Marin, San Francisco, & San Mateo Counties, California

2017–2021 INTEGRATED HIV PREVENTION AND CARE PLAN

SEPTEMBER 30, 2016

Marin, San Francisco, & San Mateo Counties, California

2017–2021 INTEGRATED HIV PREVENTION AND CARE PLAN

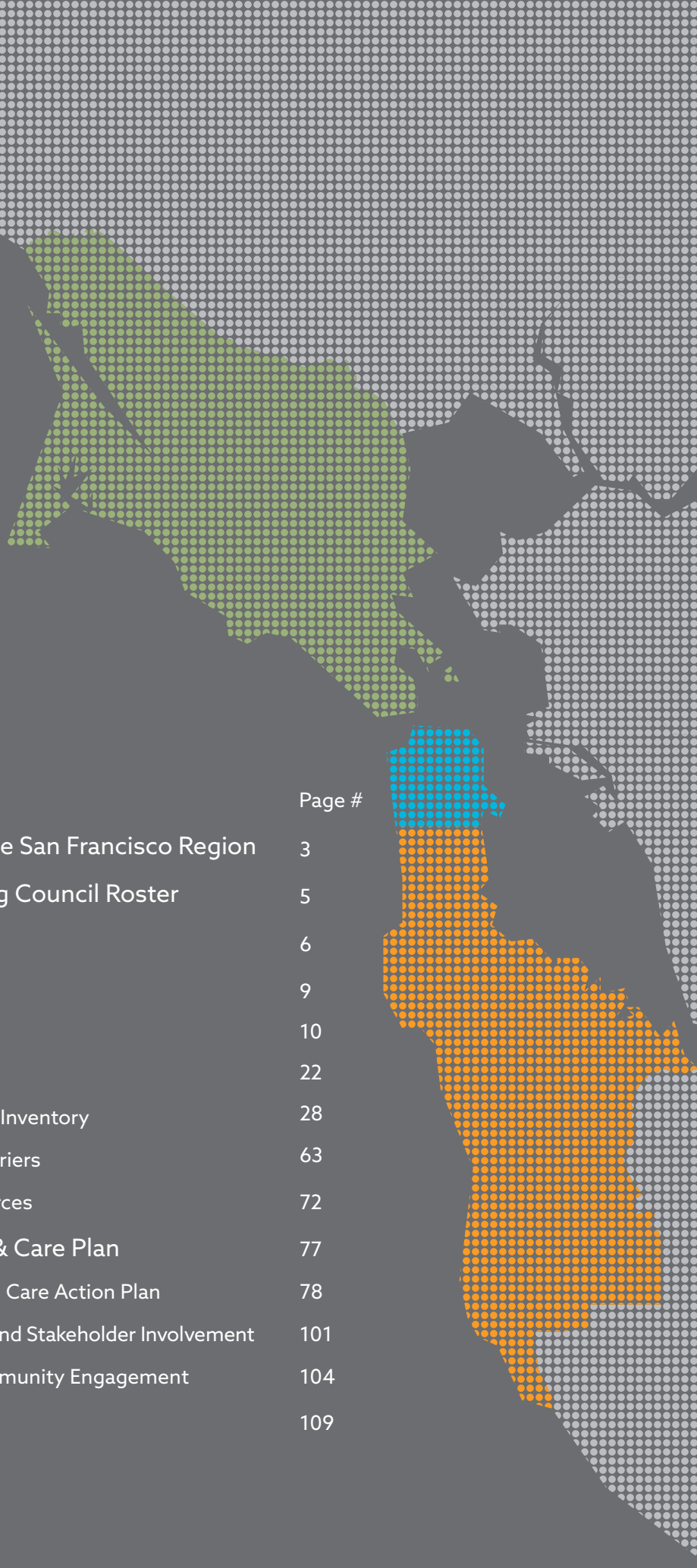

TABLE OF CONTENTS

FIVE-YEAR GOALS & OBJECTIVES

Goal # 1: Reduce New HIV Infections in the San Francisco Region

Objective # 1.1: By December 31, 2021, increase the percentage of people living with HIV who know their serostatus to at least 96%.

Objective # 1.2: By December 31, 2021, reduce the number of annual new HIV diagnoses by at least 50%.

Objective # 1.3: By December 31, 2021, increase the utilization of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) among high-risk HIV-negative persons by at least 50%, based on baseline data to be identified over the course of the Plan.

Goal # 2: Increase Access to Care and Improve Health Outcomes for Persons Living with HIV in the San Francisco Region

Objective # 2.1: By December 31, 2021, increase the percentage of annual newly diagnosed persons linked to HIV medical care within one month of HIV diagnosis to at least 90%.

Objective # 2.2: By December 31, 2021, enhance critical HIV care retention and adherence-outcomes along the HIV Care Continuum as follows:

Sub-Objective # 2.2.A: Increase the percentage of all persons living with HIV - including persons unaware of their HIV infection—who receive at least 1 CD4 or viral load test in a 12–month period to at least 85%.

Sub-Objective # 2.2.B: By December 31, 2021, significantly increase the percentage of persons living with HIV who fall out of care and are successfully re-linked to care within 90 days.

Sub-Objective # 2.2.C: By December 31, 2021, increase the percentage of all persons living with HIV–including persons unaware of their HIV infection - who are virally suppressed to at least 75%.

Sub-Objective # 2.2.D: By December 31, 2021, increase the percentage of newly diagnosed persons living with HIV who are virally suppressed within 12 months of diagnosis to at least 80%.

Objective # 2.3: By December 31, 2021, increase the percentage of Ryan White-funded clients living with HIV who are stably housed to at least 80%.

Objective # 2.4: By December 31, 2019, cure hepatitis C among all persons living with HIV.

Objective # 2.5: By December 31, 2021, increase the number of preliminarily diagnosed HIV-positive persons linked to the San Francisco RAPID program (Rapid ART Program Initiative for HIV Diagnoses) program by 30%.

FIVE-YEAR GOALS & OBJECTIVES

Goal # 3: Increase Access to Care and Improve Health Outcomes for Persons Living with HIV in the San Francisco Region

Objective # 3.1: By December 31, 2021, significantly increase levels of care linkage, retention, and viral suppression among persons 50 and older with HIV.

Objective # 3.2: By December 31, 2021, significantly increase the percentage of persons of color, women, and transfemale individuals with HIV who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

Objective # 3.3: By December 31, 2021, significantly increase the percentage of persons who inject drugs (PWID)—including MSM who inject drugs - who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

Goal # 4: Achieve a More Coordinated Response to the HIV Epidemic in the San Francisco Region

Objective # 4.1: By December 31, 2021, establish a stronger and more seamless HIV prevention and care partnership linking Marin, San Francisco, and San Mateo Counties.

SAN FRANCISCO HIV COMMUNITY PLANNING COUNCIL

SEPTEMBER 2016

Chuck **Adams**

Margot **Antonetty**

Richard **Bargetto**

Bill **Blum**

Jackson **Bowman**

Ben **Cabangun**, Co-Chair*

Cesar **Cadabes**

Ed **Chitty**

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Gwen **Smith**

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Linda **Walubengo**, Co-Chair

*HIV INTEGRATED PLAN WORK GROUP MEMBER

San Francisco HIV Community Planning Council

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

September 22nd, 2016

Steven R. Young
Director, Division of Metropolitan HIV/AIDS Programs
Attn: HIV/AIDS Bureau, HRSA
5600 Fishers Lane, Room 09W12
Rockville, MD 20857

Dear Mr. Young;

As Co-Chairs of the newly merged San Francisco HIV Community Planning Council, we are pleased to endorse the enclosed 2017 - 2022 Marin, San Francisco, and San Mateo Counties Integrated HIV Prevention and Care Plan and to provide assurance to HRSA and the CDC that the Planning Council played a strong leadership role in the development and production of the Plan.

To prepare the new Integrated Plan, the San Francisco HIV Health Services Planning Council and the San Francisco HIV Prevention Planning Council worked with the San Francisco Department of Public Health to form a new Integrated Plan Work Group specifically dedicated to gathering information and data related to the Plan and for formulating Plan recommendations and objectives. The Work Group was made up members of the two Planning Councils along with representatives of the three local public jurisdictions who had specific administrative authority over HIV prevention, care, and surveillance activities. The timing of the Work Group was fortuitous, given the concurrent formation of a merged Planning Council out of what had been separate prevention and care planning groups. The elected Work Group Chair, Ben Cabangun, was later elected as one of three charter Co-Chairs of the newly merged Planning Council, facilitating communication between the two groups.

The Integrated Plan Work Group met on a monthly basis from February through June, 2016, to collect information and discuss and develop key Plan components, including in two separate planning retreats on June 8 and June 28. The Work Group conducted a comprehensive review of both the 2012 - 2014 Comprehensive HIV Services Plan Care Plan and the 2015 Update to the Jurisdictional HIV Prevention Plans for the San Francisco region, assessing progress made toward key objectives and activities in both documents. The Work Group also reviewed key findings, reports, and data and commissioned and conducted a series of ten community input groups incorporating participation by consumers, providers, agency representatives, and clinicians from all three counties. The Work Group's activities culminated in the development of a wide-ranging Action Plan containing goals, objectives, and activities to guide the Planning Council's work over the coming years. This Action Plan was approved by the Council's Steering Committee on August 18, 2016 and approved by the Planning Council at its inaugural meeting on September 2, 2016.

The 2017-2022 Integrated HIV Prevention and Care Plan represents an important step forward in our region's ongoing efforts to address the HIV crisis through an integrated approach to prevention and care which recognizes the need to continue working toward no new HIV infections while eliminating HIV-related disparities in our region. The Council will use the Plan as a living document to help guide our future course at a time of unprecedented challenge and opportunity.

Sincerely,

Co-Chair	Co-Chair	Co-Chair	Co-Chair	Co-Chair
Ben Cabangun	Charles Siron	Linda Walubengo	Eileen Loughran	Dean Goodwin

City and County of San Francisco
Mayor Edwin Lee

Department of Public Health
Barbara A. Garcia, MPA
Director of Health

September 2, 2016

Tracy Luster-Welch,
PHA/Project Officer
Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention
Prevention Programs Branch
1600 Clifton Road MS E-58
Atlanta, Georgia 30333

Dear Ms. Luster-Welch,

On behalf of the members of the San Francisco EMA HIV Community Planning Council (HCPC), we are pleased to provide this "Letter of Concurrence" to the San Francisco Department of Public Health (SFDPH), Community Health Equity & Promotion Branch, in response to Funding Opportunity Announcement PS12-1201.

The HCPC has reviewed the Integrated HIV Prevention and Care Plan submitted to the Centers for Disease Control and Prevention (CDC) and ***concurs*** that the Integrated Plan describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest burden of HIV disease.

The HCPC was involved in the development of the Integrated HIV Prevention and Care Plan Plan. During the past few months, members of the HCPC and other stakeholders received a series of opportunities to discuss and provide input on the strategy:

- HCPC Integrated Plan Workgroup January - August
- HIV and Aging Work Group on April 11
- San Francisco AIDS Foundation 50 Plus Network on April 27
- San Mateo HIV Providers Group on May 12
- San Francisco AIDS Foundation Freedom Friday group on May 13
- San Francisco Trans* Advisory Group meeting on May 17
- HIV Health Services Planning Council PLWHA Advocacy Group on May 18
- Marin County HIV/AIDS Care Council Community Forum on May 18
- SFGH Ward 86 Clinicians Lunch on June 3
- Shanti Women's Input Group on June 6
- Mission Neighborhood Health Center Spanish Language Input Group June 20th
- HCPC summit to present for Concurrence on September 2

The Integrated HIV Prevention and Care Plan was discussed at the September 2nd Council meeting, when a motion for concurrence was made, seconded, and approved by the membership.

These deliberations demonstrate the effective and on-going partnership between the community planning group and the SFDPH. Should you wish additional information regarding this letter and/or HCPC involvement in preparation of the Integrated HIV Prevention and Care Plan let us know.

We appreciate the CDC's continuing support for the San Francisco's HIV prevention efforts.

Sincerely,

Charles Siron
Community Co-Chair

Linda Walubengo
Community Co-Chair

Ben Cabangun
Community Co-Chair

Dean Goodwin
Health Department Co-Chair

Eileen Loughran
Health Department Co-Chair

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Section I: Needs Assessment

A. EPIDEMIOLOGIC OVERVIEW

a. Introduction to the Target Region

Located along the western edge of the San Francisco Bay in Northern California, the San Francisco HIV service region is a unique, diverse, and highly complex area. Encompassing three contiguous counties—**Marin County** to the north, **San Francisco County** in the center and **San Mateo County** to the south—the region has a total land area of **1,016** square miles, an area roughly the size of Rhode Island. In geographic terms, the region 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 region 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 three-county region is **1,776,095.** 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 region.

Figure 1. Ethnic Distibution of San Francisco Residents, 2010 Census

A. EPIDEMIOLOGIC OVERVIEW

The geographic diversity of the region is reflected in the diversity of the people who call the area home. Over half of the area'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 over one-third (33%) of the city's total population (see Figure 1). 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 region, including native residents of Mexico, Guatemala, El Salvador, and Nicaragua. Region-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 region's population each year, in addition to at least **75,000** permanent and semi-permanent undocumented residents.

Figure 2. Persons Living with HIV in Marin, San Francisco, & San Mateo Counties as of December, 31, 2014

Demographic Group / Exposure Category	Combined PLWH as of 12/31/14	
Race/Ethnicity		
African American	2,070	13.0%
Latino	3,169	19.9%
Asian / Pacific Islander	986	6.2%
White (not Hispanic)	9,257	58.0%
Other / Unknown	473	3.0%
Gender		
Female	1,054	6.6%
Male	14,525	91.0%
Transgender	376	2.4%
Age		
12 Years and Younger	5	0.0%
13 - 24 Years	174	1.1%
25 - 29 Years	557	3.5%
30 - 39 Years	2,071	13.0%
40 - 49 Years	4,420	27.7%
50 - 64 Years	7,510	47.1%
65 Years and Above	1,218	7.6%
Transmission Categories		
MSM	11,436	71.7%
IDU	1,052	6.6%
MSM Who Inject Drugs	2,251	14.1%
Non-IDU Heterosexuals	712	4.5%
Other	59	0.4%
Unknown	445	2.8%
TOTAL	**15,955**	100%

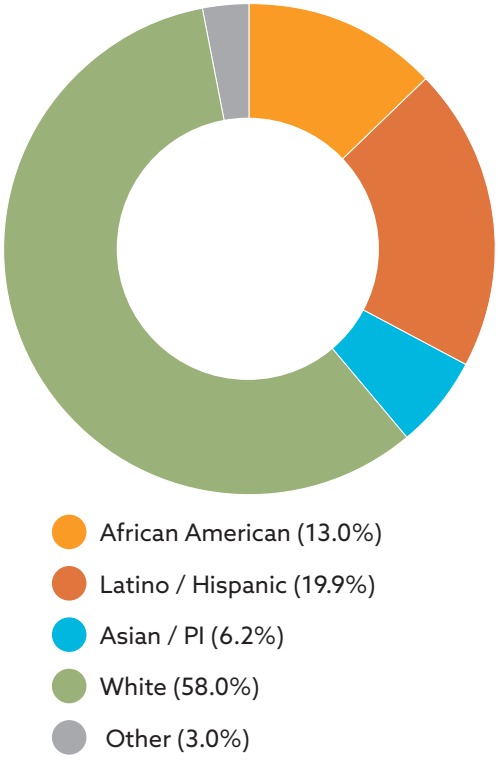
b. Persons Living with HIV

More than a quarter century into the HIV epidemic, the three counties of the San Francisco region 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 June 30, 2014, a total of **40,819** cumulative cases of HIV had been diagnosed in the region, representing nearly **one in five** HIV cases ever diagnosed in the state of California (n=**220,543**).[1] Over **22,979** persons have died as a result of HIV infection in the region. As of December 31, 2014, a total of **15,955** persons were living with HIV in the region's three counties, for a region-wide HIV infection incidence of **898.3** cases per 100,000 persons, meaning that approximately **1 in every 111 residents of the San Francisco region is now living with HIV** (see Figure 2)**.**

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,[2] and HIV remains the leading cause of death in the city among all age groups, as it has been for nearly two decades.[3] As of the end of 2014, at least **13,541** San Franciscans were living with HIV infection, representing **84.8%** of all persons living with HIV/AIDS in the three-county region, for a staggering citywide prevalence of **1,681.6** cases of HIV per 100,000 (see Figure 2). **This means that 1 in every 60 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.** A total of **309** new cases of HIV infection were diagnosed in San Francisco in calendar year 2014 alone,

Race / Ethnicity: Reflecting the ethnic diversity of our region, the local HIV caseload is distributed among a wide range of ethnic groups. The majority of persons living with HIV (PLWH) are white (**58.0%**), while **13.0%** of cases are among African Americans; **19.9%** are among Latinos; and **6.2%** are among Asian / Pacific Islanders (see Figure 3). A total of **6,698** persons of color were living with HIV infection in the three-county region as of December 31, 2014, representing **42.0%** of all persons living with HIV. African Americans are significantly over-represented in terms of HIV infection, making up **13.0%** of all persons living with HIV while comprising only **4.3%** of the area's population. This disproportion is even greater among **women** with HIV, a group in which African American women make up **39%** of all PLWH while comprising **4.1%** of the region's total female population. Additionally, among the region's hard-hit transgender population, persons of color make up **79.6%** of all PLWH, including a population that is **36.3%** African American, **30.2%** Latino, and **9.1%** Asian / Pacific Islander.

Figure 3. Persons Living with HIV in Marin, San Francisco, & San Mateo Counties by Ethnicity, December 31, 2014



1 State of California Department of Health Services, Office of AIDS, *California AIDS Surveillance Report: Cumulative Cases as of June 30, 2014*, Sacramento, CA, 2014.

2 US Centers for Disease Control and Prevention, "Diagnosis of HIV Infection and AIDS in the United States and Dependent Areas, 2014, *HIV/AIDS Surveillance Report*, Vol. 26, November 2015.

3 San Francisco Department of Public Health, HIV Epidemiology Section, *HIV/AIDS Epidemiology Annual Report 2014*, San Francisco, CA, August 2015.

A. EPIDEMIOLOGIC OVERVIEW

Transmission Categories: **The most important distinguishing characteristic of the HIV epidemic in the San Francisco region 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 of HIV on MSM has declined over time as populations such as women, injection drug users, and heterosexual men 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 PLWH has remained relatively low. Through December 31, 2014, fully **85.8%** of persons living with HIV in our region were MSM (**13,687**), including **11,436** men infected with HIV through MSM contact only (**71.7%** of all PLWH) and **2,251** MSM who also injected drugs (**14.1%** of all PLWH) (see Figure 4). This represents an **increase** from the end of 2008, when MSM made up **82.3%** of all PLWH. By comparison, only **37.9%** of PLWH in New York City as of December 31, 2013 were listed as infected through MSM contact.[4] Factors underlying this difference include the high proportion of gay and bisexual men living in the region; the large number of local long-term MSM HIV survivors; growing rates of STD infection among MSM; and relatively high local drug use rates. Other significant local transmission categories include heterosexual injection drug users (**6.6%** of PLWH) and non-IDU heterosexuals (**4.5%**).

Gender: Reflecting the high prevalence of HIV/AIDS among men who have sex with men, the vast majority of those living with HIV in the San Francisco region (**91.0%**) are men (see Figure 5). Only **6.6%** of all PLWH in the region are women, over **70%** of whom are women of color. Among African Americans living with HIV/AIDS, **15.2%** are women. The three-county San Francisco region has historically contained what is by far the **lowest** percentage of women, infants, children, and youth (WICY) living with HIV of any HIV region or jurisdiction in the nation. Because of their high representation within the San Francisco population, **transgender persons** also make up a significant percentage of PLWH, with **376** transgender individuals —the vast majority of them male-to-female—estimated to be living with HIV or AIDS as of December 31, 2014, representing **2.4%** of the region's PLWH caseload.

4 New York State Department of Health, Bureau of HIV/AIDS Epidemiology, AIDS Institute, New York State HIV/AIDS Surveillance Annual Report for Cases Diagnosed Through December 31, 2013, July 2015.

Figure 4. Persons Living with HIV in Marin, San Francisco, & San Mateo Counties by Transmission Category, December 31, 2014

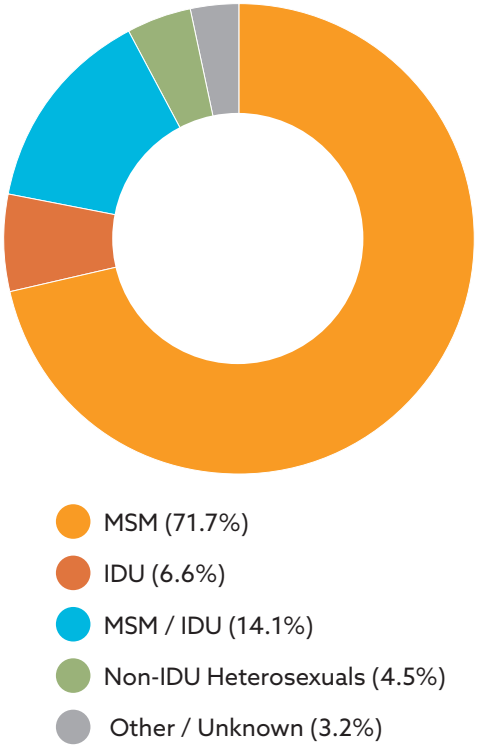
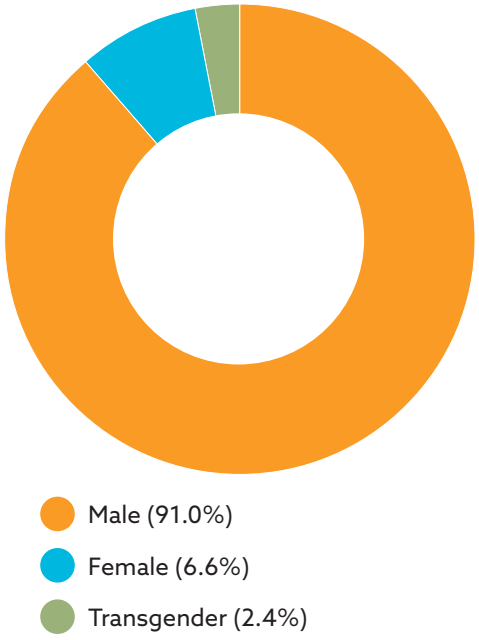


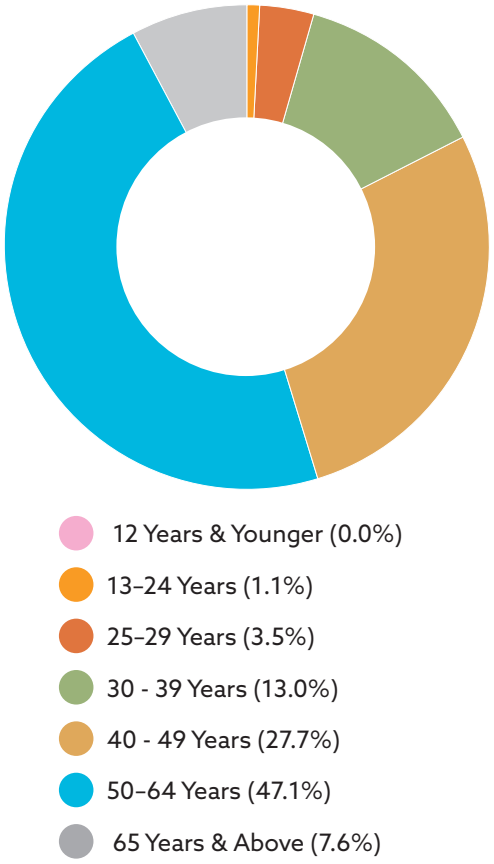
Figure 5. Persons Living with HIV in Marin, San Francisco, & San Mateo Counties by Gender, December 31, 2014



A. EPIDEMIOLOGIC OVERVIEW

Current Age: The majority of persons living with HIV in the San Francisco region are age 50 and above. This is attributable to the long history of the epidemic in our region - resulting in a large proportion of long-term survivors - as well as to the region's hard-fought success in bringing persons with HIV into care and maintaining their health of time. As of December 31, 2014, **over half of all persons living with HIV in the region** (**54.7%**) are age 50 or older, including **7,510** PLWH between the ages of 50 and 64 and **1,218** PLWH age 65 and higher (see Figure 6). Between December 2009 and December 2014 alone, the number of persons 50 and over living with HIV increased by nearly **one-third** within the region (from **41.2%**). This growing aging population creates dramatic challenges for the local 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 in the region remain those between the ages of 50 and 65, who make up **47.1%** of the combined PLWH population (n=**7,510**). Persons between the ages of 40 and 49 comprise the second largest proportion, making up **27.7%** of all PLWH in the region (n=**4,420**). A total of **174** young people between the ages of 13 and 24 are estimated to be living with HIV/AIDS in the region, constituting **1.1%** of the PLWH population. However, young people ages 13-24 make up **15%** of all new HIV cases identified in calendar year 2015, pointing to a growing HIV incidence within this population. Only **5** children age 12 and under are living with HIV or AIDS in the region, and **no** new AIDS cases were diagnosed among this group between January 1, 2010 and December 31, 2014.

Figure 6. Persons Living with HIV in Marin, San Francisco, & San Mateo Counties by Current Age, December 31, 2014



A. EPIDEMIOLOGIC OVERVIEW

Poverty: The problem of poverty presents a daunting challenge to the HIV care system. According to the 2010 Census, the average percentage of persons living at or below federal poverty level stands at **9.2%** for the entire San Francisco region. Using this data, SF DPH projects that at least **490,201** individuals in the San Francisco region are living at or below 300% of Federal Poverty Level, which translates to **27.6%** of the overall region population lacking resources to cover all but the most basic expenses. **However, because of the high cost of living in the San Francisco Bay Area, persons at 300% of poverty or below have a much more difficult time surviving in our area than those living at these income levels in other parts of the U.S.** Analyzing data from the San Francisco AIDS Regional Information and Evaluation System (ARIES), the SF region's client-level data system, it is estimated that at least **66.2%** of all persons living with HIV/ AIDS in the San Francisco region (n=**10,557**) are living at or below 300% of the 2015 Federal Poverty Level (FPL) including persons in impoverished households, while **93%** of Ryan White-funded clients live at or below 300% of poverty.[5] ARIES data also reveals that **58.1%** of active Ryan White clients in the San Francisco region are currently living at or below 100% of FPL while another **28.5%** are living between 101% and 200% of FPL. HIV-infected persons in poverty clearly have a higher need for subsidized medical and supportive services, accounting for at least **$69 million** in Part A and non-Part A HIV-related expenditures in the San Francisco region each year[6].

Figure 7. Top 10 Least Affordable Counties in the U.S. in Terms of Housing Costs, 2015

County	Hourly Wage Needed to Rent a Two-Bedroom Apartment at HUD Fair Market Rents
San Francisco County, CA	$ 39.65
Marin County, CA	$ 39.65
San Mateo County, CA	$ 39.65
Honolulu County, HI	$ 34.81
Santa Clara County, CA	$ 34.79
Santa Cruz County, CA	$ 33.77
Nassau County, NY	$ 33.04
Suffolk County, NY	$ 33.04
Monroe County, FL	$ 31.44
Orange County, CA	$ 30.92

Housing and Homelessness: **Housing** is an indispensable link in the chain of care for persons with HIV. Without adequate, stable housing it is virtually impossible for individuals to access primary care; maintain combination therapy; and preserve overall health and wellness. These issues are more critical for persons with co-morbidities such as substance addiction or mental illness, since maintaining sobriety and medication adherence is much more difficult without stable housing. Homelessness is also a critical risk factor for HIV, with one study reporting HIV risk factors among **69%** of homeless persons.[7]

5 Estimate of total PLWH living at 300% of poverty or below based on 100% rate of PLWH/A in CARE system living at or below 300% of poverty (n=7,290) plus conservatively estimated 51.6% rate of 300% at or below FPL for all other PLWA/H (same as overall region-wide rate) (15,875 PLWH not in CARE system x .477 = 7,572).

6 Calculation based on current annual projected region-wide HIV expenditures of $112,395,701 (see Table in Attachment 4) x .621, representing estimated percentage of all persons with HIV/AIDS living in poverty.

7 St. Lawrence, J. & Brasfield, T., "HIV high risk behavior among homeless adults," *AIDS Education Prevention*, 7(1):22-31, 1995.

Because of the prohibitively high cost of housing in the San Francisco region and the shortage of affordable rental units, the problem of homelessness has reached crisis proportions, creating formidable challenges for organizations seeking to serve HIV-infected populations. According to the National Low Income Housing Coalition's *Out of Reach 2015* report, Marin, San Francisco, and San Mateo Counties—the three counties that make up the San Francisco region—**are tied with one another as the three least affordable counties in the nation** in terms of the minimum hourly wage needed to rent an average two-bedroom apartment, which currently stands at **$39.65 per hour** (see Figure 7).[8]

Meanwhile, in 2015, the City of San Francisco has the **highest HUD-established Fair Market Rental rate in the nation** at **$2,801** per month for a 2-bedroom apartment, which represents the amount needed to "pay the gross rent of privately owned, decent, and safe rental housing of a modest nature".[9] San Francisco's 2015 fair market rental rate of 42,801 is **nearly 50% higher** than the rate of the next highest US county, Alexandria County, VA (**$1,951**).[10]

Insurance Coverage: The advent of health care reform through the Affordable Care Act (ACA) has resulted in significant, positive change in regard to the number and proportion of low-income persons with HIV in our region who benefit from affordable and more accessible health insurance coverage. According to the UCLA Center for Health Policy Research, the number of uninsured Californians had fallen by as much as 40% as of February 2015 as a result of ACA implementation.[11] Nevertheless, significant insurance gaps continue to remain in our region. Analysis of local ARIES data revealed that fully 29.0% of all persons enrolled in Ryan White services in the three-county region as of 2015 remained uninsured, including persons without Medicaid or Medicare.

Additionally, significant **disparities** exist in regard to type of health insurance coverage among newly diagnosed persons with HIV. While the percentage of persons in San Francisco who had insurance at the time of HIV diagnosis was relatively comparable across ethnic groups (**67%** of whites: **66%** of African Americans; **60%** of Latinos; and **59%** of other ethnic groups) the **type** of insurance varied greatly among populations. For example, while **46.9%** of whites had private insurance at the time of HIV diagnosis, only **16.0%** of African Americans and **35.6%** of Latinos had private insurance. Conversely, while **11.1%** of whites and **13.0%** of Latinos had Medicaid coverage at the time of diagnosis, fully **34.4%** of African Americans were covered by Medicaid at the time of initial HIV diagnosis. Even more ominous is the fact that nearly **35%** of whites and African Americans and **40%** of Latinos and other populations were **uninsured** at the time of diagnosis, despite extensive regional efforts to enroll low-income individuals in one of the region's many medical insurance programs tailored to these populations.

The issue of persons **losing their private disability insurance** is growing in importance as the population of PLWH who are 50 years or older increases and are more likely to rely on private disability insurance than their younger counterparts. In October of 2014, the San Francisco Board of Supervisors, Budget and Legislative Analyst Office released a Policy Analysis Report on PLWH who age off Long Term Disability Insurance. The report reviewed data from several sources to estimate the number of PLWH who have private disability insurance and will reach retirement age and Social Security eligibility in the next 15 years. The report found that over **1,200** PLWH over 50 years old rely on private disability insurance, which terminates at age 65. The overall effect of the drop in income that will occur as people lose their private disability insurance is difficult to predict conclusively. However, evidence does suggest that for many PLWH, the lost income will make it impossible to afford San Francisco's current median rent.

8 National Low Income Housing Coalition, *Out of Reach 2015,* Washington, DC, 2015.
9 US Department of Housing and Urban Development, *The Final FY 2013 San Francisco County FMRs for All Bedroom Sizes,* Washington, DC, September 25, 2012.
10 National Low Income Housing Coalition, *Out of Reach 2014*, Washington, DC, 2014.
11 UCLA Center for Health Policy Research, Six and a half million Californians lacked health insurance in 2013, Berkeley, CA, February 2015.

A. EPIDEMIOLOGIC OVERVIEW

Trends in New HIV Infections: New HIV infection data for the City of San Francisco for the years 2006 to 2014 continue to show consistent and relatively steady decreases in the number of new infections reported across all ethnicities. Between 2006 and 2014, the number of newly identified HIV infections among white men declined by **51.1%**, from **278** to **136** new cases, while the number of newly identified cases among African American men declined by **56.0%,** from **75** in 2006 to **33** in 2014. New HIV cases among Latino men also dropped over the same period, from **113** new cases in 2006 to **82** in 2014, a decline of **27.4%**. However, as a proportion of their representation in the community as a whole, African American and Latino men still have significantly higher rates of infection per 100,000 among members of their ethnic group than white men. While the rate of new HIV diagnoses in 2014 among white San Francisco males was **69** per 100,000, the rate was **107** per 100,000 for Latino men and **127** per 100,000 for African American men. Meanwhile, new HIV diagnoses among women continue to drop dramatically, most notably with a decline in new HIV diagnoses among African American women from **47** new diagnoses in 2006 to **9** new diagnoses in 2014. The rate of new HIV infections per 100,000 among women in San Francisco is **4** for white women, **6** for Latina women, and **9** for African American women.

c. Burden of HIV in the Service Area

National HIV Behavioral Surveillance (NHBS) Data: As described in greater detail in Section I.E. below, the National HIV Behavioral Surveillance system tracks risk behaviors, HIV prevalence, and HIV incidence among populations at high risk for HIV infection in in a number of highly impacted US jurisdictions, including San Francisco. NHBS data collection in San Francisco began in 2003 using a survey instrument that collects demographic, social experience, sexual behavior, alcohol and substance use, drug treatment, HIV testing, health, and prevention activity. HIV testing is conducted in conjunction with the survey using validated HIV testing kits and standardized laboratory methods for confirmation of HIV-positive cases.

One of the key populations among which the NHBS collects data is **men who have sex with men (MSM).** MSM survey participants represent the broadest possible range of ages, ethnicities, and characteristics, and provide a valuable sample for information on key HIV-related topics in the three-county region. In 2014, the NHBS focused in part on the use of **pre-exposure prophylaxis (PrEP)** among HIV-negative MSM. The city of San Francisco has placed a strong emphasis on publicizing and creating strong linkage opportunities to PrEP treatment among MSM who wish to receive it. The NHBS survey found that PrEP use was higher than anticipated among HIV-negative MSM, at **10%** of all survey respondents. Despite a relatively small sample size (**27** total persons using PrEP), the findings also confirmed the fact that at least in 2014, PrEP utilization was largely taking place among white MSM, college educated MSM, and MSM with private insurance. White MSM made up **88.9%** of all persons on PrEP in the study, the same percentage as persons with private insurance. Persons with college or post-graduate degrees made up **70.1%** of all PrEP-using MSM identified through the survey, and **two-thirds** of respondents had personal incomes greater than $50,000 per year. These findings speak to the need emphasized in the Action Plan for greater publicization of PrEP among ethnic minority and lower-income MSM communities in San Francisco.

A. EPIDEMIOLOGIC OVERVIEW

In terms of **persons who inject drugs (PWID)**, the NHBS conducts a sample **every three years** using the **respondents driven sampling (RDS)** methodology, in which persons participating in the survey in turn refer other social network members to the survey. PWID complete behavioral survey questions and then are tested for HIV. In 2012, the last year in which the PWID sample was conducted, the majority of NHBS participants who reported injecting drugs were over **39** years of age - a level that has been consistent over time. Over **two-thirds** of PWID respondents were male and slightly less than **one-third** were female, with a small number of self-identified transgender participants. Whites made up **40%** of the sample; African Americans made up **30%** of the sample, and Latinos comprised **10%** of the sample. While the majority of participants identified as heterosexual, a significant populations identified as bisexual (**22%**) and homosexual (**8%**). **In terms of health coverage, NHBS data indicated a promising trend, with the proportion of persons who inject drugs reporting no health coverage declining from 62.1% in 2005 to 18.2% in 2012.** Self-reported HIV-positive status also declined from **12.0%** in 2005 to **6.8%** in 2012, while HIV rates based on lab tests were relatively stable at **13.6%** in 2009 and **11.6%** in 2012. Although over a third of PWID reported zero unprotected intercourse acts in the past six months, almost **half** reported having 6 or more unprotected sex acts in the same period. The most commonly used drug reported among PWID n 2012 was heroin, at **61.4%**, and methamphetamine, at **27.5**%. A large proportion of persons who inject drugs also reported using marijuana (**60%**) and downers (**25%**) in each of the survey waves. Also on a positive note, an increasing proportion of PWID reported accessing **clean needles** from pharmacies, with the proportion nearly doubling from **18.4%** in 2005 to **34.6%** in 2012.

Sexually Transmitted Infection (STI) Rates: The growing crisis of sexually transmitted infections is of significant concern for the future of the HIV epidemic in our region. In terms of **syphilis**, for example, the SF Jurisdiction continues to confront a major epidemic that has been escalating for the past half-decade, rising more than **500%** since 2000. In calendar year 2015, a total of **545** new primary and secondary syphilis cases were diagnosed in the three-county San Francisco region, representing a **138%** increase over the 229 cases reported just 8 years earlier in 2007.[12] The combined SF jurisdiction-wide syphilis rate of **30.7** per 100,000 in 2015 is over **twice** the California statewide rate of **12.5** per 100,000. Within the City of San Francisco alone, a total of **473** new syphilis cases were reported in 2015 for an extremely high incidence rate of **54.8** cases per 100,000, a rate **five times higher** than the statewide rate and **nearly ten times higher** than the national syphilis rate of 5.5 cases per 100,000 in 2013 (see Figure 8. San Francisco County has by far the largest syphilis infection rate of any county in California, over twice the rate of the second highest county, Fresno County (**27.3** per 100,000) and nearly four times that of Los Angeles County (**15.6** per 100,000).

The region is also experiencing a significant **gonorrhea** epidemic. A total of **5,187** new gonorrhea cases were identified in the San Francisco Jurisdiction in 2015, for a Jurisdiction-wide incidence of **292** cases per 100,000 – a rate fully **110% higher** than the 2015 California rate of **138.9** cases per 100,000. The number of new gonorrhea cases in the city of San Francisco increased by **132%** between 2010 and 2015 alone, growing from **1,927** reported cases in 2010 to **4,485** cases in 2015. The City of San Francisco's 2015 gonorrhea incidence of **520** per 100,000 is nearly **five times** the national rate of **106.1** cases per 100,000 and nearly **four times higher** than the State of California as a whole (**138.9**). This again by far the highest rate of any county in California, with the next highest county – Lake County – having a case rate of **229** per 100,000.

12 State of CA Department of Health Services, STD Control Branch, 2015 STD Surveillance Report, Syphilis Data Tables.

A. EPIDEMIOLOGIC OVERVIEW

The region's **Chlamydia** epidemic also continues, with rates rising precipitously. A total of **10,714** new cases of Chlamydia were diagnosed in the three-county region Jurisdiction in 2015, representing an **84.2%** increase over the **5,816** cases diagnosed in 2005 and a **78.2%** increase since 2001 (see Figure 11). The 2015 Jurisdiction-wide Chlamydia incidence stood at **603.2** per 100,000, while the rate for the City of San Francisco was **888.7** cases per 100,000. By comparison, the 2015 incidence for California was **486.1** cases per 100,000, while the national rate was **456.1.**

The cost of treating STIs adds significantly to the cost of HIV care in the San Francisco Jurisdiction. According to a study which estimated the direct medical cost of STIs among American youth, the total annual cost of the 9 million new STI cases occurring among 15-24-year-olds totaled $6.5 billion in the US, at a per capita cost of $7,220 per person. Lissovoy and colleagues estimated US national medical expenditures for congenital syphilis for the first year following diagnosis at between $6.2 million and $47 million for 4,400 cases, or as high as $10,682 per case.[23] A study published in the American Journal of Public Health estimated that a total of 545 new cases of HIV infection among African Americans could be attributed to the facilitative effects of infectious syphilis, at a cost of about $113 million, or a per capita cost of $20,730.[24] Such studies suggest that the total cost of treating new STIs in our region may be as high as $8.7 million per year, including an estimated $2.0 million to treat STIs among persons with HIV and another $7.5 million in potential annual costs resulting from the need to treat persons infected with HIV as a result of transmission facilitated through other STIs.

Figure 8. New Primary & Secondary Syphilis Cases Per 100,000 Population - Selected Metropolitan Areas

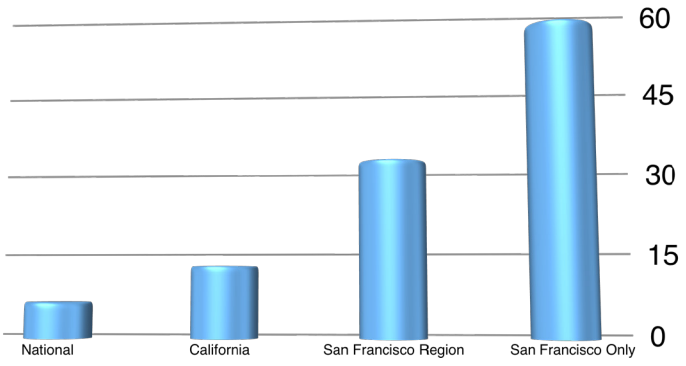
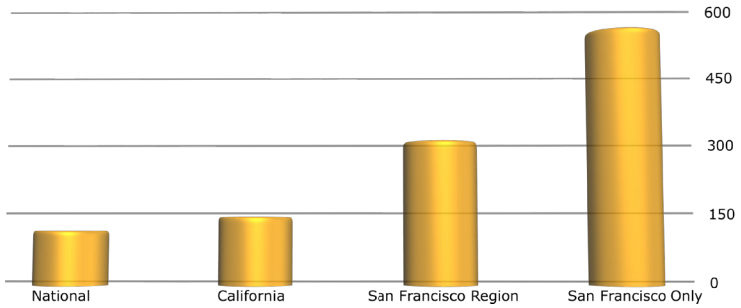


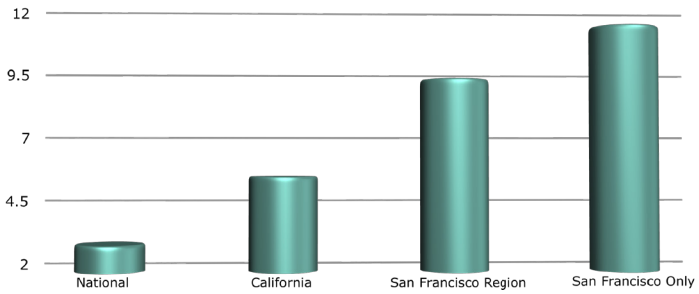
Figure 9. New Gonorrhea Cases Per 100,000 Population - Selected Metropolitan Areas



A. EPIDEMIOLOGIC OVERVIEW

Tuberculosis (TB): Tuberculosis is an additional critical health factor linked to HIV, particularly in terms of its effects on recent immigrants and the homeless. The magnitude of the local TB crisis is comparable to syphilis and gonorrhea, with a combined total of **162** new cases of TB diagnosed in the three-county region in 2015, representing an area-wide incidence of **9.1** cases per 100,000. In San Francisco, the incidence is even higher, at **11.1** cases per 100,000. San Francisco County's 2015 TB rate ranked **second** out of California's 58 counties, while San Mateo County ranked **sixth**. San Francisco's TB incidence rate is **more than double** the statewide rate of **5.5** cases per 100,000 and **nearly four times higher** than the national rate of **3.0** cases per 100,000 (see Figure 10).[27] Treatment for multi-drug resistant tuberculosis is particularly expensive, with one study indicating that the cost averaged $89,594 per person for those who survived, and as much as $717,555 for patients who died.

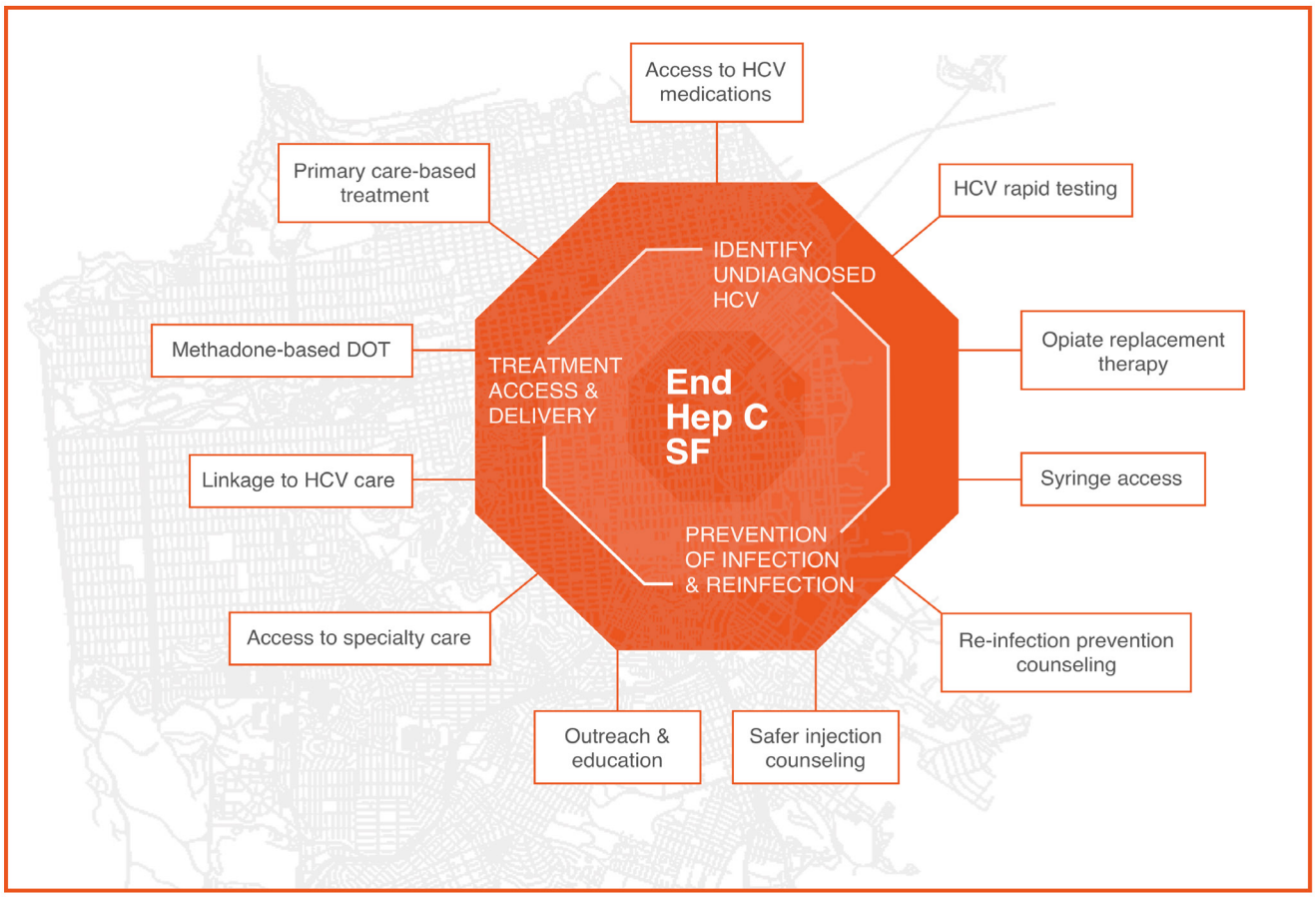
Figure 10. New Tuberculosis Cases Per 100,000 Population - Selected Metropolitan Areas



Hepatitis C: The hepatitis C virus (HCV) is the nation's most common blood-borne infection, a major cause of liver cancer, and the leading cause of liver transplants in the US. In the United States as a whole, HCV prevalence is approximately **five times greater** than HIV prevalence, and approximately **25%** of HIV-positive individuals are co-infected with HCV infection.[13] Community-based antibody screening among high–risk populations in San Francisco has yielded a HCV antibody positivity rate of **5.4%,** while HCV antibody screening in San Francisco jails has yielded an antibody positivity rate of **10%.** Surveillance data also indicates tremendous disparities in HCV prevalence in San Francisco. While African Americans represent **6.6%** of San Francisco's general population, they account for at least **one-third** of San Francisco's HCV cases and **23.5**% of the population of people who are co-infected with HIV and HCV. The San Francisco Department of Public Health also estimates that as many as **90%** of all chronic injection drug users over the age of 30 may already be infected with hepatitis C. Despite the tremendous disease burden of HCV, there has historically been a dearth of federal, state, and local funding for HCV surveillance, prevention, and care activities. At the same time, however, significant advancements have been made in hepatitis C treatment over the past several years, with the introduction of new, albeit expensive treatments that have **successful cure rates of over 90%** in persons living with HCV. While these treatments are extremely costly, the San Francisco region has taken the initiative to harness these treatments in order to attempt to **end hepatitis C among persons living with HIV by the end of 2019 -** a direct objective contained in this document's Action Plan. The **San Francisco Hepatitis C Elimination Initiative (End Hep C SF)** is a multi-sector, collective impact initiative that utilizes evidence-based practices, community wisdom, and the creative leveraging of resources to work toward hepatitis C elimination in San Francisco. The initiative builds on San Francisco's long history of innovative and

13 Edlin BR. Perspective: Test and treat this silent killer. *Nature,* 2011. 474, s18-s19.

ambitious public health efforts in order to tackle an epidemic that kills more Americans than the deaths from 60 other reportable infectious diseases **combined**, including HIV, pneumococcal disease, and tuberculosis. The End Hep C SF initiative is built on three distinct pillars, including 1) Citywide community-based HCV testing for highly impacted populations paired with augmented HCV surveillance infrastructure to track the HCV epidemic and progress towards elimination; 2) Linkage to care and treatment access for all people living with HCV; and 3) Prevention of new HCV infections and reinfection in those cured of HCV. The chart below depicts the comprehensive nature of the initiative, which will be specifically applied to persons living with HIV in concert with the San Francisco Department of Public Health and local HIV clinics and care sites. The city is excited by the prospect of heading a model program to dramatically extend HIV lifespan and health by striving to eliminate Hep C among persons with HIV over the next three years.

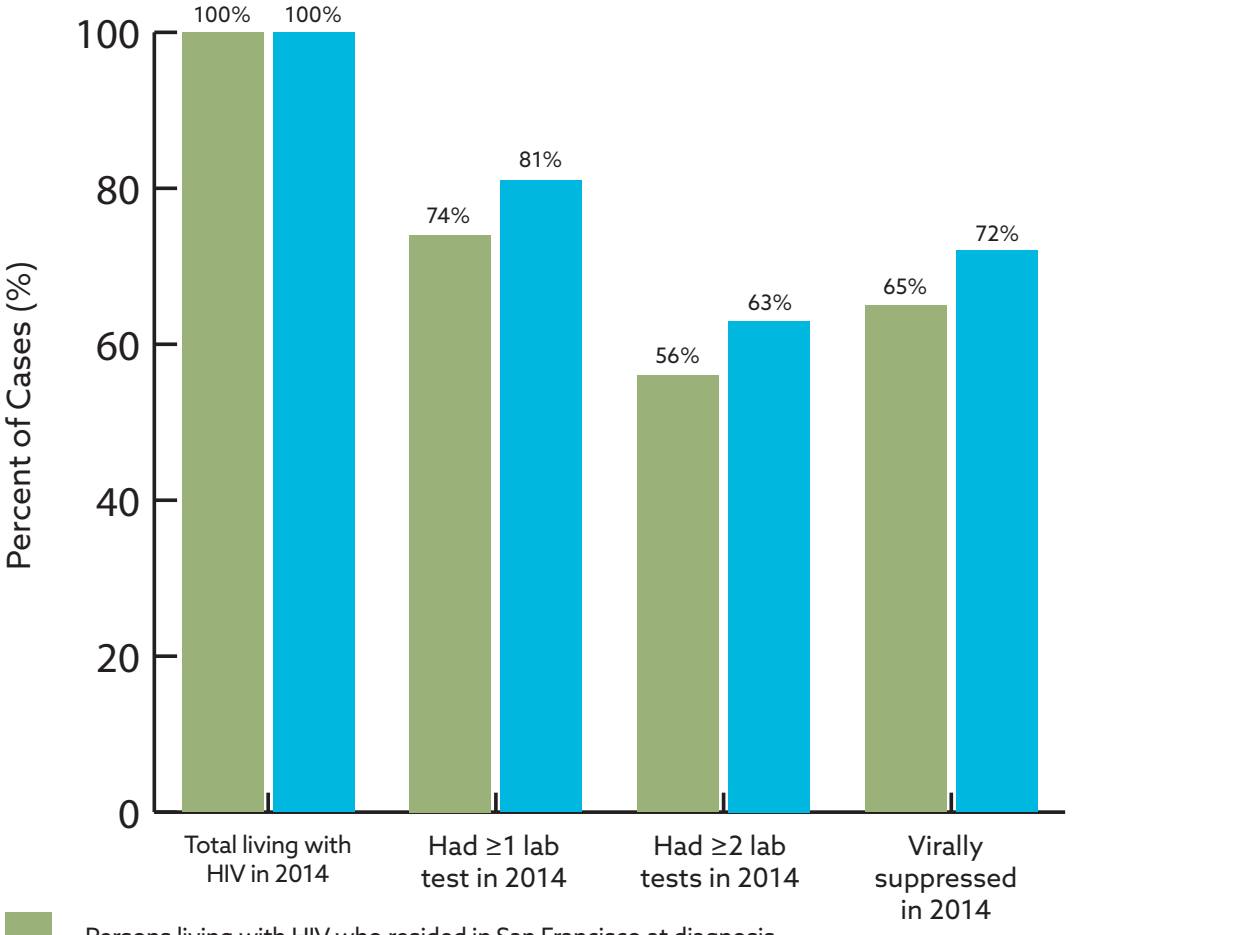


B. HIV CARE CONTINUUM

a. HIV Care Continuum Overview

As of December 31, 2014, there were approximately **15,022** persons living with HIV (PLWH) who had been diagnosed through the end of 2013 **and** who resided in San Francisco at the time of their diagnosis. Of these, **74%** had had at least one CD4, viral load or genotype test (used to define an individual as having received care); **56%** had two or more laboratory tests at least three months apart (used to define retention in care); and **65%** achieved viral suppression, defined as having an HIV viral load at time of last measurement of less than 200 copies per milliliter. After excluding **5,079** persons who were known to have moved outside of San Francisco, there were **9,943** San Francisco residents living with HIV. Of these, **81%** received care; **63%** were retained in care and **72%** were virally suppressed in 2014.

Continuum of HIV Care Among Persons Living with HIV, 2014, San Francisco



B. HIV CARE CONTINUUM

The chart below describes significant, ongoing improvements in the attainment of key HIV care and prevention indicators from calendar years 2012 through 2014 among persons with HIV in San Francisco (see Figure 11)**.** The proportion of late stage HIV diagnosis, defined as a newly diagnosed individual who developed HIV infection stage 3 (AIDS) within three months of HIV diagnosis, decreased from **21%** in 2012 to **16%** in 2014. Meanwhile, the proportion of new cases linked to care within one month of diagnosis increased from **72%** in 2013 to **84%** in 2014. The proportions of persons who were virally suppressed within 12 months of their HIV diagnosis increased by **10%** over the three-year period, from **65%** in 2013 to **75%** in 2014, while the median time from HIV diagnosis to viral suppression shortened from **147** days in 2012 to **88** days in 2014. The median number of days from HIV diagnosis to first care remained stable (**7-8 days**). However, the median time from receipt of care to ART initiation and from ART initiation to viral suppression improved significantly over time. An indicator of earlier initiation of ART among persons newly diagnosed with HIV is evidenced by the increase in the median CD4 count (cells/μL) at time of ART initiation from **635** cells/μL in 2012 to **677** cells/μL in 2013 and **660** cells/μL in 2014 among persons with a CD4 count greater than 500.

Meanwhile, the care outcome measures for living HIV cases remained relatively stable between 2012 and 2014. The proportion of PLWH who received two or more tests decreased, suggesting a trend toward fewer laboratory tests conducted among persons living with HIV in care. Among persons living with HIV and with at least one viral load test, the proportion who were virally suppressed slightly increased from **88%** in 2012 to **90%** in 2014.

Figure 11. Care and Prevention Indicators Among Persons Newly Diagnosed with HIV and Living with HIV, 2012-2014, San Francisco

Indicators	Year		
	2012	2013	2014
New HIV diagnoses[2]	**N=461**	**N=400**	**N=334**
Proportion who developed AIDS within 3 months of diagnosis	21%	18%	16%
Proportion linked to care within 1 month of diagnosis	77%	72%	84%
Proportion virally suppressed[2] within 12 months of diagnosis	67%	65%	75%
Median time (days) from HIV diagnosis to first viral suppression	147	131	88
Median time (days) from HIV diagnosis to first care	7	8	7
Median time (days) from first care to ART initiation[3]	30	26	14
Median time (days) from ART initiation to first viral suppression[3]	70	70	49
Median CD4 count (cells/μL) at treatment initiation among those diagnosed with a CD4 count>500 cells/μL	635	677	660
Living HIV cases[4] (≥ 13 years old)	**N=14,625**	**N=14,848**	**N=15,022**
Proportion of cases who had ≥ CD4/viral load test	75%	74%	74%
Proportion who received ≥2 tests among these with ≥1 test	79%	78%	75%
Proportion virally suppressed[2] among living cases	65%	65%	65%
Proportion virally suppressed among those with ≥1 viral load test	88%	89%	90%

1 Includes persons diagnosed each year based on a confirmed HIV test and does not take into account patient self-report of HIV infection.
2 Defined as the latest viral load test within 12 months of HIV diagnosis <200 copies/mL.
3 Calculation is limited to persons diagnosed with HIV who were known to have started ART. See Technical Notes "Estimate of ART Use."
4 Includes persons who were living with HIV at the end of each year and diagnosed as of the end of the previous year. Excludes persons who were non-San Francisco residents at time of HIV diagnosis but San Francisco residents at AIDS diagnosis.

B. HIV CARE CONTINUUM

In terms of estimates of use of **antiretroviral therapy (ART)** among PLWH—an indicator not included in our overall care continuum because of a large of data precision and reliability—the chart below lists **ranges of estimated ART use** as of December 31, 2015 (see Figure 12). Information on ART use was obtained from medical chart review and persons with a medical record indicating that they were prescribed ART were assumed to have received it. The lower level estimate shown in the figure below was calculated among all living HIV cases (N=**15,995**). The upper level estimate was calculated among living cases for whom a chart review was completed between January 2014 and March 2016 (N=**6,548**). Persons without follow-up information within the last two years or those known to have moved out of San Francisco were excluded from the upper level estimate calculation.

Overall, **87%-94%** of PLWH were estimated to have received ART as of December 2015. ART use was lower among women and transwomen (compared to men); persons with race/ethnicity other than white; persons who inject drugs (PWID), although not MSM-PWID; the homeless; and persons with public or no health insurance, as compared to those with private health insurance.

Figure 12. Estimate of ART use among persons living with HIV by demographic, risk, and socioeconomic characteristics, December 2015, San Francisco

	Percent Receiving ART	
	Lower Level Estimate	Upper Level Estimate
Total	**87%**	**94%**
Gender		
Male	87%	95%
Female	85%	92%
Transfemale[2]	86%	93%
Race/Ethnicity		
White	88%	96%
African American	83%	91%
Latino	86%	94%
A/PI	83%	91%
Native American	79%	91%
Multiple race	86%	92%
Transmission Category		
MSM	87%	95%
PWID	83%	92%
MSM-PWID	88%	95%
Heterosexual	89%	94%
Housing Status, Most Recent		
Housed	88%	95%
Homeless	71%	83%
Insurance at HIV/AIDS Diagnosis		
Private	91%	96%
Public	88%	93%
None	84%	94%

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

B. HIV CARE CONTINUUM

b. Disparities in Regard to the HIV Care Continuum

Although the majority of San Franciscans with HIV were linked to care, retained in care and achieved viral suppression, there are noticeable differences in these care indicators by demographic and risk characteristics. Among people newly diagnosed with HIV in 2014, a lower proportion of **men** were retained in care three to nine months after initial linkage to care (**72%**) (see Figure 13). **African Americans** had a lower proportion of linkage to care both one month and three months after diagnosis (**67%** and **81%,** respectively); retention in care (**64%**); and viral suppression 12 months after diagnosis (**53%**). While a greater proportion of newly diagnosed persons who were homeless were linked to care within three months of diagnosis (**94%** compared to **90%** among those who were housed), only **53%** achieved viral suppression within 12 months of diagnosis compared to **77%** among those who were housed. This suggests that more needs to be done among the homeless after initial linkage to care to ensure they initiate and adhere to ART.

Figure 13. Care Indicators Among Persons Newly Diagnosed with HIV in 2014 by Demographic and Risk Characteristics, San Francisco

Characteristics	Number of diagnoses[1]	% Linked to care within 1 month of diagnosis[2]	% Linked to care within 3 months of diagnosis[2]	% Retained in care 3-9 months after linkage[2]	% Virally suppressed within 12 months of diagnosis[2]
Total	**334**	**84%**	**91%**	**73%**	**75%**
Gender					
Male	313	85%	90%	72%	74%
Female	14	64%	93%	93%	79%
Transfemale	7	71%	100%	86%	71%
Race/Ethnicity					
White	143	87%	94%	76%	76%
African American	36	67%	81%	64%	53%
Latino	96	81%	88%	71%	78%
A/PI	42	88%	93%	76%	86%
Other/Unknown	17	94%	94%	65%	65%
Age at Diagnosis					
13-24	37	76%	84%	65%	73%
25-29	54	93%	98%	81%	81%
30-39	101	75%	85%	63%	67%
40-49	81	89%	91%	79%	78%
50+	61	87%	97%	77%	77%
Transmission Category					
MSM	253	84%	91%	75%	78%
PWID	19	79%	95%	63%	63%
MSM-PWID	37	86%	89%	65%	57%
Heterosexual	11	82%	100%	82%	91%
Other/Unidentified	14	79%	86%	57%	57%
Housing Status					
Housed	298	83%	90%	73%	77%
Homeless	36	89%	94%	69%	53%

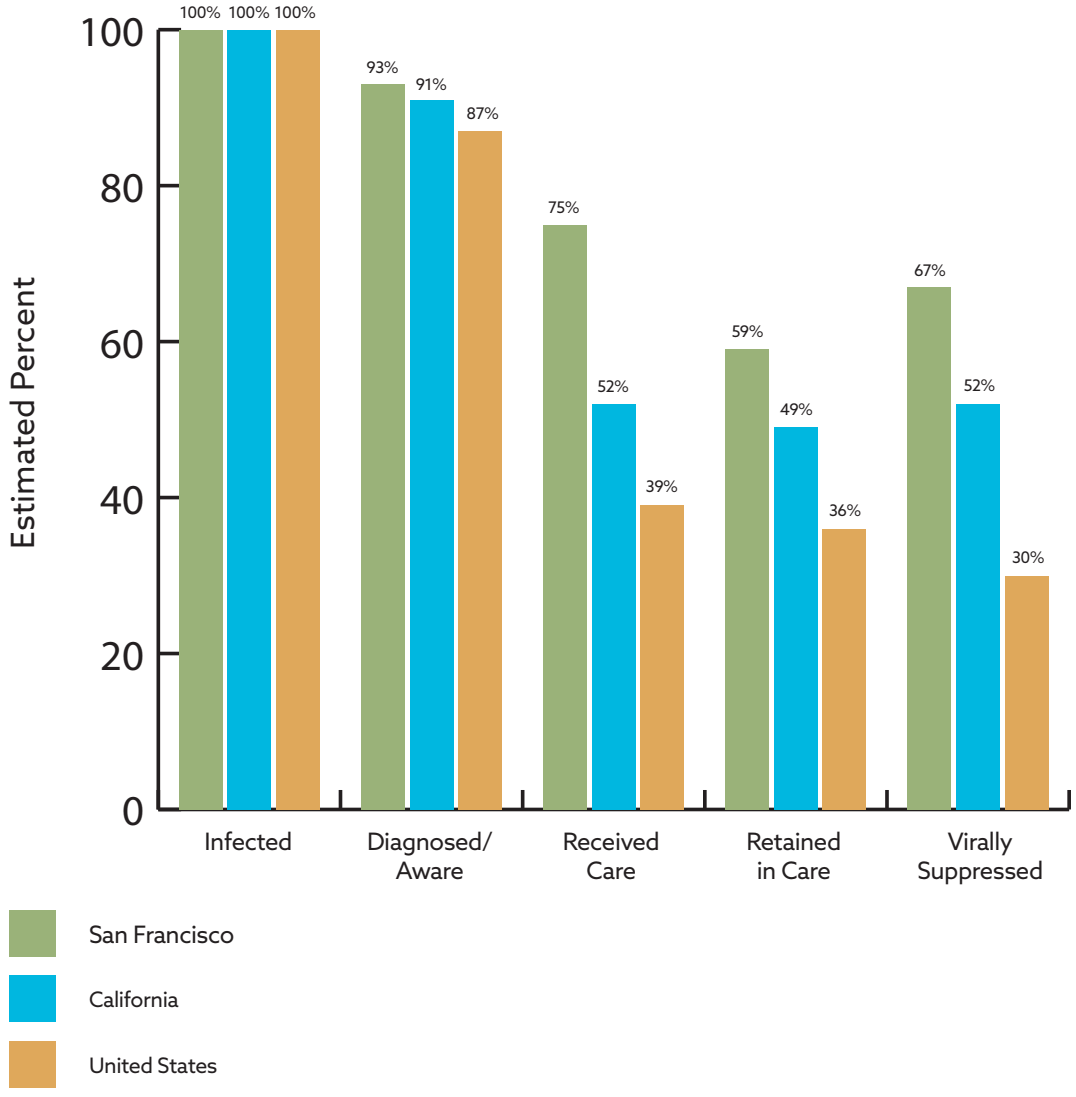
1 Includes persons diagnosed in 2014 based on a confirmed HIV test and does not take into account patient self-report of HIV infection.
2 Percent of total diagnoses.

B. HIV CARE CONTINUUM

c. Utilization of the HIV Care Continuum

Advances in knowledge regarding effective HIV prevention, care, and retention, along with the aggressive adoption of new HIV prevention technologies, have made a broad vision for healthy people and communities possible. The San Francisco jurisdiction is already seeing the results of its efforts on the prevention side of the continuum, with the rate of new HIV infections steadily decreasing and with higher and higher percentages of PLWH achieving viral suppression. Amazingly, "Getting to Zero"—meaning zero new infections, zero AIDS-related deaths, and zero stigma—may be within our reach for the first time in the history of the epidemic. Our region is faring better on many indicators compared with the State of California and the US and has already achieved some of the National HIV/AIDS Strategy (NHAS) targets (see Continuum Comparison chart below). While the jurisdiction is making marked progress in reduction in new HIV infections and improved health outcomes for PLWH, efforts in the coming years to further reduce disparities is vital.

Continuum of HIV Care Among Persons Living with Diagnosed or Undiagnosed HIV Infection - San Francisco, California, United States

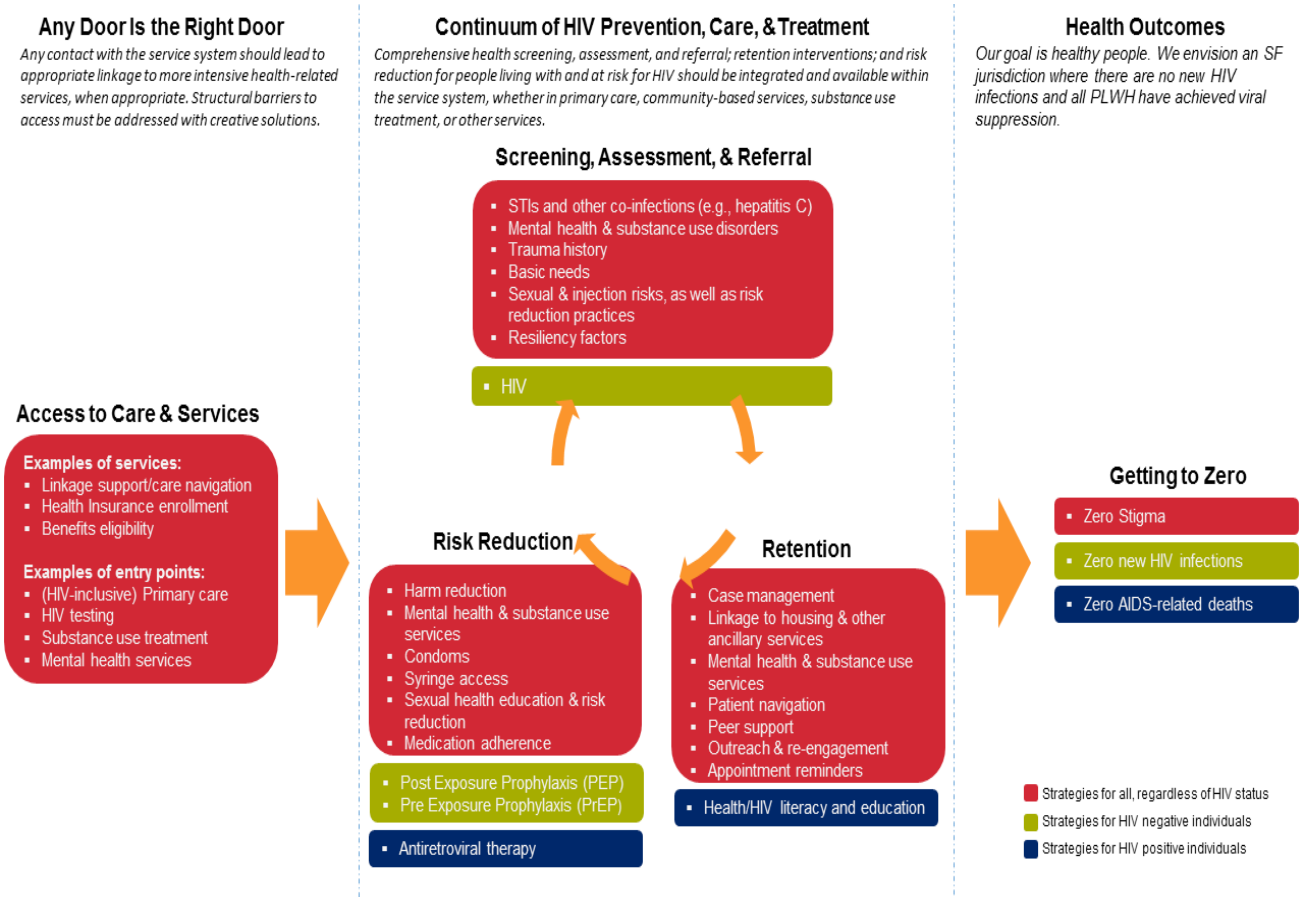


B. HIV CARE CONTINUUM

San Francisco's regional HIV prevention and care continuum strategy reflects a forward-thinking understanding of how to best meet the needs of people living with and at risk for HIV. The **San Francisco Jurisdictional Holistic Health Framework for HIV Prevention and Care** on the following page builds from the concept of treatment as prevention to addressing HIV as a **holistic health issue.** The model prioritizes the needs of people **regardless of HIV status.** Given that advances in treatment and prognosis have substantially narrowed the gap between the needs of PLWH and those at risk, there are increased opportunities for affected communities to come together around a common vision and set of priorities. These priorities include ensuring access to health care and other services; providing a continuum of HIV prevention, care and treatment services using a holistic approach; and ultimately, "Getting to Zero".

As of 2016, the SF Jurisdiction continues to implement and enhance the efforts outlined in the 2012 Care Plan and the 2016 Jurisdictional HIV Prevention Update, incorporating new HIV prevention science along the way. The recent merger of the SF Jurisdiction's Prevention and Care Planning Councils will result in greater integration across the full spectrum of engagement and retention in care, including new initiatives to better integrate outreach, testing, linkage, engagement, retention, and reengagement services. In addition, as the impact of the Affordable Care Act (ACA) and other changes in the insurance landscape continues to impact the service delivery system, our region will respond by adapting our HIV care and prevention strategies as needed, including through leveraging third party payment for HIV and other disease screening.

San Francisco Jurisdiction Holistic Health Framework for HIV Prevention and Care



C. FINANCIAL AND HUMAN RESOURCES INVENTORY

a.1. Financial Overview:

The chart on the following page summarizes public funding for HIV prevention, care, and support services in the three-county San Francisco region for the most recent 12-month funding period. The chart incorporates all major sources of federal HIV funding in the region, while describing specific HIV care and prevention categories for which funding is allocated. Additional funding for HIV in the region is received through the State of California, the three counties that make up the local region, and private funding from foundations, corporations, and individual donors.

2016 San Francisco EMA HIV Public Funding Summary

Funding Source	Medicaid	HOPWA	CDC	Part F	Part D	Part C	Part B	Part A
2016 Budget	$ 60,909,907	$ 603,311	$ 5,692,956	$ 600,000	$ 495,532	$ 505,323	$ 2,194,789	$ 14,083,987
Core Medical Services								
Outpatient/Ambulatory Medical Care	X			X	X	X	X	X
AIDS Drug Assistance Program								
AIDS Pharmaceutical Assist.								
Oral Health Care								X
Early Intervention Services	X		X					X
Insurance Premium/Cost-Sharing Assistance								
Home Health Care	X							X
Home & Community-based Health Services	X							X
Hospice Services							X	X
Mental Health Services	X							X
Medical Nutrition Therapy								
Medical Case Management	X			X	X	X		X
Substance Abuse Services – Outpatient								
Supportive Services								
Non-medical Case Management						X		X
Child Care Services								
Emergency Financial Assistance								X
Food Bank/Home-delivered Meals							X	X
Facility-Based Health Care							X	X
Health Education/Risk Reduction								
Housing Services		X						X
Legal Services								X
Linguistic Services								
Medical Transportation Services								X
Outreach Services			X	X		X		X
Psychosocial Support Services								X
Referral for Health Care/ Supportive Services								
Rehabilitation Services								
Respite Care								
Substance Abuse Services – Residential								
Treatment Adherence Counseling			X					
HIV Prevention								
HIV Testing			X					
PrEP & PEP Services			X					
Other Prevention Services			X					

C. FINANCIAL AND HUMAN RESOURCES INVENTORY

a.2. Resource Inventory

The chart that begins on the following page provides a comprehensive listing of agencies in the three-county region that provide direct outreach, prevention, care, and support services for persons infected with HIV, at risk for HIV, and affected by HIV. 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 region that receive direct funding through Ryan White Part A, Part B, Part C, Part D, and HOPWA sources, and from the US Centers for Disease Control and Prevention (CDC) and the General Fund of the City and County of San Francisco.

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
AGUILAS – El Ambiente (SF LGBT Center) 1800 Market Street San Francisco, CA 94102	El Ambiente takes a holistic approach to HIV prevention, using a combination of services designed to meet the specific needs of this group; services include HIV testing, prevention with positives and services for high-risk MSM; the target population is self-identified Latino men in San Francisco who have sex with men, over the age of 18 who are likely to be Spanish and/or English speaking, some monolingual in either language, are of varied socio-economic backgrounds, and are immigrant, first generation, and multi-generations in the U.S. all at high-risk for HIV infection	X	X				
AIDS Emergency Fund 965 Mission Street, Suite 630 San Francisco, CA 94103	Offers emergency financial assistance (up to $500.00 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; offers eviction prevention grants to clients facing imminent eviction; also covers other health related costs			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 bilingual 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	CDC	SF General Fund	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 PLWHA; 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; produces and distributes brochures; publishes a legal manual; provides speakers; arranges for clinics; offers notarization services			X			
AIDS Drug Assistance Program (ADAP) – San Francisco Department of Public Health/HIV Health Services 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102	Provides 199 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, enrollment sites and other information available at www.cdph.ca.gov or by contacting the San Francisco ADAP Coordinator at 415-437-6311			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						
Ark of Refuge, Inc. 1025 Howard Street San Francisco, CA 94103	Provides HIV education, prevention, and mentoring; offers HIV housing services; emergency winter homeless shelters for 8-23-year-olds; offers food services and case management; offers primary and HIV treatment care services; an HIV/AIDS drug-dispensing clinic with supportive care and substance abuse counseling services; offers support and outreach services						
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	X		

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	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; operates housing for clients who need more support; locations for both programs exist throughout San Francisco; offers supported housing program for men and women with HIV (and their children) in recovery from substance use problems; provides care coordination, support groups, and case management; provides rental subsidies which assist with transition into the community						
Baker Places, Inc. Ferguson House 600 Townsend Street, Suite 200E San Francisco, CA 94103	Provides up to 90 days of 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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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, Suite 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						
Bay Area Addiction Research & Treatment, Inc. (BAART) 1111 Market Street, 1st Floor 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 HIV, STD and hepatitis 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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
Bayview Hunter's Point Foundation 1625 Carroll Avenue San Francisco, CA 94124	Bayview Hunter's Point (BVHP) Foundation delivers HIV prevention counseling and testing to current and former injection drug users who are patients at BVHP. SFDPH is currently working on integrating hepatitis C counseling and testing service as well, as national research trends indicate that HCV prevalence is much higher among populations served at BVHP Foundation (i.e., people who inject drugs and/or African-Americans) than HIV prevalence.						
Brandy Moore—Rafiki House 1761 Turk Street San Francisco, CA 94115	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**
Rafiki Coalition 601 Cesar Chavez Street San Francisco, CA 94124	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.			**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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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, ADAP enrollment, 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						
California Pacific Medical Center 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						
Castro-Mission Health Center (SF DPH Clinic) 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**			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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; residential care facilities and housing subsidies; 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			X			X
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	CDC	SF General Fund	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	
The Center for Harm Reduction Therapy 45 Franklin Street, Suite 320 San Francisco, CA 94102	Provides services through a client-therapist collaboration that combines substance misuse treatment with psychotherapy, so clients can address both their substance use and the issues that are behind it; services provided to both HIV-positive patients as well as PrEP patients		x	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						
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	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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
Community Awareness & Treatment Services, Inc. A Woman's Place 1171 Mission Street San Francisco, CA 94103	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			
Community Awareness & Treatment Services, Inc. Medical Respite & Sobering Center 1171 Mission Street San Francisco, CA 94103	The Medical Respite and Sobering Center is a partnership between CATS and the San Francisco Department of Public Health (DPH) which provides approximately 60 respite beds (co-located with a 12-bed sobering center), and temporary housing with medically oriented support services for medically frail, homeless persons leaving San Francisco General Hospital or other neighboring clinics; the Center also includes a full-service kitchen providing three hot meals per day and prepares special menus for any dietary needs of the client; medical Respite provides an important alternative to costly emergency care and also links individuals to longer-term residential options; DPH provides all medical services; CATS provides quality supportive services for the respite clients and staff, including one-to-one support, client transportation, social and educational activities and janitorial services; target population are intoxicated clients from the streets and emergency departments by ambulance and police						
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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; 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						
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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 Boulevard Daly City, CA 94015	Provides medical care, STD/HIV testing and treatment, mental health counseling, vocational counseling and mentoring, referrals and support groups.						
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 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			
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.						
El/La Program Para TransLatinas 940 16th Street, Suite 319 San Francisco, CA 94103	El/La Program Para Trans Latinas is a Category 7 (Special Project to Address HIV-Related Health Disparities Among TFSM (Trans Females who have Sex with Men subcontractor of Asian & Pacific Islander Wellness Center and Transform SF's transgender HIV testing collaborative; El/La provides a drop-in safe space for San Francisco's trans Latinas and offers prevention education, social support and HIV testing services; specific trans Latinas HIV prevention programs include condom distribution, single session groups, individual risk reduction counseling, linkages, prevention case management, referral and linkages, venue based events, community outreach and HIV testing services		X				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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						
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						
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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; HIV testing, HCV testing, syringe access & disposal, Harm Reduction Services, rental assistance, move-in assistance		X				
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			
HealthRight 360 890 East Hayes Street San Francisco, CA 94117	Managed rehabilitative services for 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; includes Case Management as a component of Housing Support Services; Department of Correction services; HIV and HCV testing			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						
Homeless Youth Alliance (HYA) P.O. Box 170427 San Francisco, CA 94117	Funded by the SFDPH as part of a collaborative contract to provide Syringe Access and Disposal Services; San Francisco AIDS Foundation is the primary contractor with SFDPH; HYA's mission is to meet youth experiencing homelessness where they are and to help them to build healthier lives; services include non-judgmental outreach sessions, one-on-one counseling, creative and educational workshops, medical and mental health care, syringe access, and accurate, up-to-date referrals and information		X				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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						
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	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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
Kaiser Permanente Medical Center **Kaiser Permanente HIV Services** 2425 Geary Boulevard, Suite L140 San Francisco, CA 94115 **Kaiser Permanente Mission Bay Medical Offices** 1600 Owens Street San Francisco, CA 94158	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; youth center offers information, referral and a snack, as well as serves as an additional point of entry						
Larkin Street Youth Center 134 Golden Gate Avenue San Francisco, CA 94102	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			
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					X	X
Latino Wellness Center 1663 Mission Street, Suite 603 San Francisco, CA 94103	Free (based around risk assessment) and confidential HIV testing for gay and bisexual men, MSM, and transwomen; HIV/STD prevention and testing education; health education; support groups and workshops; collaboration between Instituto Familiar de la Raza and Mission Neighborhood Health Center		X				

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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, Emergency Housing and other supportive service providers			X			
Lyon-Martin Health Services 1748 Market Street, Suite 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		
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			
Marin AIDS Project 910 Irwin Street San Rafael, CA 94901	Provides HIV testing, 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			X
Marin County Dental Services 411 Fourth Street, Suite C San Rafael, CA 94901	Provides Dental services for people living with HIV/AIDS			X			X

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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 SFDPH Clinic 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						
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			x			
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 Health Center Clinica Esperanza 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	X		
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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 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	X			
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) 3170 23rd Street San Francisco, CA 94110	A program of Shanti Project; provides assistance to low-income individuals with a debilitating chronic or terminal illness (including HIV/AIDS) to care for their pets						
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 (SF DPH Clinic) 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	CDC	SF General Fund	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**			
Providence Foundation of San Francisco Armstrong Place Senior Community 5600 3rd Street San Francisco, CA 94124	Providence Foundation of San Francisco provides on-site support services to the 23 formerly homeless residents referred by DPH to Armstrong Place Senior Community (APSC); 116-unit affordable housing building; the project serves senior adults ages 62 and older; 23 of the units are designated for homeless seniors as part of SFDPH- Housing and Urban Health Direct Access to Housing (DAH) program; on-site services are designed to assist DAH residents achieve and maintain housing and health stability; include, but are not be limited to, case management services, on-site activities, referrals to outside services, benefits counseling, assistance with basic needs (e.g., food, clothing, etc.), and community building; support services staff also coordinates with community clinical service providers						
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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)						
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; clothing closet; needle exchange; harm reduction supplies		**X**				
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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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						
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 1035 Market Street San Francisco, CA 94103 **Strut** 470 Castro Street San Francisco, CA 94114	Direct social services; HIV/HCV testing; referrals; treatment support; education; HIV prevention; advocacy; volunteer activities; HIV/AIDS information and referral hotline; HIV policy education and direction; needle syringe access, exchange, and disposal services; sexual health; direct medical services; psychosocial services; harm reduction services; vaccinations		X	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						

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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						
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 Community Health Equity and Promotion Branch 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102	Provides funding for HIV prevention programs across the city, based on the needs identified and prioritized by High Impact prevention	X	X				
San Francisco Department of Public Health HIV Health Services 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102	The HIV Health Services section provides funding for HIV primary care and other related services across the San Francisco region, based on the needs identified and prioritized by the HIV Health Services Planning Council.			X	X		
San Francisco Department of Public Health HIV Integrated Services (Jail Health Services) 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		X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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		X			
San Francisco Department of Public Health 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						
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 Department of Public Health 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						
San Francisco Department of Public Health South Van Ness Adult Behavioral Health Services, HIV Mental Health Case Management Program 755 South Van Ness Avenue San Francisco, CA 94110	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			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
San Francisco Department of Public Health 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			
San Francisco Department of Homelessness & Supportive Housing Homeless Outreach Team (HOT) Mobile Citywide	Provides outreach, case management and services to homeless people who are on the street and not using other city homeless services.						
San Francisco Drug Users Union 149 Turk Street San Francisco, CA 94102	Provides harm reduction-based services including drop-in center, overdose prevention, syringe access and disposal services, referrals, and community syringe clean-up		X				
San Francisco General Hospital Early Access Center 1001 Potrero Avenue, Suite 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, Suite 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, Suite 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	CDC	SF General Fund	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			
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					X	
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 Division of Substance Abuse and Addiction Services (DSAAM) 1001 Potrero Avenue, Suite 505 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			
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 LGBT 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						

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
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 Health System Edison Clinic 222 39th Avenue San Mateo, CA 94403	Provides primary medical care for patients with HIV, medical case management, mental health services, medical transportation services, ADAP and OA-HIPP enrollment site; also provides PrEP services			X			
San Mateo County Health System Fair Oaks Health Center 2710 Middlefield Road Redwood City, CA 94063	Provides primary medical care for patients with HIV, medical case management, mental health services, medical transportation services, ADAP and OA-HIPP enrollment site			X			X
San Mateo County Health System HIV Prevention 225 37th Avenue San Mateo, CA 94403	Provides counseling and testing for HIV/HCV/STIs via mobile testing vans throughout San Mateo County; mobile telephone number 650-619-9125; also provides referrals for PrEP services at Edison Clinic, linkage to care for newly diagnosed patients or new to San Mateo County, retention in care outreach services for patients who have fallen out of care	x		x			
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		X			
San Mateo MedicalCenter Dental Clinic Fair Oaks Health Center 2710 Middlefield Road Redwood City, CA 94063	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	X			

NAME & ADDRESS OF AGENCY	SERVICES PROVIDED	CDC	SF General Fund	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		
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	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
Tom Waddell Health Center 50 Ivy Street San Francisco, CA 94102 **Tom Waddell Urban Health Center** 230 Golden Gate Avenue San Francisco, CA 94102	Provides primary and urgent care including TB, hepatitis, HIV and other testing; case management; transgender health-specific services; HIV Dental services; ADAP enrollment site			X	X		
University of California San Francisco School of Dentistry 707 Parnassus Avenue, Suite 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 Alliance Health Project 1930 Market Street San Francisco, CA 94102	Free (based around risk assessment), 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	X			
University of California San Francisco AIDS Substance Abuse Program Division of Substance Abuse and Addiction Services (DSAAM) (See also SFGH listing) 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	CDC	SF General Fund	PART A/B	PART C	PART D	HOPWA
University of California San Francisco Women's & Children's Specialty Program 350 Parnassus Avenue, Suite 908 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 Children's HIV/AIDS Treatment Center Ron Conway Family Gateway Medical Building 1825 Fourth Street, 6th Floor San Francisco, CA 94158	Provides comprehensive diagnostic evaluation and planning for medical care, psychological support, and neuropsychological, nutritional and dental evaluation; an NIH Pediatric AIDS Clinical Trials Unit researching new treatments for childhood HIV and AIDS			X			
University of California San Francisco Mount Zion Medical Center 1701 Divisadero Street, 5th floor 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					X	
University of California San Francisco Mount Zion Medical Center Teen Services 2330 Post Street, Suite 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 155 Fifth Street San Francisco, CA 94103	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	CDC	SF General Fund	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 **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						
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, Suite 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						

C. FINANCIAL AND HUMAN RESOURCES INVENTORY

b. HIV Workforce Capacity:

HIV prevention and care programs in the three-county region are delivered through a diverse range of hundreds of highly skilled personnel, including administrators, clinicians, direct service staff, and support personnel working on both a full- and part-time basis. Staff are employed at HIV-specific public and private agencies, and within agencies and programs that incorporate HIV services as part of a larger matrix of health and/or support services (see Resource Inventory above.) Staff qualifications and expertise are geared to meeting the specific needs of each agency's particular populations in an effective, respectful, and culturally competent manner, with a high priority placed on staff who embody the ethnic, cultural, linguistic, and sociodemographic characteristics of the clients they serve. Agencies utilize team-based approaches to care wherever possible, ensuring that clients have access to a multi-disciplinary range of providers in both a one-stop and multi-agency format. Multidisciplinary client service teams are particularly critical in the case of populations facing complex life challenges or living with disabilities, including clients of the region's HIV Centers of Excellence, which provide services for specific sub-populations. Peers and persons living with HIV are also employed wherever possible in providing outreach, testing and care linkage, and retention support for persons at risk for and living with HIV, while consumer advisory and support groups play a key role in ensuring the client-centeredness and accessibility of services throughout the system.

At the level of client prevention and outreach, key positions include HIV prevention specialists, outreach coordinators, testers, and linkage professionals, with prevention support services provided by a wide range of staff including case managers, counselors, support group facilitators, substance use and mental health professionals, and basic service providers. Clinical services for persons living with HIV or utilizing PrEP and PEP are delivered by highly trained staff (in many cases, licensed clinicians), including physicians, dentists, nurses, nurse practitioners, medical assistants, social workers, nurse case managers, medical case managers, specialty medical care providers, and dental hygienists. Supportive services to help persons living with or at high risk for HIV to access and remain in care include linkage workers, peer support specialists, psychosocial case managers, retention navigators, benefits counselors, behaviorists and mental health and substance treatment staff, retention specialists, and providers of basic services such as food, transportation, housing assistance, and employment and job training support. Project administrators, managers, and coordinators working at a range of levels provide project oversight, coordination, planning, and staff supervision and training while project evaluation and monitoring staff assess the ongoing impact of programs and services while monitoring programmatic quality and ensuring continuous quality improvement. Consumers and clients play a key role in ensuring program quality both by serving as direct paid or volunteer staff and by participating in consumer advisory boards, annual and semi-annual client satisfaction surveys, prevention and care related needs assessments, and local and regional planning and advisory bodies.

C. FINANCIAL AND HUMAN RESOURCES INVENTORY

c. Coordination of Funding Streams:

The San Francisco HIV Community Planning Council and the three counties that comprise the San Francisco jurisdiction work together to ensure that HIV funds are coordinated across all applicable funding streams in the region and that they address identified service gaps at all levels of prevention, care, outreach, and support. The Planning Council reviews annual funding and service utilization summaries that include a detailed listing of all key funding sources for each category, including sources such as the CDC, 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 programs are coordinated to maximize accessibility of services, while seeking every possible alternate source of funding to support HIV prevention and care. This includes maximizing collaborations and partnerships with non-HIV-specific providers and programs who offer key complementary services for HIV-impacted communities. Increasing inter-county coordination also aims to ensure the complementarity of funding streams across the three regions, while maximizing the impact of available resources to improve services across the entire three-county jurisdiction.

The San Francisco region is also dedicated to ensuring the integration and coordination of all sources of Ryan White funding in the region. The 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.

d. Resource and Service Gaps:

Because of the long history of HIV in the San Francisco region, a broad and diverse network of prevention and care programs and agencies are in place to address all facets of the epidemic, including general HIV outreach and education, comprehensive HIV testing and service linkage, PrEP and PEP services, HIV care and treatment, and psychosocial and support programs that support long-term risk reduction and retention in and adherence to HIV care and treatment. In the City and County of San Francisco, these services are augmented by strong data collection, analysis, and reporting systems that help target resources and programs to areas and populations at highest risk for HIV infection while spotting trends in new infections and in emerging activity gaps.

Perhaps the most critical service in the San Francisco region remains the discrepancy between the service and data resources in the City and County of San Francisco and those available in Marin and San Mateo Counties – a discrepancy that came into greater focus during the course of our regional planning process. Because of its long history in addressing HIV and AIDS and the fact that the vast majority of local persons with HIV live in or access services in San Francisco, the two other counties in our region have less robust data and reporting systems and in some cases have access to fewer services, particularly those that support specialty care services or linkage and long-term HIV care retention. The new five-year Integrated Plan includes a new commitment to building capacity and sharing data resources across the three-county region, as exemplified by the Goal 4 activities contained in the Plan's goals, objectives, and activities section.

D. ASSESSING NEEDS, GAPS, AND BARRIERS

a. Process to Identify HIV Prevention and Care Needs

Advances in our knowledge regarding effective HIV prevention, care, and retention in care—along with the aggressive adoption of new HIV prevention technologies—have made a broad vision for healthy people and communities possible. Our region is already seeing the results of its efforts on the prevention side of the continuum, with the rate of new HIV infections steadily decreasing and with higher and higher percentages of PLWH achieving viral suppression. **Amazingly, "Getting to Zero"—meaning zero new infections, zero AIDS-related deaths, and zero stigma—may be within our reach for the first time in the history of the epidemic.** The San Francisco jurisdiction is faring better on most indicators compared with the state of California and the US, and has already achieved some of the National HIV/AIDS Strategy (NHAS) targets. The takeaway message is that the San Francisco jurisdiction is making marked progress towards achieving a reduction in new infections and improved health outcomes for PLWH, but needs to continuously reinvigorate and augment its efforts in the coming years in order to reduce ongoing **disparities** in regard to both HIV prevention and care.

Some of the key factors that have contributed to the recent successes **in the San Francisco region** include the following:

- The region's realignment of HIV prevention funding in 2011/2012 to implement high-impact prevention;
- An increase in HIV testing in the jurisdiction;
- Increased emphasis on early linkage to care and partner services, such as through the Linkage Integration Navigation Comprehensive Services (LINCS) program;
- Increased availability of pooled RNA testing to detect acute HIV infection beginning in 2011, with 82 acute diagnoses made between November 2011 and October 2013 alone;
- San Francisco's early adoption of a "universal offer of treatment" policy in 2010;
- Ready accessibility of post-exposure prophylaxis (PEP) through SF City Clinic (the City's STI clinic) and early adoption of pre-exposure prophylaxis (PrEP) in San Francisco;
- The region's ongoing commitment to community engagement, in citywide planning as well as at the level of services; and
- The HIV Prevention Planning Council's consistent recommendation that funding be allocated based on local epidemiology.

The San Francisco HIV Community Planning Council in collaboration with the three counties that make up our region use a broad range of methods to identify and prioritize prevention and care gaps and needs. From the perspective of HIV prevention, our region previously relied on the San Francisco HIV Prevention Planning Council, a diverse group of consumers and providers that worked in concert with the region's three counties to identify existing and emerging HIV prevention, outreach, and linkage needs, and to develop, prioritize, implement, and track interventions to address them. These interventions have increasingly involved a **cross-jurisdictional approach** which seeks to identify common solutions to prevention needs throughout the three-county region.

Through the region's new HIV Community Planning Council, these activities will continue, but with an **enhanced perspective** that seeks to understand, unify, and integrate HIV prevention and care approaches both to maximize resources and to expand impact through collaborative intervention and shared knowledge. The Council will continue to conduct ongoing prevention fact-finding and assessment activities that involve input from a broad range of consumers and community providers, and that are linked to ongoing review and analysis of current and emerging HIV case and service data.

D. ASSESSING NEEDS, GAPS, AND BARRIERS

As in the past, **HIV prevention programs and epidemiological monitoring** in the City and County of San Francisco will be the dual responsibility of the Community Health Equity and Promotion Branch of the Population Health Division of the San Francisco Department of Public Health (SFDPH)—the region's CDC HIV prevention grantee responsible for prevention program planning, programming, and contracting—and the San Francisco HIV Epidemiology Section, which tracks and monitors local HIV case and service utilization data and continually reports on HIV trends in the region. HIV prevention oversight in Marin County will continue to be the responsibility of the Marin County HIV/AIDS Program, a division of County of Marin Health and Human Services. In San Mateo County this responsibility will lie with the San Mateo County STD/HIV Program, part of the San Mateo County Health System.

In regard to **care and support for persons living with HIV**, the grantee agency for Ryan White Part A funds in the San Francisco Eligible Metropolitan Area (EMA)—a region encompassing the same three counties as the local prevention jurisdiction—is the HIV Health Services Unit of the San Francisco Department of Public Health. The Unit is responsible for overseeing, administering, and monitoring the Part A contract, and funds direct HIV services for low-income populations through a wide range of subcontracts that provide HRSA-designated core and support services. As in the case of HIV prevention, HIV Health Services works closely with both the Marin County HIV/AIDS Program and the San Mateo County STD/HIV Program to coordinate care and to fund and monitor services in those counties.

The San Francisco HIV Community Planning Council uses a broad range of methods to identify and prioritize service needs and gaps in the San Francisco region. This includes a detailed analysis of each priority service category funded and not funded by the Council by county, including service definitions; budgeted and actually funded service category amounts; populations served; key points of entry; utilization reviews; non-Ryan White funding available in each Ryan White service category; possible impacts of cuts in each service category; a comprehensive, updated HIV/AIDS Epidemiology Report detailing current PLWHA populations and discussing current trends in the epidemic; a detailed analysis of client-level data reported through the ARIES data system for the most recent 12-month period, 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 summary of unmet need among PLWHA in the San Francisco region utilizing HRSA's unmet needs framework; a detailed presentation on other funding streams in the region, with a special focus on federally funded programs and on programs funded through MAI support, as well as Part B, Part C, Part D, and Part F funding through the San Francisco Department of Health, and other sources; and consensus input to the Planning Council from the San Francisco HIV/AIDS Provider Network. The Planning Council is a group of 43 community-based, non-profit HIV service agencies in the San Francisco region meeting the needs of persons living with HIV and AIDS. The Planning Council also conducts an annual Prioritization and Allocation Summit that includes an analysis and discussion of trends and factors in the epidemic which is followed by a discussion and vote on region-wide resource allocations for the coming Ryan White fiscal year, including funding scenarios to cope with potential increases or decreases in Part A funding. The approval of a waiver of HRSA's 75 / 25 core / support services requirement in each of the last three Ryan White fiscal years has significantly enhanced our region's ability to respond flexibly and appropriately to changes in the epidemic and in resources to address it, particularly in regard to implementation of the Affordable Care Act (ACA).

D. ASSESSING NEEDS, GAPS, AND BARRIERS

Many of our efforts to identify prevention needs, gaps, and barriers rely on key initiatives and partnerships to address the HIV epidemic and related conditions in our region, chief among which is the San Francisco **Getting to Zero initiative**. Getting to Zero is a multi-sector, independent consortium project funded through a range of public and private sources and operating under the principles of **collective impact**. The initiative has three basic but highly ambitious goals: **1) Zero New Infections; 2) Zero Deaths;** and **3) Zero Stigma**. Modeled after the goals of the UNAIDS initiative, the vision of Getting to Zero is to reduce HIV transmission and HIV related deaths in San Francisco by at least **90%** from their current levels before 2020. The current priorities of San Francisco Getting to Zero target the points in the existing system at which strategic interventions and expansions can have the greatest impact on reducing new HIV infections. The initiative's three current focus areas are:

- √ **PrEP Expansion**
- √ **Provision of antiretroviral therapy in the setting of acute HIV infection or upon diagnosis**
- √ **Retention in HIV care**

The three counties that make up the San Francisco HIV jurisdiction, along with the merged local Planning Council, work in close partnership with Getting to Zero to track activities, ensure mutual collaboration and resource sharing, and develop collaborative interventions. Getting to Zero is operated through an active and highly collaborative structure which utilizes active and committed partnerships with community organizations, key public programs, and the private sector. The work of the Getting to Zero Consortium is carried out in **committees** which are led by elected **Co-Chairs** and attended by a liaison from the **Steering Committee**. Each committee is charged with defining measurable objectives and developing a measurable program implementation plan. The current committee structure of the initiative is as follows:

Steering Committee:
Strategic direction to the vision and funding of Getting to Zero Initiatives

The steering committee provides strategic direction to the vision and funding of Getting to Zero initiatives. Members of the steering committee prioritize the goals of Getting to Zero and do not act on behalf of their agencies in this leadership role.

RAPID Committee:
Support for persons newly diagnosed with HIV

The overall goal of the RAPID (Rapid ART Program Initiative for HIV Diagnoses) program is to create a set of "hubs" around the city where persons newly diagnosed with HIV (or out of care) can rapidly access antiretroviral therapy (ART) and have a smooth transition to their continuity of care clinic.

Retention Committee:
Engaging those living with HIV in high quality care

The goal of the Retention Committee is to develop systems and programs to increase retention and re-engagement in care, and to increase viral suppression among those living with HIV, resulting in people living long and healthy lives.

PrEP Committee:
Reducing HIV transmission

The PrEP initiative has 3 core components focused on providers, users, and measuring impact. A PrEP steering committee oversees efforts in these 3 areas:

- Improved user knowledge and access
- Increased provider capacity
- Tracking PrEP uptake and impact

Ending Stigma Committee:
Reducing HIV related stigma

Reducing HIV-related stigma is a critical component of realizing the goals of all Getting to Zero committees. The Getting to Zero Ending Stigma committee launched in May 2015 and is charged with creating measurable objectives and defining the areas for change.

D. ASSESSING NEEDS, GAPS, AND BARRIERS

The three-county San Francisco region has always embraced a **community-focused** response to meeting the challenges of the HIV/AIDS epidemic, engaging multiple stakeholders in the design and implementation of HIV prevention and care efforts and prioritizing the involvement of persons living with and at risk for HIV in shaping and designing program services. Accompanying this philosophy is a new sense of hope as new and effective tools continue to be introduced that have remarkable potential for curbing and even ending the HIV epidemic in our lifetimes. Because of these developments, our commitment to **collective action** as an effective response to HIV prevention and care has never been stronger. Collective impact as a strategy is designed to harness the commitment of a group of important actors from different sectors who work together toward a common agenda for solving a specific social problem.[1] This key approach is providing an effective framework for bringing together HIV prevention, care and support providers, policymakers, and community members with the HIV care community and persons living with HIV to create a seamless and dynamic response to realizing our goal of ending the epidemic in our lifetime.

b. HIV Prevention and Care Needs of Persons at Risk for and Living with HIV

The San Francisco HIV Health Services Planning Council utilized a broad range of approaches to incorporate the needs of out-of-care PLWHA throughout its FY 2016 prioritization and allocation process. The Council utilized HRSA's longstanding **Unmet Needs Framework** as a tool to quantify the number of individuals living in the region who are aware of their HIV status but are not currently in care. The Council also utilized demographic data on populations with unmet needs developed by the San Francisco HIV Epidemiology Section; this information broke down the out-of-care population by projected demographic categories and helped the Council project some of the potential needs of out-of-care individuals who may be brought back to the system in the coming months and years. The Council continued to be informed by the findings of its previous Comprehensive Needs Assessment, which included 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 received briefings on San Francisco neighborhood-based community viral load, providing information on intermittent care seekers.

1 Kania J, Kramer M, Collective impact, *Stanford Social Innovation Review*, Stanford CA, Winter 2011, http://ssir.org/articles/entry/collective_impact

D. ASSESSING NEEDS, GAPS, AND BARRIERS

The Planning Council relied on a combination of quantitative and qualitative data to assess and incorporate the needs of HIV-unaware populations in its current prioritization and allocation cycle. From a quantitative standpoint, the most important document the Council considered is the regional Epidemiology Report developed each year for the Ryan White Part A application, which utilizes epidemiological consensus to provide a reliable estimate of 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. The region has developed this report each year for nearly a decade, and it 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 **also** works in close partnership with the San Francisco HIV Prevention Section to plan collaborative approaches to HIV outreach, testing, and care linkage and to develop points of integration between prevention and care wherever possible.

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 structured around the need to ensure access to care for underserved populations. This is exemplified in its **Centers of Excellence** program, which is specifically designed to address retention and care access barriers for underserved groups with special needs such as women, African Americans, Native Americans, and recently incarcerated individuals. Centers of Excellence service data consistently attest to the success of this approach in achieving high care representation among groups who most commonly face barriers to health care access in America, including low-income individuals and families, persons of color, women, gay and bisexual men, transgender persons, active substance users, homeless individuals, and persons with mental illness. The Council continues to use its success in meeting the needs of these populations as a benchmark for tracking its own effectiveness in addressing the goals of the Ryan White program.

c. Service Gaps Identified by Persons at Risk for and Living with HIV

The chart below identifies disparities between the population of PLWHA enrolled in the San Francisco Ryan White system of care for FY 2015 with the region's combined PLWHA population as of 12/31/14 (see Figure 14). These data demonstrate that our region has made significant strides in reaching and serving traditionally underserved populations of people with HIV.

Figure 14. Comparison of San Francisco Region Ryan White Clients with Overall PLWHA Population

Demographic Group / Exposure Category	Total Unduplicated Clients Enrolled in Ryan White Services - 3/1/14 - 2/28/15		Combined SF PLWHA Population as of 12/31/14		Population Variances
Race/Ethnicity					
African American	1,348	20.7%	2,070	13.0%	+ 7.7%
Latino / Hispanic	1,375	21.1%	3,169	19.0%	+ 2.1%
Asian / Pacific Islander	382	5.9%	986	6.2%	- 0.3%
White (not Hispanic)	2,835	43.6%	9,257	58.0%	- 14.4%
Other / Multiethnic / Unknown	563	8.7%	473	3.0%	+ 5.7%
	6,503	**100%**	**15,955**	**100%**	
Gender					
Female	782	12.0%	1,054	6.6%	+ 5.4%
Male	5,505	84.7%	14,525	91.0%	- 6.3%
Transgender	211	3.2%	376	2.4%	+ 0.8%
	6,503	**100%**	**15,955**	**100%**	
Age					
0 - 24 Years	105	1.6%	176	1.1%	+ 0.5%
25 - 44 Years	1,865	28.7%	5,009	31.4%	- 2.7%
45 - 54 Years	2,370	36.4%	5,967	37.4%	- 1.0%
55 - 64 Years	1,683	25.9%	3,590	22.5%	+ 3.4%
65 Years and Above	480	7.4%	1,213	7.6%	- 0.2%
	6,503	**100%**	**15,955**	**100%**	
Transmission Categories					
MSM	3,578	55.0%	11,436	71.7%	- 16.7%
Injection Drug Users	708	10.9%	1,052	6.6%	+ 3.3%
MSM Who Inject Drugs	628	9.7%	2,251	14.1%	- 4.4%
Heterosexuals	464	7.1%	712	4.5%	+ 1.6%
Other	168	2.6%	59	0.4%	+ 2.2%
Unknown	957	14.7%	445	2.8%	+ 11.9%
TOTAL	**6,503**	**100%**	**15,955**	**100%**	

D. ASSESSING NEEDS, GAPS, AND BARRIERS

Compared to their proportion of HIV/AIDS cases, **women, persons of color, heterosexuals,** and **transgender people** are **over-represented** in the local Ryan White-funded system. Meanwhile, **whites, men,** and **MSM** are **underrepresented** due largely to higher average incomes and higher rates of private insurance, which reduce their need to rely on Ryan White-funded care. For example, while women make up only **6.6%** of all PLWHA in the region, they comprise **12.0%** of all Ryan White clients as of February 28, 2015 (n=**1,054**). Meanwhile, while whites make up **58.0%** of all PLWHA in the region, they comprise only **43.6%** of Ryan White clients as of the same date (n=**2,835**). Ryan White clinics provide primary medical care to a population that is disproportionately made up of persons of color, women, persons with low incomes, the homeless, heterosexuals, and injection drug users. Additionally, local Part D programs primarily serve young people and women, while Part C programs such as those operated by the San Francisco Clinic Consortium serve the full spectrum of clients, including the homeless, persons of color, women, and gay/bisexual men. Although African Americans comprise **13.0%** of all persons with HIV/AIDS in the San Francisco region, fully **20.7%** of Ryan White clients in the region are African American (n=**1,348**). The population served by San Francisco's seven **Centers of Excellence,** which focus on underserved and hard-to-reach populations, includes an even greater proportion of African Americans: **30.6%**.[2] Women, representing **6.6%** of the total PLWHA population, make up **21.7%** of all Centers of Excellence clients. Transgendered people make up **3.2%** of persons served through the Ryan White system and **5.4%** of persons served through Centers of Excellence, while making up **2.4%** of all persons living with HIV and AIDS in the region. **All of these statistics highlight the progress our three-county area has made in reaching and bringing into consistent care the most impoverished and highly underserved HIV-infected residents of the region.**

In addition to direct needs assessment activities, a primary methodology for identifying service gaps in our region involves **analyzing disparities** in relation to HIV prevention and care activities. Identified disparities across ethnic, gender, age, and transmission categories reveal the ways in which our system, despite continual progress, is still falling short of equitably meeting the needs of all persons at risk for and living with HIV in our region. Identified disparities also indicate where our region needs to focus its energy and resources to meet our Getting to Zero goals.

In terms of disparities along the HIV Care Continuum, the chart below indicates populations that achieve lower percentages of success in terms of HIV prevalence, rates of new infection, ART initiation, and viral suppression (see Figure 15). For purposes of the table, a "disparity" is defined as occurring when a population is disproportionately affected by an issue, either when compared between specific sub-populations (such as African Americans compared to whites) or when compared to the total population. These disparities are addressed by specific objectives and action steps contained in our action plan, particularly in regard to Objectives #1.2 and 2.2.

2 These and other Centers of Excellence statistics drawn from Zellers, R. & Whitney, E., *Final Public Report for Centers of Excellence Analysis*, Prepared for HIV Health Services, San Francisco Department of Health, San Francisco, CA, September 2008.

Figure 15. Populations Affected by Disparities in Relation to the HIV Care Continuum

Indicator	Populations with Disparities
HIV Prevalence Relative to Size of Sub-Populations	• Men Who Have Sex with Men (MSM) • Transfemales • African American MSM • African American Transfemales • 50 years and older
Estimated Rate of New Infections per 100,000	• MSM • Latinos • Age Group 13-29
Less Likely to Achieve Antiretroviral therapy (ART) Initiation Compared to Overall Estimated Regional ART Levels	• Females • African American • Asian/Pacific Islander (API) • Native American • Multi-racial • Heterosexual • Homeless • Public or No insurance at diagnosis
Less Likely to Achieve Viral Suppression Compared to Overall Estimated Regional Viral Suppression Rates	• Female • Transfemale • African Americans • Latino • Current Age Under 40 • People Who Inject Drugs (PWID) MSM-PWID

D. ASSESSING NEEDS, GAPS, AND BARRIERS

d. Barriers to HIV Prevention and Care:

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. Additionally, data were collected in 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, respectively.[3] 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 region: African American women, older adults, and hepatitis C co-infected individuals.[4] The study also included a focus group of HIV service providers. Among the most significant findings of the study was the fact that while persons age 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 were 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.

3 Harder+Company Community Research, Highlights from the 2008 San Francisco EMA HIV Health Services Needs Assessment, prepared for the San Francisco HIV Health Services Planning Council, SF, CA, August 2008.

4 Harder+Company Community Research, Follow-Up Qualitative Study to the 2008 Needs Assessment: African American Women, Older Adults, Hepatitis C Co-Infected, and Providers, San Francisco, CA, June 2010.

E. DATA: ACCESS, SOURCES, AND SYSTEMS

a. Main Data Sources to Assess Needs in the Region

RSR Data: The three counties of the San Francisco jurisdiction participate in the statewide, HIV-specific **AIDS Regional Information and Evaluation System (ARIES).** ARIES is a custom, web-based, centralized HIV/AIDS client data management system that provides a single point of entry for clients; allows for coordination of client services among providers; meets HRSA and State care and treatment reporting requirements; and provides comprehensive data for program monitoring and scientific evaluations. ARIES enhances services for clients with HIV by helping providers automate, plan, manage, and report client- and service-level data. ARIES incorporates **four** integrated applications that work in conjunction with one another:

- The ARIES **Client Application** is the main application through which staff enters client data and search, edit, and generate reports from records.
- The ARIES **Report Export Application** allows users to define custom reports. Users can also export ARIES data in a variety of formats including XML for inclusion in other applications.
- The ARIES **Import Application** allows users to bring data into ARIES from other sources. ARIES Import accepts XML files, checks them for validity, and then inserts or updates the database with the newly imported data.
- The ARIES **Administration Application** allows users to monitor and control ARIES activity as well as customize ARIES edit screens.

ARIES employs multiple layers of security to protect access to data. Each user has a unique login and password to access ARIES. In addition, each computer must have a separate digital security certificate installed for every user who accesses the system. Not all users have access to all ARIES functions. HHS ARIES administrators have fine-grained control over who has access to which parts of the system. Lastly, the ARIES web servers and databases are protected by firewalls to prevent unauthorized access.

Qualitative Data: Both the San Francisco HIV Community Planning Council and the public entities overseeing HIV data in the three jurisdictional counties rely on numerous qualitative approaches to assess ongoing needs, barriers, conditions, and emerging issues in our region. The Planning Council commissions and conducts ongoing needs assessments as part of its work to prioritize and allocate HIV prevention and care resources. These assessments may be broad-based, covering the full range of needs of local high risk or HIV-infected populations, or topic-specific, exploring needs and preferences related to an emerging issue such as pre-exposure prophylaxis (PrEP) or the needs of persons 65 and older with HIV. Council-generated needs assessments complement ongoing solicitations for public input in regard to HIV prevention and care needs, barriers, and priorities, including town hall meetings; community forums; surveys and questionnaires; and public and consumer input at all Planning Council meetings, including the meetings of Council committees. This input is in addition to the invaluable experiential data provided by persons living with HIV who are members of the new merged Planning Council.

Qualitative input processes at the Council level are augmented by a range of additional data that feed into the Council's ongoing deliberations regarding HIV prevention and care services. These include reports and presentations by experts in a broad range of fields on emerging HIV prevention and care strategies and findings; circulation to the Council of key new HIV-related reports, articles, and studies; presentation of findings of broad-based client satisfaction surveys and needs assessments conducted by local agencies and programs; and input by the San Francisco HIV/AIDS Provider Network, a group of 43 community-based, non-profit HIV service agencies in the San Francisco region meeting the needs of persons living with HIV and AIDS. In their role as subcontract administrators and monitors, the three local health jurisdictions also collect ongoing qualitative service data from subcontracted HIV prevention and care providers, and report to the Council on issues such as barriers to prevention and care delivery; unanticipated performance issues related to emerging prevention and care issues; and successes in delivering services that either create new models or affirm the quality of new service standards and approaches.

E. DATA: ACCESS, SOURCES, AND SYSTEMS

HIV Surveillance Data: As defined by the US Centers for Disease Control and Prevention (CDC), the term 'surveillance' refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event. HIV surveillance entities collect, analyze, and disseminate information about new and existing cases of HIV infection with the ultimate goal of combining information on HIV infection, disease progression, and behaviors and characteristics of people at high risk for HIV on a regional, statewide, or national level. **HIV prevalence data** provides information on all persons or designated sub-groups of persons living with diagnosed HIV infection in a given region as of the end of a given time period, including persons who have ever been classified as having an AIDS diagnosis. **New HIV diagnosis data** reflects persons newly diagnosed with HIV infection in a specific region or sub-population within a given period of time (such as a calendar year). **Mortality data** refers to data on the deaths of overall populations or sub-groups of persons with diagnosed HIV infection in a given region which can either be directly ascribed to HIV-related symptoms or which occurs regardless of cause of death. This latter approach is becoming increasingly common as the population of persons living with HIV continues to age, and as the attribution of a specific cause of death becomes more complex and ambiguous in the face of a multitude of health conditions.

All local health departments collect and report data on new HIV infections in their region following State legislative standards and using State-mandated electronic reporting systems and procedures. This data is in turn aggregated and de-duplicated at the state level to eliminate previously identified cases, then further aggregated at the national level to eliminate cases previously identified in a different state or territory. All 50 states, the District of Columbia, and US territories collect comparable confidential, names-based case reports of persons living with diagnosed HIV infection, based on established case definitions. Medical providers, laboratories, and other organizations providing HIV testing services are required, by law, to report persons diagnosed with HIV to the state or local health department. Meanwhile, the State of California requires automatic reporting of all CD+ T-cell tests to track retention in care and regional viral load levels.

In California and the rest of the United States, HIV infections and AIDS diagnoses are reported through a combination of **passive and active surveillance**. Passive surveillance is conducted through State-required reporting of HIV and AIDS cases by health care providers and reporting of HIV-positive test results from laboratories to Local Health Departments (LHDs). Active surveillance is accomplished through routine visits by LHD staff to hospitals, physician offices, laboratories, counseling and testing clinics, and outpatient clinics to ensure completeness, timeliness, and accuracy of reported data. In California and other states, HIV/AIDS surveillance has historically relied heavily upon local health department staff who perform: a) active case surveillance; b) on-site chart reviews; and c) case report completion. To improve timeliness and completeness of reporting and ensure prompt identification and response to emerging problems in the field, the California Office of AIDS (OA) supports a **decentralized reporting system** where HIV and AIDS case reports are identified through passive and active surveillance efforts coordinated by California's 61 LHDs. HIV/AIDS surveillance case data, reported to local jurisdictions by health care providers and laboratories, is then sent to OA's HIV/AIDS Surveillance Section. The Surveillance Section then submits electronic HIV/AIDS case reports, without personal identifiers, to CDC while providing aggregated data to local health jurisdictions.

E. DATA: ACCESS, SOURCES, AND SYSTEMS

Medical Monitoring Project: The Medical Monitoring Project (MMP) is an ongoing CDC-funded national HIV/AIDS supplemental surveillance project. San Francisco is one of **23** project areas currently conducting MMP. Multi-stage probability proportional-to-size sampling is used to recruit HIV-infected adults receiving care at health facilities in San Francisco. Information about care utilization, clinical outcomes, resource needs, and HIV risk behaviors is collected through patient interviews and medical chart review. Data collected through the MMP is intended to provide an enhanced picture of the experience of being a person living with HIV, including information on how many people living with HIV are receiving medical care; how easy or complex it is to access medical care, prevention, and support services; what the met and unmet needs of persons living with HIV are; and how HIV treatment is affecting persons living with HIV. Ongoing MMP data and findings are continually shared with the San Francisco Planning Council and incorporated into prevention and care planning in all three county health departments.

National HIV Behavioral Surveillance (NHBS): First initiated by the CDC in 2003, the NHBS system tracks risk behaviors, HIV prevalence, and HIV incidence among populations at high risk for HIV infection in in **22** high prevalence areas, including San Francisco. The NHBS uses state of the art sampling methods to reach members of high risk populations for standardized behavioral surveys and HIV testing. The NHBS samples **three** populations at highest risk for HIV in alternate cycles: men who have sex with men (MSM), people who inject drugs (PWID), and heterosexuals living in high risk areas. The NHBS survey instrument collects demographic, social experience, sexual behavior, alcohol and substance use, drug treatment, HIV testing, prevention activity, and health data. HIV testing is conducted using validated HIV testing kits and standardized laboratory methods for confirmation of HIV-positive cases. NHBS findings cited in this plan summarize data from the first **nine years** of the NHBS and comprise **three data collection cycles** for each high-risk population.

Estimate of ART Use: Information on ART use is generally obtained from **medical chart review**, since the use of surveillance data alone to estimate ART use tends to result in an underestimation of overall ART utilization rates. This underestimation occurs because ART data is collected at the time a person with HIV infection is first reported, which is often very close to the time of first diagnosis; this is often a time when newly diagnosed persons have not yet been linked to treatment. The SFDPH collects follow-up information from selected health care facilities in an attempt to more fully track current ART use. For persons who receive care at selected sites, treatment data are likely to be more complete because ART use is captured at a later date following initial diagnosis. ART follow-up information is not available for persons who have moved away from San Francisco or who receive ongoing care outside of the city, and ART data gathered through surveillance also does not include information on ART adherence. Because of the limitations of ART use data, the category is generally **not** included in HIV Care Continuum charts produced in the three-county region.

San Mateo and Marin County HIV Data: In Marin and San Mateo Counties, HIV cases are reported to local health departments using the California Department of Public Health Office of AIDS HIV/AIDS confidential case report form. The case report form collects demographic information, patient risk history, laboratory data to confirm and stage diagnosis, opportunistic and HIV-associated malignancy diagnoses, and treatment and service referrals. Cross-jurisdictional HIV data generally utilizes the electronic HIV/AIDS Reporting System (eHARS) for San Mateo and Marin County, which includes persons who reside in San Mateo County and Marin County at the time of diagnosis.

E. DATA: ACCESS, SOURCES, AND SYSTEMS

b. Facilitating or Inhibiting Data Policies

The City and County of San Francisco are fortunate to be able to draw on a wealth of HIV-related data when making decisions regarding resource allocation and program development. The region's largest data challenge continues to involve how to coordinate, streamline, and leverage data in real time (or as close as possible to real time) to allow for impactful public health consideration and action. In addition, fragmented data systems at times create missed opportunities for intervention. For example, in San Francisco, if a patient who has fallen out of care accesses sexually transmitted infection (STI) testing in the community, the STI provider does not currently have the ability to find out the patient's known HIV status or that she or he was out of care, resulting in a missed opportunity to re-link the patient to care. Although San Francisco has made significant strides in recent years to make better use of available data, including developing collaborations across departmental sections and divisions, work remains to be done to fully integrate all data systems within and across the health department.

As noted above, a broader challenge involves the varied levels of data and data systems available across counties within our region. San Francisco has a nationally recognized surveillance system that allows for highly sophisticated and precise data analysis for not only tracking the epidemic, but for isolating small pockets of persistent infection and revealing hidden disparities across the continuum of care. But because of resource disparities, these capacities currently do not exist in the other two counties of our region. The just-completed integrated planning process re-emphasized not only the scale of these disparities, but the degree to which they inhibit the collection and reporting of accurate data and the development of optimal systems to maximize prevention and care resources across the three counties. Applying San Francisco's resources and expertise to enhancing the data collection and reporting capacity of Marin and San Mateo Counties is a key goal of the new five-year Plan.

c. Missing or Unavailable Data

The advent of Pre-Exposure Prophylaxis (PrEP) has transformed the HIV prevention landscape and has the potential to significantly reduce new HIV infections. However, while much progress has been made, there remains little actual data on how PrEP is being used, such as adherence and disparities in access across different sub-populations and regions. While some data can be pieced together to reveal a somewhat fragmented picture of the impact of PrEP on risk behaviors, there is, as yet, no comprehensive source of data currently available. The San Francisco Department of Public Health continues to work closely with and through the SF Getting to Zero initiative to develop new strategies for tracking PrEP use and adherence in our region, and for potentially incorporating this data into the HIV Care Continuum and ongoing HIV data reports.

Section II: Integrated HIV Prevention & Care Plan

A.a. INTEGRATED HIV PREVENTION AND CARE ACTION PLAN

a. Building a Foundation for Effective HIV Prevention and Care: Underlying Values and Visions of the 2017-2021 Integrated HIV Prevention and Care Plan

The following sections outline a series of **core underlying values** identified by the San Francisco Integrated Plan Work Group as being integral to the provision of a comprehensive, effective, and welcoming HIV prevention and care system. The accompanying **vision statements** define the essence of each value, while describing programmatic characteristics of services that successfully embody that value. The values and visions listed below are considered **integral** to our Plan, describing foundational principles that serve as standard of care benchmarks throughout our system. As with the Action Plan that follows, our values and visions will be continually monitored throughout the five-year Plan implementation process, and modified and updated to reflect new understandings, principles, and direction in HIV prevention, care, and client support.

Value: ENSURING ACCESS TO COMPREHENSIVE HIV PROGRAMS

Vision: The three counties that make up the San Francisco HIV jurisdiction - Marin, San Francisco, and San Mateo - remain focused on timely access to comprehensive HIV outreach, testing, prevention, care and support programs. Our region is committed to the idea that the HIV system must be accessible to all who need it, and that it must ensure equal access, eliminate disparities, and achieve parity in relation to the quality and effectiveness of HIV programs. It is critical that clients within this system be able to easily identify needed resources, obtain them in a timely manner, and access them in welcoming and client-centered environments. Access means using culturally appropriate and consumer-informed approaches to reach out to those who do not know their HIV status or are not in care to help them identify their serostatus and receive all needed supportive services whether they are HIV-positive or HIV-negative, including ensuring access for underserved and complex populations. Access also means expanding system-wide linkages and integration to help clients move easily from one modality to another, and to access programs in different parts of the San Francisco region.

Value: ENSURING CULTURALLY COMPETENT PREVENTION AND CARE

Vision: Cultural competency refers to a systemwide approach that is tailored to meeting the full range of cultural needs and orientations for specific client populations. This means not only incorporating approaches to respond to issues such as race, ethnicity, language, national origin, and immigration status, but additional factors that can define 'culture' such as sexuality, gender identity, family structure, personal beliefs, and socioeconomic background. In a region as diverse as San Francisco, these issues take on special meaning as both a challenge to prevention and care providers and as an opportunity for our system 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 all HIV environments, and for ensuring that people living with or at risk for HIV find supportive social networks and remain in the system as long as needed. Our region has worked to attain this goal by developing services and programs that are tailored to the needs of diverse ethnic populations including African Americans, Latinos, Asians, transgender men and women, active substance users, men who have sex with men, and young people. Key approaches include 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.

A.a. INTEGRATED HIV PREVENTION AND CARE ACTION PLAN

Value: ENSURING TRAUMA-INFORMED HIV PROGRAMS

Vision: The prevalence of past and current trauma has been recognized as one of the most important factors underlying negative outcomes in relation to HIV prevention and care access and retention. A meta-analysis conducted by the Women's Health Program , for example, demonstrated that over 61% of HIV-positive women had experienced sexual abuse at some point in their lives—as compared to 12% of women nationwide—and that HIV-positive women with a history of trauma had over four times the odds of antiretroviral failure as compared to women with no trauma history.[1]Implementation of trauma-informed programs that respond effectively and sensitively to persons with a history of trauma and exposure to violence has achieved outcomes such as reduced post-traumatic stress disorder (PTSD) symptoms, reduced substance use, improved mental health functioning, and decrease in the frequency of unprotected sexual encounters. Trauma-informed programs that train staff in trauma issues and alter HIV prevention and care environments are urgently needed to ensure welcoming, safe, and responsive spaces. Trauma-informed programs are critical for facilitating long-term engagement in HIV prevention and care and for providing linkage to supportive programs that help individuals overcome the long-term impacts of exposure to trauma and violence.

1 Machtinger EL, Haberer JE, Wilson TC, Weiss DS. Recent Trauma is Associated with Antiretroviral Failure and HIV Transmission Risk Behavior Among HIV-Positive Women and Female-Identified Transgenders. *AIDS and behavior.* Nov 2012;16(8):2160-2170.

Value: COMMITTING TO THE PRINCIPLE OF HOUSING AS HEALTH CARE

Vision: Housing status is a critical factor affecting both access to and utilization of HIV prevention and treatment. Research has demonstrated that housing assistance is associated with reduced HIV risk behaviors and improved health care outcomes, and that housing assistance coupled with health care decreases public expenses while making better use of limited public resources.[2] Without stable housing, persons with HIV experience difficulties in accessing HIV testing, pre and post-exposure prophylaxis, and primary medical care, along with challenges in maintaining safer behaviors, adhering to HIV-related treatments, and sustaining health and well-being. Individuals who are homeless also lack adequate transportation, lack awareness of programs and resources, and frequently face negative provider attitudes. Research has shown that stable supportive housing dramatically reduces both morbidity and mortality among homeless persons living with HIV and AIDS. The shortage of affordable and stable short-term and long-term housing in the San Francisco region greatly complicates the task of securing safe and affordable housing for both HIV-negative and HIV-positive individuals. There is a paramount need for HIV prevention and care providers to ensure effective housing assessment, referral, linkage, and advocacy services, including for homeless persons, persons with disabilities, persons released from incarceration settings, and persons fleeing domestic and intimate partner violence. There is also critical need to support expanded low-income and supportive housing opportunities in our region both to reduce new HIV infections and to ensure the health and wellness of persons living with HIV.

2 Milloy, et al., "Homelessness as a structural barrier to effective antiretroviral therapy among HIV-seropositive illicit drug users in a Canadian setting" AIDS Patient Care STDS. January 2012; 26 (1): 60-7 and United States Interagency Council on Homelessness. "Opening Doors: Federal Strategic Plan to Prevent & End Homelessness." 2010

A.a. INTEGRATED HIV PREVENTION AND CARE ACTION PLAN

Value: CONFRONTING AND OVERCOMING HIV STIGMA

Vision: HIV stigma is a crippling phenomenon that has limited our nation's response to the HIV epidemic and continues to contribute to both the spread of the virus and negative health outcomes for persons at risk for and living with HIV. HIV stigma applies both HIV infection itself and to the sexual and drug-using behaviors that transmit it, including homophobia. HIV stigma leads to unjust shaming and discrimination against persons at risk for and living with HIV. These consequences can be multiplied through the institutional discrimination experienced by historically marginalized populations such as persons of color, transgender persons, men who have sex with men, and non-English-speaking communities. HIV stigma can discourage at-risk persons from seeking testing or prevention support, and can result in HIV-infected persons not seeking care or accessing care intermittently. It is critical that community and population-specific anti-stigma activities, campaigns, and messages continue to be developed and delivered both to fight bias against persons affected by HIV and to combat bigotry and discrimination related to the activities that can lead to the virus's transmission.

Value: INCORPORATING HARM REDUCTION PERSPECTIVES

Vision: The term harm reduction refers to a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs. Harm reduction programs do not marginalize or disrespect substance users, and do not make sobriety a pre-condition for receiving prevention or care. While often used to refer to syringe exchange alone, harm reduction in the context of HIV also refers to a broader movement to ensure the widespread availability and accessibility of prevention and care programs for substance users in a manner that is welcoming, non-judgmental, and embracing. Harm reduction programs incorporate tailored approaches to care and support for persons who are currently using drugs, and often offer services during non-traditional hours and in accessible community locations. The expansion of harm reduction approaches is critical for both reducing the spread of HIV and for linking and retaining substance users in HIV services.

Value: FOSTERING MENTORSHIP AND PEER INVOLVEMENT

Vision: Mentorship and peer involvement are critical approaches that involve persons living with and at risk for HIV in activities to reduce viral transmission and support persons with HIV in care. These approaches are increasing in importance as persons with HIV live longer and healthier lives and as the population of persons with HIV in the San Francisco jurisdiction continues to age. Persons who have lived for many years with HIV or who have maintained their negative status in the face of complex life challenges have much to teach high risk and newly diagnosed persons about preserving health, remaining in care, and adopting and maintaining safe behaviors. Peers can also play a critical role in shaping outreach and interventions for the communities of which they are a member, such as communities of young people, persons of color, women, transgender persons, MSM, and substance users. Paid and volunteer peers can serve effectively in a range of roles, including as program advisors, mentors, buddies, outreach specialists, and informal adherence and support counselors who develop supportive relationships with persons at risk for or living with HIV. Paid peer positions that do not exceed the threshold for maintaining Medi-Cal status offer a chance for individuals with HIV to return to work without losing their existing benefits. Peer involvement can also help persons living with HIV – particularly those 50 and older – to overcome loneliness and social isolation while offering meaningful community and inter-personal involvement. A broad commitment to providing expanded peer opportunities in HIV prevention and care has the potential to greatly enhance the effectiveness and responsive of the HIV entire system.

Value: ENSURING GREATER CROSS-COUNTY COLLABORATION

Vision: While the three counties that make up the San Francisco jurisdiction share common values and principles and work together effectively to prioritize needs and distribute resources, significant regional differences exist in regard to both HIV caseload and funding. These differences have unintentionally led to some capacity disparities among the three counties, particularly in terms of data systems and capabilities. The new integrated planning process has sparked a greater awareness of the problems these inequities create, and has fostered a renewed commitment to sharing resources, expertise, and information to address these inequities over the five-year Plan period.

A.b. INTEGRATED HIV PREVENTION AND CARE ACTION PLAN

The section below outlines the specific goals, objectives, and strategies that form the core of the 2017-2021 Integrated Plan, which our jurisdiction collectively calls the **Action Plan.** Each goal corresponds directly to the four principal goals of the **National HIV/AIDS Strategy**, which serves as a benchmark for HIV enhancement nationwide:

- **Goal # 1:** Reduce New Infections
- **Goal # 2:** Increase Access to Care and Improve Health Outcomes for People Living with HIV
- **Goal # 3:** Reduce HIV-Related Health Disparities and Health Inequities
- **Goal # 4:** Achieve a More Coordinated National Response to the HIV Epidemic

Each national goal has been adapted to our jurisdiction, and the final goal, relating to a more coordinated national response to the HIV epidemic, has been adapted to refer to enhanced coordination between the three counties that make up our own HIV region.

As described in greater detail in Section II.B. below, the strategies contained in the Action Plan describe **possible** interventions and activities that **could** be undertaken or prioritized by the newly merged San Francisco Planning Council based on its own review of the Plan document. Because the Council had its charter meeting in August 2016, the Integrated Plan Work Group made the decision to not impose specific required concepts or initiatives on the new Council, but to allow the Council to carry out its own prioritization work over the coming months.

Goal # 1: Reduce New HIV Infections in the San Francisco Region

Objective # 1.1: By December 31, 2021, increase the percentage of people living with HIV who know their serostatus to at least 96%.

Strategies:

- **1.1.1:** Continually investigate and analyze projected HIV-infected populations in San Francisco.
- **1.1.2:** Over the five-year Integrated Plan period, develop and implement strategies to empower Marin and San Mateo Counties to conduct estimates of their own HIV-infected populations in order to develop a region-wide projection of the percentage of persons who know their serostatus by December 31, 2021.
- **1.1.3:** Conduct annual community engagement activities designed to track the impact of HIV testing programs and identify HIV testing needs, barriers, opportunities, and new approaches in the San Francisco region.
- **1.1.4:** Continually assess, prioritize, initiate, and/or promote new HIV testing expansion activities such as the following:
  - Expand HIV outreach, awareness, and testing messages in Spanish to inform people of where to go to receive information and testing and to combat stigma and a growing lack of awareness of the importance of HIV.
  - Pilot test and expand standardized, opt-out HIV testing for all clients who seek STD testing, beginning with clients who test positive for one or more designated high-target STDs such as rectal gonorrhea or syphilis at San Francisco County-funded clinics.
  - Identify and replicate effective community sexual health clinic models in additional specific high-incidence neighborhoods in the San Francisco region.
  - Explore and develop new HIV testing approaches.
  - Develop messaging to promote HIV testing at health care sites while continuing to expand community-based testing options.

- Utilize the opportunity provided by HIV testing to link individuals to needed programs by improving protocols and referral resources for linkage to housing, mental health, substance use, and other ancillary services and reducing barriers to care access.
- Maximize third party billing for HIV testing in medical settings.
- Implement new strategies for increasing HIV testing among IDUs to address high rates of undiagnosed infections, including use of incentives and linking hepatitis C testing with HIV testing.

Objective # 1.2: By December 31, 2021, reduce the number of annual new HIV diagnoses by at least 50%.

Strategies:

- **1.2.1:** Conduct ongoing review of region-wide HIV epidemiological data and regularly summarize and discuss data with the Integrated San Francisco HIV Community Planning Council.
- **1.2.2:** Conduct annual community engagement activities designed to assess the impact of HIV prevention programs and to identify HIV emerging prevention needs, barriers, opportunities, and approaches in the San Francisco region.
- **1.2.3:** Continually assess, prioritize, initiate, and/or promote expanded non-biomedical HIV prevention activities, including public education campaigns, individual and group-level behavioral interventions, and widespread condom availability, and initiatives such as the following:
  - Increase the online presence of sexual health education and risk reduction when appropriate, incorporating information about PrEP and other emerging developments.
  - Implement a pilot mentoring program for young gay men and transfemales that supports the development and maintenance of personal strategies for supporting sexual health.
  - Develop and implement a standard HIV curriculum for substance use and mental health providers, including culturally competent approaches for screening for HIV risk and referral and linkage resources.
  - Prioritize communicable disease screening and develop an approach for implementing integrated screening guidelines.
  - Integrate risk reduction into non-HIV programs such as substance use treatment) and provide appropriate staff training.
  - Engage in continuing dialogue with local businesses to explore their willingness in participating in the Condom Access Program as an effort to increase the availability of free condoms to jurisdiction residents.
  - Address the impact of new attitudes and beliefs regarding condom use given the emergence of new prevention tools such as PrEP which may create a perception that condom use is out of date or a sign of non-embrace of sexuality ("condom shame").

Objective # 1.3: By December 31, 2021, increase the utilization of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) among high-risk HIV-negative persons by at least 50%, based on baseline data to be identified over the course of the Plan.

- **1.3.1:** Continually review PrEP and PEP utilization and resources in the San Francisco region and expand the accuracy, scope, and reliability of PrEP and PEP utilization data.
- **1.3.2:** By December 31, 2019, develop a system to include data on PrEP and PEP utilization and populations in regular HIV epidemiological reporting, including potentially including PrEP use in the region's HIV Care Continuum.
- **1.3.3:** Continually assess, prioritize, initiate, and/or promote PrEP and PEP expansion activities such as the following:
  - Assess the availability of PrEP and PEP services throughout the three-county region and expand PrEP and PEP sites as needed, with a special focus on Marin and San Mateo Counties.
  - Aggressively utilize PrEP and PEP screening and enrollment as an opportunity to link high-risk HIV-negative individuals to both health insurance coverage and an appropriate medical home

- In collaboration with San Francisco Bay Area and North Coast AETC, expand PrEP and PEP education for clinicians and providers at all levels, including non-HIV-specific providers serving potential high-risk populations. Incorporate education on culturally appropriate risk reduction counseling and appropriate PrEP and PEP education. Include modules on conducting risk assessment, providing counseling and linkage support, and providing benefits and insurance coverage counseling. Consider developing a model master PrEP and PEP education and/or certification program, with one track geared to clinicians and another geared to social service providers.
- Develop and disseminate a written training on PrEP to be integrated into standardized training for all new HIV test counselors.
- Ensure that PrEP and PEP information, education, and linkage support becomes a standard service for all persons who voluntarily seek HIV testing and are found to be HIV-negative.
- Create PrEP and PEP outreach and education efforts in Spanish to reach high-risk Spanish-speaking populations, including campaigns aimed at young Latino MSM in clubs and bars, making Spanish-language flyers on PrEP and PEP available in doctor's offices and at service agencies, and training paid or volunteer peers to provide community-based PrEP and PEP education and outreach.
- Expand PrEP and PEP education, outreach, and enrollment to persons of color, transgender persons, injection drug users, and women.
- Maintain and expand the current system of PrEP navigators available in the region using models similar to HIV navigation. Utilize models that merge HIV and PrEP navigation services in the same clinic setting.
- Develop and disseminate PrEP Standards of Care through the San Francisco Department of Public Health, including standards on administering, tracking, and managing PrEP
- Consider development of a PrEP clinical policy using relevant policies as a model such as San Francisco's universal offer of treatment policy or the PrEP policy of Kaiser Permanente.
- Explore and support efforts to increase research financing and insurance coverage of PrEP.

Goal # 2: Increase Access to Care and Improve Health Outcomes for Persons Living with HIV in the San Francisco Region

Objective # 2.1: By December 31, 2021, increase the percentage of annual newly diagnosed persons linked to HIV medical care within one month of HIV diagnosis to at least 90%.

- **2.1.1:** Continually assess and report rates of linkage to HIV medical care for newly diagnosed persons with HIV across the three-county region.
- **2.1.2:** Continually assess, prioritize, initiate, and/or promote effective HIV linkage activities such as the following:
  - Continue to support and enhance the highly successful San Francisco Linkage, Navigation, Integration, and Comprehensive Services (LINCS) program, and support expansion of the program into Marin and San Mateo Counties.
  - Utilize Ryan-White funds to temporarily pay for the cost of care and labs for patients participating in the Rapid ART Program Initiative for HIV Diagnoses (RAPID) program while being navigated to insurance and care, beyond the current 14-day medication subsidy period. This coverage would be temporary - lasting no more than 2 months - and would allow patients to receive HIV medications and treatment while they are applying for and awaiting insurance and other benefits.
  - Disseminate information which addresses the fears of undocumented persons related to disclosure of immigration or residency status when seeking HIV testing and care services
  - Review best practices and local pilot programs that link newly diagnosed clients to same-day treatment, and assess whether such rapid treatment should become a regional standard of care.
  - Adopt consistent definitions and measurement for linkage to care that can be used to assess linkage rates over time.

- Enhance service system capacity to address the linkage barriers inherent in substance use and mental health disorders, such as expanding staffing to enhance the capacity for linkage programs to provide case management, mental health, and/or substance use interventions.
- Address barriers to evening, night, and weekend linkage services.
- Develop and standardized linkage plans that include non-DPH providers, so that all medical and non-medical sites conducting HIV testing have protocols for immediate linkage to care.
- Consider and potentially expand the role of peer health educators/linkage experts within the broader service system in supporting linkage to and retention in care.
- Train linkage staff to be eligibility / enrollment workers to facilitate access to health coverage.

Objective # 2.2: By December 31, 2021, enhance critical HIV care retention and adherence-outcomes along the HIV Care Continuum as follows:

Sub-Objective # 2.2.A: Increase the percentage of all persons living with HIV - including persons unaware of their HIV infection - who receive at least 1 CD4 or viral load test in a 12-month period to at least 85%.

Sub-Objective # 2.2.B: By December 31, 2021, significantly increase the percentage of persons living with HIV who fall out of care and are successfully re-linked to care within 90 days.

Sub-Objective # 2.2.C: By December 31, 2021, increase the percentage of all persons living with HIV - including persons unaware of their HIV infection - who are virally suppressed to at least 75%.

Sub-Objective # 2.2.D: By December 31, 2021, increase the percentage of newly diagnosed persons living with HIV who are virally suppressed within 12 months of diagnosis to at least 80%.

- **2.2.1:** Continually track and report rates of HIV care retention, re-linkage, and viral suppression for all persons living with HIV across the region, including baseline rates as appropriate.
- **2.2.2:** Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of HIV care retention, re-linkage, and viral suppression in the San Francisco region.
- **2.2.3:** Continually assess, prioritize, initiate, and/or promote effective HIV retention, re-linkage, and medication adherence activities such as the following:
  - Develop and disseminate standardized assessment tools and approaches to identify when clients may be at risk of falling out of care and provide pro-active staff and peer-based support to prevent persons from falling out of care.
  - Provide more and sustainable funding for clinic-based navigators to retain complex patients in care, including persons living with HIV who serve in peer support / retention roles. The activities of case managers could also be expanded in some cases to include field-based work with patients to help remove barriers to retention in care.
  - Promote a holistic health and wellness approach which explores the feasibility of integrating chronic disease prevention efforts into HIV programs, including an analysis of underlying causes of death in persons with HIV to prioritize health screening for various populations.
  - As a strategy to expand the availability of short-term mental health services within the HIV clinic setting, employ Behaviorists who function as part of client care teams and provide short-term assessment and counseling that serves as a bridge to longer-term mental health engagement with therapists in community-based settings.
  - Expand the availability of subsidized, long-term mental health services for persons with HIV, particularly in cases where annual insurance coverage of mental health counseling services has expired.
  - Ensure the availability of on-demand, high-quality, and culturally appropriate psychiatric services for persons with HIV with severe and persistent mental illness (SPMI) and ensure that these services are integrated with HIV care through the client care team.

- Create a mechanism to pay for medications when there are delays in coverage or disruptions in treatment, particularly for patients who are awaiting Medi-Cal or other insurance coverage; are changing insurance plans; or who temporarily lose ADAP coverage because of changes in formularies or delays in re-certification.
- Expand the overall approach to client navigation services to focus on ongoing retention in care and not simply on re-linkage to care.
- Identify feasible and evidence-based retention strategies such as text messaging appointment reminder services and develop a plan for funding and implementing these efforts.
- Reframe the concept of retention as "preventing people from falling out of care" and develop corresponding indicators for assessing who is at risk for falling out of care and targeted services to prevention care attrition.
- Consider mechanisms for engaging patients' families in HIV care retention efforts.

Objective # 2.3: By December 31, 2021, increase the percentage of Ryan White-funded clients living with HIV who are stably housed to at least 80%.

- **2.3.1:** Continually track and report the housing status of low-income persons with HIV who are receiving Ryan White-funded services across the region.
- **2.3.2:** Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities related to housing stabilization and retention in the San Francisco region.
- **2.3.3:** Continually assess, prioritize, initiate, and/or promote effective HIV housing support activities such as the following:
  - Increase the annual cap on Ryan White Emergency Financial Assistance from $500 per patient per year to $1,000 per patient per year.
  - Increase the maximum length of stay in the city's HIV Housing Stabilization Program from 28 days per year to 60 - 90 days per year to increase housing stability for persons with HIV.
  - Continually expand and enhance the skills and expertise of case management, peer support, and other staff in relation to housing placement and referrals.

Objective # 2.4: By December 31, 2019, cure hepatitis C among all persons living with HIV.

- **2.4.1:** Identify, track, support, and promote collaborative activities to dramatically increase hepatitis C testing, referral, and treatment in HIV clinic settings and among all persons living with HIV in the region such as the following:
  - Increase HCV awareness among affected populations.
  - Increase community and clinic-based HCV screening.
  - Increase primary care provider capacity to treat HCV in the context of the HIV medical home.
  - Increase patient uptake of appropriate therapies.
- **2.4.2:** Continually track hepatitis C infection and treatment rates among persons living with HIV and enhance programmatic responses to achieve an end to hepatitis C among persons with HIV by the end of 2019.

Objective # 2.5: By December 31, 2021, increase the number of preliminarily diagnosed HIV-positive persons linked to the San Francisco RAPID program (Rapid ART Program Initiative for HIV Diagnoses) program by 30%.

- **2.5.1:** Continually track utilization of the RAPID program, including establishing a baseline of program utilization in early 2017 and monitoring efforts to increase knowledge of and expand referrals to the program.
- **2.5.2:** Identify, track, support, and promote collaborative activities to increase knowledge and utilization of the San Francisco RAPID program, including supporting efforts to expand funding for the RAPID program where needed.

Goal # 3: Reduce HIV-Related Disparities and Health Equities in the San Francisco Region

Objective # 3.1: By December 31, 2021, significantly increase levels of care linkage, retention, and viral suppression among persons 50 and older with HIV.

- **3.1.1:** Continually track and report rates of care linkage, retention, and viral suppression among persons 50 and older with HIV.
- **3.1.2:** Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among persons 50 and older with HIV.
- **3.1.3:** Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among persons 50 and older with HIV such as the following:
  - Develop and implement new models for integrating geriatric specialists into the HIV clinic setting.
  - Recognize the growing shortage of physicians who are skilled in both HIV and geriatric care and advocate for the recruitment and training of specialists in these dual areas to address growing older HIV populations.
  - Create a new level of specialized training and certification to create case management staff who are expert in the distinct system of services that exists for persons 50 and older.
  - Explore potential points of interaction between the HIV care system and the system of aging and senior services in the three-county region both to take advantage of existing senior programs that could serve older persons with HIV and to explore collaborative initiatives and programs, including programs that expand volunteer opportunities for older adults with HIV.
  - Utilize existing aging resources to address the issue of long-term disability payments expiring at time of Social Security eligibility for between 400 and 1,200 San Francisco PLWHs, particularly through educational outreach and financial counseling,

Objective # 3.2: By December 31, 2021, significantly increase the percentage of persons of color, women, and transfemale individuals with HIV who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

- **3.2.1:** Continually track and report rates of care linkage, retention, and viral suppression among persons of color, women, and transfemale individuals living with HIV.
- **3.2.2:** Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among HIV-infected persons of color, women, and transfemale individuals.
- **3.2.3:** Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among people of color, women, and transfemale individuals living with HIV such as the following:
  - Ensure culturally appropriate services for women, persons of color, and transgender populations, including outreach specific to these populations in both English and Spanish. Expand the availability of staff representative of these populations in clinical settings to ensure safer and more welcoming spaces, providing cultural humility training for existing staff wherever appropriate.
  - Expand PrEP education, counseling, and referral services in health and social services settings serving persons of color, women, and transfemale persons, and incorporate HIV and risk reduction counseling and insurance and health care linkage. Provide additional training and support to agency staff to facilitate this.

- Implement the DPH transgender-specific sex and gender guidelines that adhere to specific data collection principles including the following: 1) Naming should be self-identified; 2) Transgender and sexual orientation data should be coded with caution and care when working with minors in consideration of the fact that health data are legally accessible by guardians; 3) information should be up-to-date; 4) Naming should allow for both consistency and relevance and compliance and comparability.
- Assess transgender training and technical assistance needs of agencies and community providers.
- Develop and make available support and implementation materials to ensure that gender self-identity data that follows the sex and gender guidelines can be collected appropriately in a variety of settings and that data systems have the ability to track data in accordance with the guidelines.
- Continually evaluate sex and gender guidelines through data analysis and stakeholder feedback.

Objective # 3.3: By December 31, 2021, significantly increase the percentage of persons who inject drugs (PWID) – including MSM who inject drugs - who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

- **3.3.1:** Continually track and report rates of care linkage, retention, and viral suppression among persons living with HIV who inject drugs.
- **3.3.2:** Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among HIV-infected persons who inject drugs.
- **3.3.3:** Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among persons living with HIV who inject drugs such as the following:
  - Explore the creation of new program approaches to reduce HIV and hepatitis C infection among persons who use injection drugs, including approaches that incorporate a harm reduction perspective.
  - Continue support of substance use and behavioral health integration models in primary care settings.
  - Align principles and philosophy of harm reduction across all applicable substance use treatment, HIV prevention and HIV care programs in San Francisco, ensuring its adoption wherever appropriate and feasible and facilitating cross-training of HIV prevention, care, and behavioral health providers.

Goal # 4: Achieve a More Coordinated Response to the HIV Epidemic in the San Francisco Region

Objective # 4.1: By December 31, 2021, establish a stronger and more seamless HIV prevention and care partnership linking Marin, San Francisco, and San Mateo Counties.

- **4.1.1:** By July 1, 2017, establish a formal or informal task force or working group of the San Francisco HIV Community Planning Council to identify potential points of expanded interaction and collaboration between the three counties along with activity areas in which technology transfer and technical assistance could help build HIV prevention and care capacity across the region.
- **4.1.2:** By July 1, 2018, present recommendations on expanded HIV collaboration and technical support to the San Francisco HIV Community Planning Council and create an action plan for improving collaboration and mutual support and achieving goals such as the following:
  - Expand the capacity of Marin and San Mateo Counties to identify and target populations at high risk for HIV infection using geo-mapping and other approaches.
  - Expand the capacity of Marin and San Mateo Counties to track data along key points of the HIV Care Continuum, including linkage, retention in care, and viral load suppression.
  - Include a section containing merged three-county HIV data in the annual San Francisco HIV Epidemiology Report by December 31, 2019.
  - Produce a merged version of the HIV Care Continuum for the three counties of the San Francisco region by December 31, 2020.
- **4.1.3:** Through December 31, 2021, continually implement, track, and report outcomes of inter-county capacity building activities and modify and augment activities as needed to achieve the goal of a stronger and more seamless three-county partnership.

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

The chart below outlines the specific timeframes, responsible bodies, and monitoring strategies for the 2017-2021 Integrated HIV Prevention and Care Plans. Details on the overall Plan monitoring process are contained in Section III. Below.

Goal # 1: Reduce New HIV Infections in the San Francisco Region

Objective # 1.1: By December 31, 2021, increase the percentage of people living with HIV who know their serostatus to at least 96%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
1.1.1 Continually investigate and analyze projected HIV-infected populations in San Francisco.	All	1/1/17 - 12/31/21	• San Francisco HIV Epidemiology Section	• Ongoing epidemiology reporting
1.1.2 Develop and implement strategies to empower Marin and San Mateo Counties to conduct estimates of their own HIV-infected populations in order to develop a region-wide projection of the percentage of persons who know their serostatus by December 31, 2021.	All	1/1/17 - 12/31/21	• San Francisco HIV Epidemiology Section • Marin and San Mateo Counties	• Reports to Planning Council on inter-county capacity building activities
1.1.3 Conduct annual community engagement activities designed to track the impact of HIV testing programs and identify HIV testing needs, barriers, opportunities, and new approaches in the San Francisco region.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties	• Minutes and summaries of input collected by Planning Council and the three jurisdiction counties
1.1.4 Continually assess, prioritize, initiate, and/or promote new HIV testing expansion activities such as those described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 1.2: By December 31, 2021, reduce the number of annual new HIV diagnoses by at least 50%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
1.2.1 Conduct ongoing review of region-wide HIV epidemiological data and regularly summarize and discuss data with the merged San Francisco HIV Community Planning Council.	All	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
1.2.2 Conduct annual community engagement activities designed to assess the impact of HIV prevention programs and to identify HIV emerging prevention needs, barriers, opportunities, and approaches in the San Francisco region.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties	• Minutes and summaries of input collected by Planning Council and the three jurisdiction counties
1.2.3 Continually assess, prioritize, initiate, and/or promote expanded non-biomedical HIV prevention activities, including public education campaigns, individual and group-level behavioral interventions, and widespread condom availability, and other activities described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 1.3: By December 31, 2021, increase the utilization of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) among high-risk HIV-negative persons by at least 50%, based on baseline data to be identified over the course of the Plan.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
1.3.1 Continually review PrEP and PEP utilization and resources in the San Francisco region and expand the accuracy, scope, and reliability of PrEP and PEP utilization data.	All	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
1.3.2 develop a system to include data on PrEP and PEP utilization and populations in regular HIV epidemiological reporting, including potentially including PrEP use in the region's HIV Care Continuum.	All	1/1/17 - 12/31/19	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
1.3.3 Continually assess, prioritize, initiate, and/or promote PrEP and PEP expansion activities such as those described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Goal # 2: Increase Access to Care and Improve Health Outcomes for Persons Living with HIV in the San Francisco Region

Objective # 2.1: By December 31, 2021, increase the percentage of annual newly diagnosed persons linked to HIV medical care within one month of HIV diagnosis to at least 90%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
2.1.1 Continually assess and report rates of linkage to HIV medical care for newly diagnosed persons with HIV across the three-county region.	All	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
2.1.2 Continually assess, prioritize, initiate, and/or promote effective HIV linkage activities such as those described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 2.2: By December 31, 2021, enhance critical HIV care retention and adherence-outcomes along the HIV Care Continuum as follows:

Sub-Objective # 2.2.A: increase the percentage of all persons living with HIV - including persons unaware of their HIV infection - who receive at least 1 CD4 or viral load test in a 12-month period to at least 85%.

Sub-Objective # 2.2.B: By December 31, 2021, significantly increase the percentage of persons living with HIV who fall out of care and are successfully re-linked to care within 90 days.

Sub-Objective # 2.2.C: By December 31, 2021, increase the percentage of all persons living with HIV - including persons unaware of their HIV infection - who are virally suppressed to at least 75%.

Sub-Objective # 2.2.D: By December 31, 2021, increase the percentage of newly diagnosed persons living with HIV who are virally suppressed within 12 months of diagnosis to at least 80%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
2.2.1 Continually track and report rates of HIV care retention, re-linkage, and viral suppression for all persons living with HIV across the region, including baseline rates as appropriate.	All	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
2.2.2 Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of HIV care retention, re-linkage, and viral suppression in the San Francisco region.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council	• Minutes of Planning Council and Council committee meetings
2.2.3 Continually assess, prioritize, initiate, and/or promote effective HIV retention, re-linkage, and medication adherence activities such as those described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 2.3: By December 31, 2021, increase the percentage of Ryan White-funded clients living with HIV who are stably housed to at least 80%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
2.3.1 Continually track and report the housing status of low-income persons with HIV who are receiving Ryan White-funded services across the region.	All	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
2.3.2 Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities related to housing stabilization and retention in the San Francisco region.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council	• Minutes of Planning Council and Council committee meetings
2.3.3 Continually assess, prioritize, initiate, and/or promote effective HIV housing support activities such as those described in the Plan.	All	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 2.4: By December 31, 2019, cure hepatitis C among all persons living with HIV.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
2.4.1 Identify, track, support, and promote collaborative activities to dramatically increase hepatitis C testing, referral, and treatment in HIV clinic settings and among all persons living with HIV in the region.	All	1/1/17 - 12/31/19	• Marin, San Francisco, and San Mateo Counties • San Francisco End Hep C Initiative	• Ongoing reports to Planning Council from the three jurisdiction counties
2.4.2 Continually track hepatitis C infection and treatment rates among persons living with HIV and enhance programmatic responses to achieve an end to hepatitis C among persons with HIV by the end of 2019.	All	1/1/17 - 12/31/19	• Marin, San Francisco, and San Mateo Counties • San Francisco End Hep C Initiative	• Ongoing reports to Planning Council from the three jurisdiction counties

Objective # 2.5: By December 31, 2021, increase the number of preliminarily diagnosed HIV-positive persons linked to the San Francisco RAPID program (Rapid ART Program Initiative for HIV Diagnoses) program by 30%.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
2.5.1 Continually track utilization of the RAP-ID program, including establishing a baseline of program utilization in early 2017 and monitoring efforts to increase knowledge of and expand referrals to the program.	All	1/1/17 - 12/31/21	• San Francisco Department of Public Health	• Ongoing reports to Planning Council from the San Francisco Department of Public Health
2.5.2 Identify, track, support, and promote collaborative activities to increase knowledge and utilization of the San Francisco RAPID program, including supporting efforts to expand funding for the RAPID program where needed.	All	1/1/17 - 12/31/21	• San Francisco Department of Public Health • Marin and San Mateo Counties	• Ongoing reports to Planning Council from the San Francisco Department of Public Health

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Goal # 3: Reduce HIV-Related Disparities and Health Equities in the San Francisco Region

Objective # 3.1: By December 31, 2021, significantly increase levels of care linkage, retention, and viral suppression among persons 50 and older with HIV.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
3.1.1 Continually track and report rates of care linkage, retention, and viral suppression among persons 50 and older with HIV.	Persons 50 and Older with HIV	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
3.1.2 Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among persons 50 and older with HIV.	Persons 50 and Older with HIV	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council	• Minutes of Planning Council and Council committee meetings
3.1.3 Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among persons 50 and older with HIV such as those described in the Plan.	Persons 50 and Older with HIV	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 3.2: By December 31, 2021, significantly increase the percentage of persons of color, women,and transfemale individuals with HIV who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
3.2.1 Continually track and report rates of care linkage, retention, and viral suppression among persons of color, women, and transfemale individuals living with HIV.	Persons of Color, Women, and Transfemale Individuals	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
3.2.2 Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among HIV-infected persons of color, women, and transfemale individuals.	Persons of Color, Women, and Transfemale Individuals	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council	• Minutes of Planning Council and Council committee meetings
3.2.3 Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among people of color, women, and transfemale individuals living with HIV such as those described in the Plan.	Persons of Color, Women, and Transfemale Individuals	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Objective # 3.3: By December 31, 2021, significantly increase the percentage of persons who inject drugs (PWID) – including MSM who inject drugs - who are linked to care, retained in care, and achieve viral suppression within 12 months of diagnosis.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
3.3.1 Continually track and report rates of care linkage, retention, and viral suppression among persons living with HIV who inject drugs.	Persons who Inject Drugs	1/1/17 - 12/31/21	• Marin, San Francisco, and San Mateo Counties	• Ongoing epidemiology reporting
3.3.2 Conduct an annual needs assessment, prioritization, and allocation process designed in part to identify, expand, change, and/or continue Ryan White Part A and B-funded activities that increase rates of care linkage, retention, and viral suppression among HIV-infected persons who inject drugs.	Persons who Inject Drugs	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council	• Minutes of Planning Council and Council committee meetings
3.3.3 Continually assess, prioritize, initiate, and/or promote effective linkage, retention, and medication adherence activities among persons living with HIV who inject drugs such as those described in the Plan.	Persons who Inject Drugs	1/1/17 - 12/31/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties • Getting to Zero Initiative	• Minutes of Planning Council and Council committee meetings • Ongoing reports to Planning Council from the three jurisdiction counties and Getting to Zero

A.c.2017–2021 ACTION PLAN IMPLEMENTATION GRID

Goal # 4: Achieve a More Coordinated Response to the HIV Epidemic in the San Francisco Region

Objective # 4.1: By December 31, 2021, establish a stronger and more seamless HIV prevention and care partnership linking Marin, San Francisco, and San Mateo Counties.

Activity	Target Populations	Timeframe	Responsible Bodies	Monitoring Strategies
4.1.1: Establish a formal or informal task force or working group of the San Francisco HIV Community Planning Council to identify potential points of expanded interaction and collaboration between the three counties along with activity areas in which technology transfer and technical assistance could help build HIV prevention and care capacity across the region.	All	1/1/17 - 7/1/17	• San Francisco HIV Epidemiology Section	• Minutes of Planning Council and Council committee meetings
4.1.2: Present recommendations on expanded HIV collaboration and technical support to the San Francisco HIV Community Planning Council and create an action plan for improving collaboration and mutual support and achieving goals.	All	7/1/17 - 7/1/18	• San Francisco HIV Epidemiology Section • Marin and San Mateo Counties	• Reports to Planning Council on inter-county capacity building recommendations
4.1.3: Continually implement, track, and report outcomes of inter-county capacity building activities and modify and augment activities as needed to achieve the goal of a stronger and more seamless three-county partnership.	All	7/1/18 - 12/13/21	• San Francisco HIV Community Planning Council • Marin, San Francisco, and San Mateo Counties	• Minutes of Planning Council and Council committee meetings • Reports to Planning Council on inter-county capacity building recommendations

B. COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT

a. Contributions of Stakeholders and Key Partners

To prepare the 2017 - 2021 Integrated HIV Plan, the former San Francisco HIV Services and HIV Prevention Planning Councils worked with the San Francisco Department of Public Health to form a new **Integrated Plan Work Group** specifically dedicated to gathering information and data related to the Integrated Plan and for formulating and refining Plan recommendations and objectives. The Work Group was made up both of Planning Council members and representatives of the three local public jurisdictions who had specific administrative authority over HIV prevention, care, and surveillance activities. The timing of the creation of the new Work Group was fortuitous, given the concurrent formation of a merged Planning Council out of what had previously been separate prevention and care planning groups who had developed separate HIV prevention and care plans. The planning process allowed many members who will be serving on the merged Council but who had previously served on one of the two separate councils to meet and work with one another in a collaborative planning process. Additionally, the Work Group's Chair, Ben Cabangun, was also elected as one of the charter Co-Chairs of the new merged Planning Council, facilitating communication regarding the integrated planning process.

2016 San Francisco Jurisdiction Integrated HIV Plan Work Group Members

Ben Cabangun, Asian and Pacific Islander American Health Forum

Darryl Lampkin, San Mateo County Public Health Department

Jack Bowman, Shanti Project

Tracey Packer, San Francisco Department of Public Health

Oscar Macias, San Francisco Department of Public Health

Chip Supanich, San Francisco HIV Community Planning Council

Eric Sutter, Shanti Project

Cicily Emerson, County of Marin Health and Human Services

Wade Flores, San Francisco HIV Community Planning Council

Kevin Hutchcroft, San Francisco Department of Public Health

Dean Goodwin, San Francisco Department of Public Health

The core Integrated Plan Work Group received invaluable support from staff of the Shanti Project, which provides ongoing administrative support both to the former EMA Health Services Planning Council and to the new merged HIV Community Planning Council. Key Shanti Shanti staff participants in the planning process included Mark Molnar, Ali Cone, and Liz Stumm. The San Francisco Department of Public Health contracted with two experienced consultants to provide planning, facilitation, needs assessment, and writing support to the Plan development process. The first of these, Michael DeMayo, has worked extensively in the past with the Department's Community Health Equity and Promotion Branch, which is responsible for HIV prevention direction and oversight. The second consultant, Robert Whirry, has a long-term relationship with the Department's HIV Health Services Unit, the local Ryan White Part A and B grantee.

B. COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT

The Integrated Plan Work Group met on a **monthly** basis from February through June, 2016, to collect information and collaboratively discuss and develop key Plan components, and conducted **two** separate planning retreats in June - one on **June 8** and one on **June 28**. The Work Group conducted a comprehensive review of both the 2012 - 2014 Comprehensive HIV Services Plan Care Plan and the 2015 Update to the Jurisdictional HIV Prevention Plans for the City and County of San Francisco, San Mateo County, and Marin County, assessing progress made toward key objectives and activities in both documents. The Work Group generated an overall structure for the planning process and developed approaches to producing a **merged vision** of HIV prevention and care in the region designed to parallel the work of the newly merged Planning Council. The Work Group reviewed key and emerging findings, reports, and data related to HIV prevention and care that would inform its discussions and decision-making. **Additionally, the Work Group commissioned and conducted an ambitious series of ten community input groups incorporating participation from all three counties, and including input from HIV-impacted consumers and HIV care providers and planners** (see following section on Community Engagement for a detailed description of this process).

The newly merged Planning Council met for the first time in August, 2016. Given this, a guiding priority in the Work Group's activities was the fact that although it was working to produce a five-year roadmap for HIV prevention and care in the San Francisco region, it was critically important to allow the Planning Council to develop its **own** new vision and plans, rather than asserting a set direction for the Council before it had had a chance to meet. For this reason, the Work Group set at one its goals developing a Plan document that would allow for **maximum flexibility and adaptability** over the five-year period over which the Plan would unfold**.** The Work Group consciously decided to present **options** for potential new HIV activities in the Plan rather than **required mandates**, to allow the merged Council to put its own stamp on the document over time.

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 challenge and change. This Action Plan was presented to and discussed by the merged Planning Council's **Steering Committee** at its meeting on **August 18, 2016.** The Steering Committee unanimously approved the Action Plan with slight revisions and the Plan was later unanimously considered and approved by the Planning Council at its inaugural meeting on **September 2, 2016.** At that same meeting, the Council considered and approved a set of **core values** for the Integrated Plan. A full draft of the complete Integrated Plan was later sent to all Planning Council members on **September 19, 2016** for consideration and final approval at its meeting on **September 26, 2016.**

The 2017 - 2021 San Francisco Integrated HIV Prevention and Care Plan provides a wide-ranging blueprint designed to help guide the future of HIV activities in our region over the next five years. The Plan seeks to provide a **flexible, responsive, and adaptable** framework for information-gathering, resource allocation, and service planning and organization that gives the new Planning Council maximum opportunity to respond quickly to emerging changes in HIV funding, services, and prevention approaches.

B. COLLABORATIONS, PARTNERSHIPS, AND STAKEHOLDER INVOLVEMENT

b. Stakeholders and Partners Not Involved in Planning Process

Through its extensive ties to the community, the diversity of its membership, and the ten input sessions conducted as part of the Work Plan's activities, virtually all key regional stakeholders were involved in the integrated planning process. Because of the imminent Planning Council merger, a decision was made not to expand Work Group membership to include individuals **not** on the two existing Councils, to allow the planning process to provide an initial first step for Work Group members to collaborate together and forge a merged vision of prevention and care. However, the broad-based nature of the Plan's information-gathering process ensured the input of virtually all sectors of the HIV prevention and care communities in the San Francisco region.

c. Letter of Concurrence

Please see Letter of Concurrence from the new San Francisco HIV Community Planning Council at the beginning of this Plan document.

C. PEOPLE LIVING WITH HIV (PLWH) AND COMMUNITY ENGAGEMENT

a. Reflectiveness of Plan Development Participants

The San Francisco Integrated HIV Plan Work Group oversaw an ambitious series of **ten** community input groups designed to solicit data from throughout the three counties on the broadest possible range of current HIV prevention and care issues, needs, and populations. Eight of these input groups were designed to elicit input from **persons living with and at risk for HIV,** focusing on populations heavily impacted by HIV as determined by both epidemiological and needs data**.** Two of these groups were held among **persons 50 and older living with HIV** while one consumer group each was held among **African Americans** (Freedom Friday group), **transgender persons, women,** and **Spanish-speaking individuals**. An additional input group was held as part of a **Town Hall meeting in Marin County** to solicit information from HIV-impacted consumers and providers. The final consumer input group was held in the context of a regular meeting of the San Francisco HIV Health Services Planning Council's **PLWHA Advocacy Group**, incorporating many long-time activists with a uniquely comprehensive perspective on local HIV prevention and service needs.

Two additional input groups were held that focused on the perspectives of **HIV providers and planners**, in order to give insight into current and emerging prevention and care delivery issues and potential solutions**.** The first group, conducted in May 2016, involved leaders of the **San Mateo County STD/HIV Program**, and elicited critical information on needs in the county. The second group, conducted in June 2016, involved a set of physicians, nurses, social workers, and client support staff working within the **Ward 86 clinic** at San Francisco General Hospital - the region's largest HIV clinical facility, providing support for many of the region's most impoverished and complex HIV-diagnosed populations.

C. PEOPLE LIVING WITH HIV (PLWH) AND COMMUNITY ENGAGEMENT

The chart below outlines the composition, sponsor, location, and date and time of each of the ten input groups held as part of the 2016 integrated planning process:

GROUP TOPIC / COMPOSITION	PARTNER / SPONSOR	LOCATION	DATE	TIME
50 and Older Group # 1	Chip Supanich / Joint Work Group on HIV and Aging	SFDPH 25 Van Ness Ave., SF 94102	Monday, April 11	2:00 PM - 4:00 PM
San Francisco AIDS Foundation 50 Plus Network	Vince Crisostomo / SF AIDS Foundation	SFAF 1035 Market St., 4th Floor, SF 94103	Tuesday, April 27	6:30 PM - 8:30
San Mateo HIV Providers Group	Darryl Lampkin / San Mateo County Health Dept.	San Mateo Medical Center / Edison Clinic 229 W. 39th Ave, San Mateo 94403	Thurs, May 12	1:00 PM – 3:30 PM
San Francisco AIDS Foundation Freedom Friday Group	Timothy Foster / SF AIDS Foundation	SFAF 1035 Market St., 4th Floor, SF 94103	Friday, May 13	11:00 AM - 12:00 Noon
San Francisco Trans* Advisory Group	Oscar Macias / SF Department of Health	SFDPH 25 Van Ness Ave., SF 94102	Tues, May 17	10:00 AM - 11:30 AM
Planning Council PLWHA Advocacy Group	Mark Molnar / SF Shanti	SFDPH 25 Van Ness Ave., SF 94102	Weds, May 18	3:00 PM - 5:00 PM
Marin County HIV/ AIDS Care Council Community Forum	Kevin Lee / Marin Co. Dept. of Health and Human Services	Marin Co. Health & Wellness Campus 3240 Kerner Blvd., Room 110, San Rafael 94901	Weds, May 18	5:30 PM - 7:30 PM
Ward 86 Clinicians Lunch	Monica Gandhi / SFGH	SFGH Ward 86, 1001 Potrero, San Francisco 94110	Friday, June 3	12:00 Noon - 1:00 PM
Shanti Women's Input Group	Eric Sutter / SF Shanti	730 Polk St., # 3, San Francisco 94109	Monday, June 6	5:30 PM - 7:00 PM
Spanish Language Input Group	Shaddai Martinez / Mission Neighborhood Health Center	240 Shotwell St., San Francisco 94110	Monday, June 20	6:00 PM - 7:30 PM

C. PEOPLE LIVING WITH HIV (PLWH) AND COMMUNITY ENGAGEMENT

b. Inclusion of Persons Living with HIV (PLWH)

Eight of the ten input groups conducted as part of the integrated planning process were either primarily or exclusively comprised of persons living with HIV (PLWH), including groups specifically involving persons 50 and older with HIV, women, transgender persons, and persons whose primary language was Spanish. Additional input sessions conducted with the San Francisco PLWHA Advocacy Group and at the Marin County Community Forum also were made up almost exclusively of persons living with HIV. This wide range of input gave our process a uniquely broad perspective in terms of both the needs of PLWH and the ways in which PLWH felt the system could be enhanced to provide better and more accessible care and prevention services. Additionally, several members of the Plan Work Group were persons living with HIV, and the group considered a broad range of epidemiological, research, and needs assessment data that specifically described the state of the HIV epidemic in our region in terms of its direct impact on PLWH. Many of the objectives contained in the Action Plan specifically relate to the impacts of HIV on consumer populations, while the potential strategies almost universally describe activities and initiatives that would directly enhance or improve HIV care and prevention services for this population.

c/d. Community and Consumer Engagement Methodologies to Ensure Responsiveness and Solve Problems

The ten-session group process involved the direct participation of at least **110** consumers in giving thoughtful, knowledgeable input to the development of five-year Integrated Plan targets and recommendations. **The input groups were specifically focused less on identifying individual needs and barriers to care and more on coming up with ideas for improving the overall system of HIV prevention and care.** This resulted in highly interactive sessions in which participants frequently brainstormed and discussed potential HIV system enhancements, resulting in hundreds of suggestions, concepts, and ideas for improving HIV prevention and care. These suggestions and concepts, which were recorded by consulting group facilitators, were initially compiled into long lists that were presented to the Integrated Plan Work Group, categorized by the input group at which the set of ideas was generated.

C. PEOPLE LIVING WITH HIV (PLWH) AND COMMUNITY ENGAGEMENT

At its first major planning meeting in early June, the Work Group reviewed these concepts in break-out groups, first eliminating or merging duplicative comments and suggestions, and then highlighting suggestions and ideas that seemed practicable to accomplish within the current system. The Work Group also informally broke this first large set of suggestions into **three** broad categories: 1) ideas that could be enacted directly by the Planning Council, if desired, using existing prioritization and allocations authority, particularly in regard to HIV care services; 2) ideas that could be enacted through a collaboration between the Planning Council and local entities, or through local entities themselves, such as county agencies, community-based providers, or members of the local health care system; and 3) concepts that were important to the Work Group but over which the Planning Council or local HIV agencies had little or no influence outside of input and advocacy, such as altering the enforcement of laws used in a discriminatory manner against transgender persons. In general, concepts that fit into the third category were incorporated into the Plan in the form of **values,** rather than as direct recommendations. The Work Group merged these values with other critical underlying concepts that had repeatedly emerged during the planning process – such as the importance of culturally competent service – to create the merged value statements that are presented prior to the actual Action Plan.

During the second major meeting in late June, the Work Group reviewed a smaller revised list of recommendations and concepts, based on the review of the larger list at the first meeting. This time, the suggestions were grouped by **specific subject area or category**, such as concepts to expand HIV testing, concepts to improve retention in HIV care, or concepts to eliminate disparities in regard to specific populations. The Work Group ranked these suggestions on a 1 to 5 scale, with 5 being highest, based on both the perceived importance or potential impact of the concept and the likelihood that the idea could by implemented through Planning Council action or advocacy during the five-year Plan period. The roughly **50** ideas that received a score of 4 or higher were included in the Plan document as potential activities that **could** be undertaken by the new merged Council once it had begun to shape its own direction and priorities. These potential activities were then merged with relevant strategies that had been included in the 2015 Prevention Plan update, and placed under the corresponding quantitative objective in the Action Plan. This process provided a unique strategy for **directly incorporating** the input of persons living with HIV, along with high-risk persons, clinicians, and providers, in the actual substance of the 2017-2021 Plan document.

Section III: Monitoring & Improvement

A. PLAN MONITORING PROCESS

Monitoring and evaluation of the 2017-2021 Integrated Plan will be the combined responsibility of the newly formed San Francisco HIV Community Planning Council, the San Francisco Department of Public Health, and the Marin and San Mateo County HIV/AIDS programs. Joint Plan monitoring is essential because the Plan's action steps involve several different entities both inside and outside 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, Plan oversight will be the responsibility of the Council's **Steering Committee**. Before implementation of the Plan begins in January 2017, the Steering Committee may make the decision to form a **Plan Monitoring Subcommittee or Work Group** that will have specific responsibility for monitoring, implementing, and reporting on the Integrated Plan process. Conversely, the Committee may determine that it is able to oversee the Plan implementation process on its own by assigning specific Plan sections to designated Steering Committee members or groups of members.

The first stage in the Plan monitoring process will involve the preparation of a **Plan Implementation Grid** in collaboration with representatives of the local health departments and 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. Activities and timeframes detailed in 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 monthly Planning Council meetings. Where needed, the Steering Committee will highlight key issues or problems in Plan implementation, and will hold discussions with the Council to address specific barriers or challenges 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 all three local jurisdictions will have the opportunity to suggest modifications or additions to the Plan throughout the five-year Plan period. This is particularly important in a time of unprecedented change for the healthcare system as a whole. 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.

Community engagement has been a vital component of the Integrated Plan development process, and will continue to be a vital element of Plan monitoring and oversight throughout the implementation period. Supported by nearly two decades of successful collaboration between both the HIV Health Services Planning Council and the HIV Prevention Planning Council and local communities, stakeholders, and public and public agencies, the newly merged Planning Council will continue to engage persons at risk for and infected with HIV to inform and provide feedback on the 2017-2021 Integrated Plan and on progress made in implementing the Plan's goals and objectives. The Planning Council will continue to provide opportunities for the community at large to participate in the Plan monitoring process through input meetings, focus groups, forums, and both large-scale and focused needs assessments.

B. MONITORING QUANTITATIVE PLAN OBJECTIVES

The San Francisco HIV Community Planning Council will incorporate careful monitoring and evaluation of the quantitative SMART objectives contained in Section II of the Plan into the overall monitoring process. The Implementation Grid to be developed in early 2017 will include clear timelines, action steps, and assigned responsibilities for tracking and reporting progress toward SMART objectives, targets that will developed in collaboration with the HIV prevention and care units of the three local health departments, the San Francisco HIV Epidemiology Section, and other epidemiological and data units of the collaborating counties, perhaps in the context of an initial large-scale, cross-jurisdictional planning meeting.

The Implementation Grid is expected to include a requirement for at least **annual** reporting to the Planning Council on progress made toward SMART objectives, including objectives specific to the HIV Care Continuum and in regard to creating a three-county HIV Care Continuum, and including combined three-county data in the annual San Francisco HIV Epidemiology Report. In some cases, the Planning Council may request more frequent updates on urgent, complex, or time sensitive objectives, such as in the case of the goal to eliminate hepatitis C among persons living with HIV in the jurisdiction by the end of 2019.

In keeping with the view of the Integrated Plan as a living document, additional quantitative objectives may be added to the Plan over time to reflect emerging knowledge, issues, or tracking technologies. SMART timelines or targets also be modified at any time to reflect rapid progress in a given area or to more realistically respond to unanticipated barriers or challenges. For example, as enhanced data collection systems and processes continue to evolve for tracking PrEP utilization, including the production of more reliable baseline data, PrEP objectives in the Plan may be modified upward or downward to reflect more realistic or ambitious targets for PrEP expansion. All modifications to SMART objectives will be developed through a collaborative process involving the Planning Council and local public agencies, and will be fully discussed and approved by the Council prior to being included in the Integrated Plan.

C. USING FINDINGS TO TRACK IMPACTS ALONG THE HIV CARE CONTINUUM

The San Francisco region has pioneered the use of detailed HIV surveillance data to better identify HIV-positive populations that are either not currently linked to HIV care or are at risk of falling out of care, with the objective of permanently linking or re-linking these individuals to comprehensive HIV services. Several years ago, San Francisco developed a highly influential set of new approaches to mapping HIV-infected PLWHA in the city using zip codes and census tracts as a way to help target HIV testing outreach and prevention efforts. These efforts were instrumental in helping the city develop new strategies for better targeting outreach and prevention efforts on those neighborhoods whose residents were least likely to know their HIV status or to be in care. The region has consistently expanded and built upon these approaches and is now able to harness client-level data information to the work of the city's LINCS team in order to continually identify and link or re-link to care persons with HIV who are not currently served by the system, with the eventual goal of eliminating health outcome disparities in regard to HIV.

At the same time, the region is currently in the process of developing new integrated data systems to more accurately and comprehensively track progress toward Continuum outcomes, including the Population Health Network Information Exchange (PHNIX) initiative which will help improve HIV test results disclosure, linkage to care, partner services, and re-linkage for out of care patients, as well as STI, hepatitis, and tuberculosis services and outcomes.

The new Integrated Plan also includes several activities designed to enhance data collection, analysis, and reporting capacity in Marin and San Mateo Counties by sharing data expertise and technical assistance between San Francisco and these two region. These activities are specifically designed to help the two counties better identify high-risk and out-of-care populations; to more efficiently target prevention resources to address highest-risk areas and populations; and to produce more reliable Continuum-related data. These efforts will also address broader regional risk factors related to risk-related travel and movement among the three jurisdictions.

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