strategy provides a blueprint for health stakeholders designed to prioritize quality improvement efforts, share lessons, and measure collective success. The Plan is specifically relevant to Goal # 1 which focuses on "improving the overall quality of care, by making health care more patient-centered, reliable, accessible, and safe."[37] The proposed intervention also addresses all of the

National Quality Strategy's **six** priorities, including: 1) Making care safer by reducing harm caused in the delivery of care; 2) Ensuring that each person and family are engaged as partners in their care; 3) Promoting effective communication and coordination of care; 4) Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease; 5) Working with communities to promote wide use of best practices to enable healthy living' and 6) Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

J. Anticipating Changes in the Continuum of Care

As noted in Section H above, the 2012 Comprehensive Plan is built around an awareness of impending systemic change, and of the need for both the EMA and the Planning Council to be able to respond quickly and assertively to these changes. The Plan intentionally provides a more streamlined and flexible format than in past Plans to enable the Council to re-prioritize tasks and responsibilities as needed. The Plan also incorporates greatly flexibility in terms of its ability to be modified, changed, or even replaced as needed. The Plan is designed to respond both to changes in the healthcare system - including the expansion of Medicaid eligibility - and to changes in the Ryan White system itself, particularly near the end of the three-year Plan period. The Planning Council is dedicated to ensuring that every effort is made to continue to provide access to high-quality HIV care for **all** individuals living with HIV, regardless of factors such as income level or residency status, and that impoverished and marginalized individuals continue to have access to the full range of supportive services that are needed to stabilize their lives in order to ensure retention in care and adherence to medication regimens.

IV. HOW WILL WE MONITOR PROGRESS?

A. Strategy to Monitor the 2012 - 2014 Comprehensive Plan

Monitoring and evaluation of the 2012 Comprehensive Plan will be the joint responsibility of the San Francisco EMA HIV Health Services Planning Council and the San Francisco Department of Public Health HIV Health Services, the latter working in collaboration with the HIV/AIDS programs in both Marin and San Mateo Counties. Joint Plan monitoring is essential because the Plan's action steps involve several different entities within the local HIV services system, often working in conjunction with one another to enhance and improve the continuum of care.

At the Planning Council level, ongoing monitoring of the Plan will be the responsibility of the Council's **Steering Committee**. The first stage in the Plan monitoring process will involve the preparation of a **Plan Implementation Grid** in collaboration with representatives of HIV Health Services and representatives of other Council committees. The Implementation Grid will list all action steps contained in the Plan in chronological order by start dates, milestones, and deadlines, along with assignments detailing the entities responsible for carrying out each activity. Decisions regarding the specific committees, subcommittees, or other entities that will carry out major Plan activities will be mutually determined in collaboration with the Planning Council as a whole.

The Implementation Grid will be continually monitored by the Steering Committee, and Plan monitoring will become a regular part of the Committee's meeting agendas. The Steering Committee will regularly report to the Planning Council on progress achieved toward Plan action steps as part the Committee's regular reports at Council meetings on the fourth Monday of each month. Where needed, the Steering Committee will highlight key issues or problems in Plan implementation, and will hold discussions with the Council where needed to address specific barriers or problems in executing specific action steps. The Steering Committee will also present updated versions of the Plan Implementation Grid for Council review as needed which chart progress toward the start dates, milestones, and completion deadlines listed in the Plan.

Because the Comprehensive Plan is intended to be a **living document** that will be continually reviewed, updated, and adapted to respond to changes in the epidemic and changes in the HIV funding environment, all Planning Council committees and the Grantee will have the opportunity to suggest modifications or additions to the Plan throughout the Plan period. This is particularly important in a time of unprecedented change for the healthcare system as a whole and the Ryan White system of care in particular. 2012 The Comprehensive Plan can not only be amended or changed at any time, but responsibilities within the Plan can be shifted as needed, and the order of Plan implementation can be freely changed. The Council also has the option of producing a completely new version of the Comprehensive Plan at any point should circumstances change dramatically enough to

warrant such a decision. All significant changes to the Comprehensive Plan will be shared with HRSA and any new Plan versions will be promptly submitted to the agency.

ENDNOTES

[1] The White House Office of National AIDS Policy, *National HIV/AIDS Strategy for the United States,* Washington, DC, July 2010, www.whitehouse.gov/onap
[2] US Census Bureau, *California QuickFacts*, Marin, San Francisco, & San Mateo Counties, September 30 2011
[3] State of California Department of Health Services, Office of AIDS, *California AIDS Surveillance Report: Cumulative Cases as of December 31, 2010*, Sacramento, CA, 2011.
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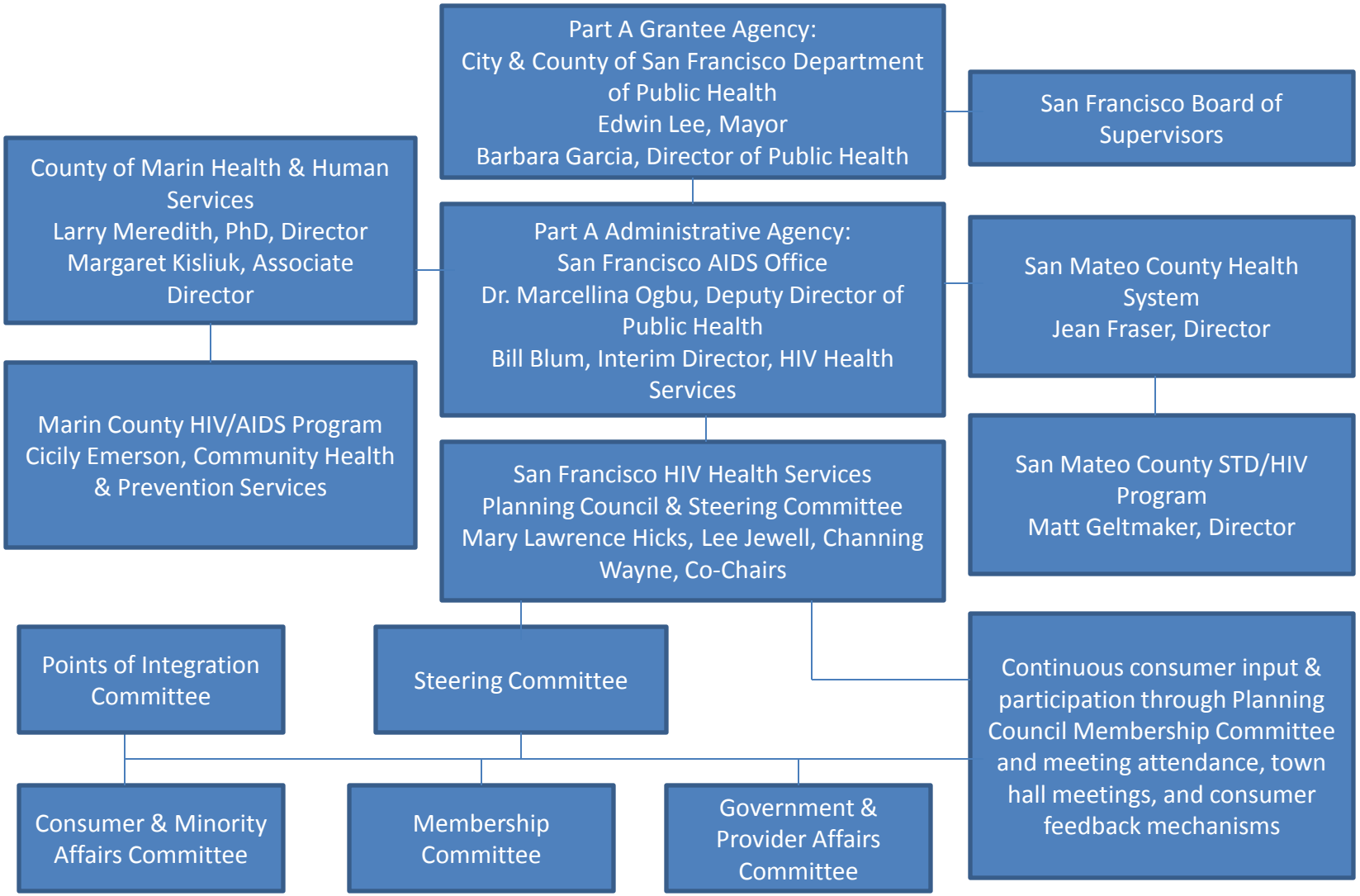
San Francisco, California Eligible Metropolitan Area
EMA Organizational Chart



San Francisco HIV Health Services Planning Council

Three Year Plan Implementation Grid (2009 – 2012)

2009 Core Values

- Access
- Oversight/Accountability
- Efficiency
- Excellence
- Cultural Competency

Long-Term (3-year) Systems, Planning Evaluation and Service Goals

1	**To ensure a culturally competent EMA-wide continuum of essential services for all Ryan White-eligible persons with HIV.**

Objective 1.1: Between March 1, 2009 and February 28, 2012, provide a continuum of high-quality, essential services to Ryan White-eligible persons with HIV.

Activity	Responsible Parties	Timeline	Status
a. Continue to prioritize Part A services to ensure access to essential care and to serve persons with the most critical needs and the least ability to access or pay for services.	Full Council	Ongoing (August Summit)	
b. Continue to define a set of essential services based on identified client needs and emerging trends in the epidemic	CMA; HHS	Ongoing	
c. Continue to conduct outreach to HIV-positive individuals who are not in care, including participating in collaborative initiatives	CMA; HHS (unmet need); Community Programs	Ongoing	

d. Continue to work toward a fully coordinated system of care that maximizes existing resources and expands collaboration and service integration.	Full Council; HHS (comp. plan); Community Programs	Ongoing	
e. Respond to changes in Ryan White funding guidelines and requirements and overarching Ryan White legislation on an ongoing basis.	Full Council; HHS; Community Programs	Ongoing	
f. Ensure integration and coordination of Ryan White funding and programs with potential health care reform initiatives.	GPA; HHS (CAEAR; Connect to Protect)	Ongoing	
Objective 1.2: Between March 1, 2009 and February 28, 2012, ensure that Part A-funded services are delivered in a culturally competent manner.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Continue to define and respect culture not only in terms of ethnicity and linguistic background, but in terms of the broadest possible definition of what constitutes cultural identity and community.	HHS	Ongoing	
b. Prioritize support for services that are provided in a culturally competent manner.	Full Council; HHS	Ongoing	
c. Encourage and support the recruitment of staff and volunteers of Part A-funded agencies who are representative of the populations they serve.	HHS	Ongoing	
d. Encourage and facilitate the provision of cultural competency training within Part A-funded agencies in the San Francisco EMA.	HHS	Ongoing	
e. Continue to require that all Part A contracted agencies in the City of San Francisco submit an updated annual cultural competency plan as a condition of grant award.	HHS	Ongoing	

f. Continue to build upon outcomes and recommendations growing out of the 2008 San Francisco cultural humility program and DPH Health Equity principles.	HHS; Full Council; CMA; Membership	Ongoing	
Objective 1.3: Between March 1, 2009 and February 28, 2012, continue to prioritize Part A funding to support essential services and to provide care to severe needs populations in light of diminished resources.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Continue the EMA's tradition of comprehensively assessing needs and making difficult prioritization and allocation decisions to ensure access to services for severe need populations.	Full Council	Ongoing	
b. Continue to consider scenarios for reduced funding as part of the EMA's annual prioritization and allocation process.	Full Council	Ongoing	
c. Develop new systems and standards to address potentially reduced funding, including prioritizing services for severe need populations.	Full Council; HHS	Ongoing	
d. In the event that services are reduced or eliminated as a result of reduced funding, or when clients are unable to access specific services due to service capacity reductions, ensure that individual client transition plans are in place to maximize access to needed resources and services to the extent available.	HHS	Ongoing	
2 To ensure a high-quality, integrated system of care for people with HIV with severe needs.			
Objective 2.1: Between March 1, 2009 and February 28, 2012, continue to implement and refine the EMA's Centers of Excellence as an advanced strategy for providing integrated care to severe need populations.			
Activity	**Responsible Parties**	**Deadline**	**Status**

a. Monitor service delivery and client-level outcomes of the Centers of Excellence, and modify systems as needed to ensure adherence to quality improvement standards.	HHS	Ongoing	
b. Review and refine client eligibility criteria to respond to changes in the epidemic, changes in funding, and shifting demographic characteristics of the EMA and the local HIV epidemic.	Full Council	Ongoing	
c. Review and implement recommendations growing out of the 2008 Centers of Excellence Analysis, including continuing to convene meetings of the Centers of Excellence providers working group.	HHS	2/28/12	Completed
Objective 2.2: Between March 1, 2009 and February 28, 2012, continue to improve and enhance data collection, analysis, and reporting in the San Francisco EMA to better identify the characteristics and needs of Ryan White clients and to pro-actively identify and respond to emerging client conditions and trends.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Significantly enhance the quality and comprehensiveness of Ryan White client level data by completing the transition from the Reggie data management system to ARIES.	HHS	3/1/09 – 2/28/10	Completed
b. Achieve 95% data reporting compliance for all required data fields among Part A and B funded providers in the San Francisco EMA as a condition of grant award.	HHS	Ongoing	
c. Provide technical assistance to Part A agencies in data compliance requirements, including reviewing data management reports on a monthly basis and developing corrective action plans in collaboration with provider agencies to address and solve data reporting problems.	HHS; Community Programs	Ongoing	

d. Conduct ongoing analysis of client-level data to identify trends and characteristics among HIV+ populations and services; to track local service gaps and disparities; and to support prioritization and allocations deliberations by the San Francisco HIV Health Services Planning Council.	HHS	Ongoing	

3 To ensure a client-centered system of care that empowers people with HIV at all levels.

Objective 3.1: Between March 1, 2009 and February 28, 2012, continue to ensure that people living with HIV are central to the planning and allocation of services and resources in the San Francisco EMA.

Activity	Responsible Parties	Deadline	Status
a. Continue to ensure a high level of representation (at least 50%) by PLWH on the Planning Council as a whole, and, wherever possible, within all Planning Council committees.	Membership	Ongoing	
b. Expand outreach to PLWH in order to encourage them to serve on the HHSPC, and expand education, training, mentoring, and support services to successfully retain these individuals.	Membership; CMA (including COL); Council Support	Ongoing	
c. Utilize the client-centered needs assessment process as a strategy for obtaining the direct input of PLWH in regard to local and regional service gaps and needs.	CMA	Ongoing	Comprehensive Needs Assessment on hold; focus groups and COLS continue
d. Utilize town hall meetings as needed as a forum for soliciting input from consumers living with HIV.	CMA	Ongoing	Town Hall mtgs replaced by COL

e. Utilize annual client satisfaction surveys and grievance procedures at Part A-funded agencies to solicit client input and feedback regarding the quality of HIV care at the agency level.	HHS; CMA; HCAP	Ongoing	
f. Provide opportunities for public comment at all Planning Council meetings, including meetings of Committees and Working Groups.	Full Council; Co-Chairs	Ongoing	
Objective 3.2: Between March 1, 2009 and February 28, 2012, conduct a comprehensive client needs assessment for the San Francisco EMA.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Utilize findings of the previous year's needs assessment in the 2009 prioritization and allocation process.	Full Council (Summit)	3/1/09 - 2/28/10	Completed
b. Begin planning and budgeting for a comprehensive client-centered needs assessment in 2011.	CMA; Council Support Staff	3/1/10 – 2/28/11	On Hold
c. Utilize findings of the previous year's needs assessment in the 2010 prioritization and allocation process.	Full Council (Summit)	3/1/10 – 2/28/11	Completed
d. Conduct a comprehensive EMA-wide needs assessment and utilize findings in the 2011 prioritization and allocations process.	CMA; Full Council	3/1/11 – 2/28/12	On Hold
Objective 3.3: Between March 1, 2009 and February 28, 2012, conduct annual small-scale, focused needs assessments in 2009 and 2010 to more closely explore issues identified through the comprehensive needs assessment process.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Beginning prior to the start of the fiscal year, identify the specific topic for the small-scale focused needs assessment to be conducted in 2009-2010.	CMA	3/1/09 - 2/28/10	Completed
c. Develop a timeline and milestones for the 2009-2010 focused needs assessment, and begin implementation of project.	CMA	3/1/09 - 2/28/10	Completed

d. Utilize provisional findings of the focused needs assessment project in the 2009 prioritization and allocation process.	Full Council (Summit)	3/1/09 - 2/28/10	Completed
e. Beginning prior to the start of the fiscal year, identify the specific topic for the small-scale focused needs assessment to be conducted in 2010-2011.	CMA	3/1/10 – 2/28/11	Completed
f. Develop a timeline and milestones for the 2010-2011 focused needs assessment, and begin implementation of project.	CMA	3/1/10 – 2/28/11	Completed
g. Utilize provisional findings of the focused needs assessment project in the 2010 prioritization and allocation process.	Full Council	3/1/10 – 2/28/11	Completed
h. Utilize findings of the two prior focused needs assessments in addition to new information gathered through the 2011-2012 comprehensive needs assessment process, and begin to plan for the subsequent year's small-scale assessment project.	Full Council	3/1/11 – 2/28/12	

4 To bring people with HIV who are not in care into care, including persons who know and do not yet know their HIV status.

Objective 4.1: Between March 1, 2009 and February 28, 2012, continue to implement strategies to identify the nature, scope, and needs of local out of care populations, incorporating this information into the annual prioritization and allocation process.

Activity	Responsible Parties	Deadline	Status
a. Continue to conduct and refine the EMA's unmet need analysis on an annual basis, and comprehensively report the findings of this analysis to the HHSPC.	HHS; HPS	Ongoing	

b. Work to expand the comprehensiveness of client information contained in the unmet needs analysis from all three counties, and to potentially increase available information on service needs and demographic characteristics of out-of-care populations.	HHS	Ongoing	
c. Continue to identify unmet needs through the comprehensive needs assessment process and through annual focused needs assessment projects, as well as through comprehensive consumer involvement in the EMA-wide planning process.	Full Council	Ongoing	
d. Explore ways in which the comprehensive needs assessment process can better identify the characteristics and needs of out of care populations, and propose strategies for bringing these populations into care.	HHS; Full Council	Ongoing	
Objective 4.2: Between March 1, 2009 and February 28, 2012, implement strategies to better link HIV-positive individuals to care, including expanding linkages between HIV testing and care.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Utilize and refine the EMA's Centers of Excellence as a programmatic strategy for bringing people into care who are resistant or afraid to enter care, and for altering community norms to make HIV testing and treatment more acceptable.	HHS	Ongoing	
b. Ensure that HIV and non-HIV-specific 'first contact' points and agencies within the EMA continually refer and link clients to the local HIV care continuum.	HHS	Ongoing	
c. Continue to strengthen partnerships with the HIV prevention community and the local HIV Prevention Planning Council to ensure that persons who test positive for HIV are immediately and pro-actively linked to the HIV system of care.	POI; Council Co-Chairs; HHS; HPS	Ongoing	

d. Continue to expand collaborations with the prenatal care system to encourage high-risk pregnant woman to seek prenatal care and to be effectively linked to HIV services in the event of a positive test result.	HHS	Ongoing	
e. Explore the service and funding implications of the EMA's growing population of 'late testers' – individuals who may suspect their HIV status but do not undergo testing or seek care until a later phase of their infection.	PoI; HHS	Ongoing	In Review
Objective 4.3: Between March 1, 2009 and February 28, 2012, continue to develop systems and partnerships that ensure that people who are in jail or prison or who have been recently incarcerated are fully linked to HIV care.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Conduct ongoing research and data analysis regarding incarcerated and recently incarcerated HIV infected and affected populations in the San Francisco EMA.	HHS; Full Council	Ongoing	
b. Present information to the San Francisco HIV Health Services Planning Council on the current system of incarcerated care and outreach and the needs and characteristics of incarcerated and post-incarcerated populations as part of the annual prioritization and allocation process.	HHS; Council Support Staff	Ongoing	
c. Continue to assess the effectiveness of Centers of Excellence as a strategy for expanding the availability of effective, integrated, and culturally competent care for incarcerated and formerly incarcerated populations.	HHS; Full Council	Ongoing	
d. Continue to support partnerships with agencies active in identifying and linking to care local jail and prison populations.	HHS	Ongoing	

5 Continue to improve the health status of people of color who are living with HIV/AIDS.

Objective 5.1: Between March 1, 2009 and February 28, 2012, continue to utilize local needs assessments and other data resources and studies to identify and address barriers to care and disparities in health outcomes for HIV-positive persons of color.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Continue to maintain and expand a specific focus to address health access and outcome disparities within communities of color in both the comprehensive needs assessment in 2011 and in small-scale, focused needs assessment projects conducted in 2009 and 2010.	CMA	Ongoing	
b. Continue to include information on the characteristics and needs of out-of-care populations of color in the annual unmet needs analysis presented to the Planning Council.	HHS	Ongoing	
c. Continue to include detailed service utilization and demographic data related to communities of color in the annual client data report presented by the Grantee to the Planning Council.	HHS	Ongoing	
d. Expand outreach, education, training, mentoring, and support services to successfully recruit and retain greater numbers of African Americans, Latinos, Asian/Pacific Islanders, and other persons of color on the San Francisco HIV Health Services Planning Council.	Membership; Council Support	Ongoing	
Objective 5.2: Between March 1, 2009 and February 28, 2012, continue to assess the effectiveness of Centers of Excellence as a strategy for expanding the availability of effective, integrated, and culturally competent care for members of HIV-infected communities of color.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Evaluate the effectiveness of Centers of Excellence in reaching and serving persons of color.	HHS; Full Council	Ongoing	

b. Incorporate best practices related to cultural competency in communities of color within Planning Council decision-making and training activities.	Full Council; Steering; Council Support	Ongoing	

6 To improve the health status of women and transgender persons with HIV/AIDS.

Objective 6.1: Between March 1, 2009 and February 28, 2012, continue to utilize the results of the comprehensive needs assessment process and other data resources and studies to identify and address barriers to care and disparities in health outcomes for HIV-positive women and transgender persons, particularly persons of color.

Activity	Responsible Parties	Deadline	Status
a. Continue to maintain a focus on information related to the needs of women and transgender persons in both the 2011 comprehensive needs assessment and in small-scale, focused needs assessment projects conducted in 2009 and 2010.	CMA; HHS	Ongoing	2011 Comp. Needs Assessment is on hold
b. Continue to utilize comprehensive client needs assessment process to explore the ways in which women and transgender persons access testing and care, and the barriers to care for those who are least likely to access services on their own.	CMA; HHS	Ongoing	2011 Comp. Needs Assessment is on hold
c. Continue to include information on the characteristics of women and transgender persons in the annual unmet needs analysis presented to the Planning Council.	HHS	Ongoing	
d. Include detailed service utilization and demographic data related to women and transgender persons in the annual client data report presented by the Grantee to the Planning Council.	HHS	Ongoing	

e. Ensure an adequate and proportional representation by women and transgender persons - including persons living with HIV - on both the Planning Council and its committees.	Membership	Ongoing	
f. Ensure the coordination of Part D services for women and young people with the overall Part A-funded system of care.	Full Council; HHS	Ongoing	

Objective 6.2: Between March 1, 2009 and February 28, 2012, continue to assess the effectiveness of Centers of Excellence as a strategy for expanding the availability of effective, integrated, and culturally competent care for women.

Activity	Responsible Parties	Deadline	Status
Evaluate the effectiveness and incorporation of best practices of Centers of Excellence in reaching and serving women.	HHS; Full Council	Ongoing	

7 To improve the health status of persons living with HIV/AIDS age 50 and above.

Objective 7.1: Between March 1, 2009 and February 28, 2012, continue to research and analyze the health and social service needs of persons age 50 and older living with HIV, and utilize findings to enhance medical, service, and support systems that support their overall health and wellness.

Activity	Responsible Parties	Deadline	Status
a. Maintain a focus on information related to the needs of 50 and older populations in both the 2011 comprehensive needs assessment and in small-scale, focused needs assessment projects conducted in 2009 and 2010.	CMA	Ongoing	2011 Comp. Needs Assessment is on hold
b. Include information on the characteristics of persons 50 and older in the annual unmet needs analysis presented to the Planning Council.	HHS	Ongoing	

c. Include detailed service utilization and demographic data related to persons 50 and older in the annual client data report presented by the Grantee to the Planning Council.	HHS	Ongoing	
d. Conduct special research to investigate and define the needs of persons 50 and older living with HIV/AIDS and to develop service approaches and interventions appropriate to their needs, including reviewing the existing literature and conducting specialized interviews with both clients and providers.	HHS	Completed. The HHSPC declined implementation of the HIV & Aging Workgroup's recommendations.	2010
e. Ensure an adequate and proportional representation by persons 50 and older living with HIV/AIDS on both the Planning Council and its committees.	Membership	Ongoing	

8 To prevent transmission of HIV and other STDs by HIV-positive individuals.

Objective 8.1: Between March 1, 2009 and February 28, 2012, continue to research and analyze the health and social service needs of persons age 50 and older living with HIV, and utilize findings to enhance medical, service, and support systems that support their overall health and wellness.

Activity	Responsible Parties	Deadline	Status
a. Continue the activities of the Points of Integration Committee – a de facto committee of the HIV Prevention Planning Council and the HIV Health Services Planning Council.	POI	Ongoing	
b. Continue to develop ways to integrate prevention and care in regard to people already living with HIV.	POI; HHS	Ongoing	
c. In 2009 and 2010, develop and disseminate prevention with positives best practices to expand the scope and quality of prevention with positives interventions in care settings.	POI; HHS	Spring 2009/2010	Completed

d. Continue to incorporate questions related to prevention with positives services and needs within the EMA's comprehensive needs assessment.	POI; HHS	Ongoing	2011 Comp. Needs Assessment is on hold

9 To coordinate HIV care resources and maximize benefits access for persons with HIV to ensure that Ryan White funds are used as the funding source of last resort.

Objective 9.1: Between March 1, 2009 and February 28, 2012, continue to ensure that persons with HIV in the San Francisco EMA are screened for benefits eligibility, have access to benefits assistance, and are referred to alternative providers as needed, while supporting advocacy activities to maintain and expand benefits for persons living with HIV.

Activity	Responsible Parties	Deadline	Status
a. Through Part A funds, support client advocacy services that include benefits counseling and legal assistance to help persons with HIV maximize all resources to which they are entitled.	HHS; Full Council	Ongoing	
b. Continue to support and promote benefits counseling education for medical and non-medical case managers and other relevant HIV client-level service staff throughout the EMA.	HHS; Community Programs	Ongoing	
c. Provide ongoing education to HIV providers and Ryan White contractors regarding appropriate benefits counseling, legal support, and other client advocacy referral services.	HHS	Ongoing	
d. Continue to provide Medicare Part D education and support in addition to other public and private benefits training and education for clients and agencies as needed.	HHS	Ongoing	

Objective 9.2: Between March 1, 2009 and February 28, 2012, continue to ensure that Ryan White Part A funds are always used as the funding source of last resort.

Activity	Responsible Parties	Deadline	Status
a. Ensure that all Ryan White-funded agencies providing Medi-Cal-eligible services are certified to bill Medi-Cal.	HHS	Ongoing	
b. Ensure that all Ryan White-funded agencies are fully billing all applicable funding streams prior to utilizing Part A funds, including Medicare, Medicaid, and private insurance sources.	HHS	Ongoing	
c. Advocate for alternative resources to support Part A services, including primary care, housing, mental health, and substance abuse.	GPA; HHS	Ongoing	
Objective 9.3: Between March 1, 2009 and February 28, 2012, continue to ensure that the San Francisco HIV Health Services Planning Council utilizes comprehensive information on all HIV-related funding available in our region.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Investigate effective approaches in other EMAs for better understanding and utilizing information on non-Part A funding.	HHS; Council Support; HHSPC (CAEAR rep)	Ongoing	
b. Produce an annual listing of all local programs funded by both Ryan White and non-Ryan White public sources, including Parts B, C, D, E, & F; HOPWA; Medicare and Medicaid; the California AIDS Drug Assistance Program (ADAP); the Centers for Disease Control and Prevention (CDC); the Substance Abuse and Mental Health Services Administration (SAMHSA); the Veterans Administration (VA); and many others.	AIDS Office	Ongoing	
c. Expand information provided in annual reports to the Planning Council on private HIV service funding received by local agencies and programs.	HHS; HAPN	Ongoing	

10 To ensure the highest quality of HIV/AIDS services in all categories through implementation of a comprehensive Clinical Quality Management (CQM) Plan.

Objective 10.1: Between March 1, 2009 and February 28, 2012, continue to refine and implement the Grantee's Clinical Quality Management Plan, including expanding utilization of client data outcomes to monitor and enhance the quality of care.

Activity	Responsible Parties	Deadline	Status
a. Continue to track and refine the EMA's Clinical Quality Management Plan in collaboration with the San Francisco HIV Health Services Planning Council.	HHS; Full Council	Ongoing	
b. Continue to monitor agency adherence to PHS guidelines and standards of care.	HHS	Ongoing	
c. Continue to track client-level quality service indicators for primary health services including ambulatory outpatient medical care, medical case management, mental health services, dental care, and outpatient substance abuse treatment services.	HHS	Ongoing	
d. Explore potential expansions in the scope of client-level data reported by Ryan White-funded agencies.	HHS; CMA	Ongoing	
e. Convene quarterly EMA-wide quality management meetings involving QM specialists from the EMA's three counties to strategize new approaches for data sharing and coordination across our region.	HHS	3/1/09 – 2/28/12	
f. Between March 1, 2009 and February 28, 2010, utilize implementation of the ARIES data management system and its direct interface with electronic medical records systems at Ryan White-funded agencies to increase the quality and accuracy of client-level data.	HHS	3/1/09 – 2/28/10	Completed

g. Review health outcome data systems and develop improved approaches for EMA-wide data reporting and utilization.	HHS	3/1/09 – 2/28/10	Completed
h. Assess ARIES reporting capabilities on an indicator-by-indicator basis to identify potential enhancements in quality outcome reporting.	HHS	3/1/10 – 2/28/11	Completed
i. Identify quality measures that can best serve as indicators of overall client health, wellness, and self-sufficiency, including reviewing the literature on quality management indicators and standards, and integrating other models for assessing overall client wellness.	HHS; POI	3/1/10 – 2/28/11	Completed
j. Begin to establish benchmarks for client health and wellness using ARIES-reportable categories.	HHS	3/1/10 – 2/28/11	Completed
k. Refine client health and wellness benchmarks by applying them to special needs populations in the EMA, including transgender persons, persons of color, women, and recently incarcerated individuals.	HHS; POI	3/1/11 – 2/28/12	
l. Finalize quality standards and benchmark indicators and develop processes for intervening and supporting agencies when benchmarks are not met.	HHS	3/1/11 – 2/28/12	
m. Formally implement outcome standards for client-level care by Ryan White-funded agencies in the San Francisco EMA.	HHS	3/1/11 – 2/28/12	
Objective 10.2: Between March 1, 2009 and February 28, 2012, provide high-quality training, support, and technical assistance to Ryan White-funded agencies to improve and enhance the quality, impact, and effectiveness of service provision and data reporting.			
Activity	**Responsible Parties**	**Deadline**	**Status**

a. Develop and disseminate best practices guidelines for special populations, including previous best practices guidelines for transgender persons and Centers of Excellence, and upcoming best practices guidelines for prevention with positives.	HHS	Ongoing	
b. Continue to provide tailored trainings to increase the capacity and service quality of Ryan White agencies.	HHS	Ongoing	
c. Provide ongoing technical assistance to Ryan White agencies to increase skills and address specific service issues and needs, including supporting attainment of minimum data reporting standards mandated through Ryan White contracts.	HHS	Ongoing	

11 To ensure that the San Francisco HIV Health Services Planning Council conducts its activities efficiently and effectively and that it fulfills all mandated roles and responsibilities.

Objective 11.1: Between March 1, 2009 and February 28, 2012, continue to prioritize services and allocate funds through an efficient and well-informed prioritization and allocations process.

Activity	Responsible Parties	Deadline	Status
a. Conduct a comprehensive needs assessment process every three years.	Full Council; Council Support	Ongoing	On Hold
b. Utilize comprehensive service and resource data to annually inform the prioritization and allocation process, including epidemiological, unmet need, resource, and service utilization data produced by the Grantee.	HHS; POI; Full Council	Ongoing	
c. Conduct facilitated yearly prioritization and allocation process.	Full Council; Council Support Staff	Ongoing	

San Francisco HIV Health Services Planning Council

Three Year Plan Implementation Grid (2009 – 2012)

Objective 11.2: Between March 1, 2009 and February 28, 2012, continue to fulfill all Planning Council requirements and expectations as defined by both HRSA and the local Planning Council itself.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Continue to ensure that Planning Council membership remains reflective of the local HIV epidemic and conforms to all mandated HRSA representation categories.	Membership; Council Support	Ongoing	
b. On an annual basis, Planning Council leadership and staff complete all relevant Conditions of Award in a timely manner.	HHS; Steering; Council Support	Ongoing	
c. Planning Council continually reviews the effectiveness of the administrative mechanism based on parameters agreed upon by both the Planning Council and the Grantee and provides a report to the Grantee on the findings of this review as needed.	GPA; Council Support	Ongoing	
Objective 11.3: Between March 1, 2009 and February 28, 2012, continually examine and revise the EMA's Comprehensive Three-Year HIV Services Plan, including tracking progress toward stated Plan objectives.			
Activity	**Responsible Parties**	**Deadline**	**Status**
a. Prior to the 2009-2010 fiscal year, establish standards and systems for monitoring and tracking progress toward Comprehensive Plan goals, objectives, and action steps, and for regularly reporting this progress to the Planning Council.	Steering	2/28/09	Completed
b. Through the Council's Steering Committee, present recommendations to the Planning Council regarding strategies for moving objectives and action steps forward when needed.	Steering	Ongoing	