HRSA/HAB
ENDING THE HIV EPIDEMIC
FUNDING OPPORTUNITY
HRSA 20-078

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DIRECTOR OF HIV HEALTH SERVICES
San Francisco Department of Public Health
October 28, 2019
This HRSA HAB initiative is authorized under Section 311(c) of the Public Health Service Act, (42 U.S.C. § 243(c)) and title XXVI, (42 U.S.C. § 300ff-11 et seq.), with the funding to be used in conjunction with the RWHAP. As such, there is the opportunity for RWHAP programs funded under this announcement (NOFO HRSA 20-078) to have a broader approach to addressing HIV in their communities.
This **10-year initiative** beginning FY **2020** seeks to achieve the important goal of **reducing new HIV infections** in the United States to **less than 3,000 per year** by 2030.
ETHE PLAN FOR HIV CARE

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>$291M FY-2020 ETHE Funding</td>
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<td>$170M Additional Other HIV</td>
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<td>Funding beyond ETHE</td>
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<td><strong>Total</strong></td>
<td><strong>$461M</strong></td>
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The first phase of the initiative will focus on 48 counties, Washington DC, San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.

- CDC – $140M
- HRSA MAI - $54M
- HRSA Ryan White - $70M
- SAMHSA MAI - $116M
- HRSA Health Clinics - $50M
- Indian Health - $25M
- NIH - $6M

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**Total Other HIV Funding**

- $291M FY-2020 ETHE Funding
- $170M Additional Other HIV Funding beyond ETHE
- **$461M**
The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS 2020) is a 5-year plan (with the possibility for an additional 5 years) that details principles, priorities, and actions to guide the national response to the HIV epidemic.

Activities funded by RWHAP focus on addressing these FOUR GOALS:

1) Reduce new HIV infections
2) Increase access to care and improve health outcomes for people with HIV
3) Reduce HIV-related health disparities and health inequities
4) Achieve a more coordinated national response.
Diagnose all individuals with HIV as early as possible.

Approximately 165,000 Americans are living with HIV but don’t know they have it. Early detection is critical and can lead to quicker results in treatment and prevent transmission to others. Using the latest diagnostics and advanced automation systems, ETHE will make HIV testing simple, accessible, routine, and will connect people with HIV immediately to care.
**Treat people rapidly and effectively to reach sustained viral suppression.**

People with HIV who take medication as prescribed and stay virally suppressed can live long, healthy lives and have effectively no risk of sexually transmitting HIV to a partner. 80% of annual new infections are transmitted by those living with HIV who are not receiving HIV care and treatment. ETHE will establish and expand programs to follow up with people with HIV no longer receiving care—and provide the resources needed to re-engage them in effective HIV care and treatment.
**Prevent new HIV transmissions by using proven interventions**

- *PrEP and syringe services programs (SSPs).*

Of the estimated 1 million Americans at substantial risk for HIV and who could benefit from PrEP, less than 1 in 4 are actually using this medication. Nearly 30 years of research has shown that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.
Respond quickly to potential HIV outbreaks

New laboratory methods and epidemiological techniques allow us to see where HIV may be spreading most rapidly, thereby allowing CDC and other partners to quickly develop and implement strategies to stop ongoing transmission. We will work with impacted communities to ensure they have the technology, personnel, and prevention resources to follow up on all HIV cases and to intervene to stop chains of transmission, and to get those impacted into appropriate care and treatment.
BUILDING ON THE WORK THAT’S ALREADY BEEN DONE
HRSA IS ENCOURAGING INNOVATIVE PROGRAMS THAT ARE LESS RESTRICTIVE THAN PROGRAM IS CURRENTLY DESIGNED

- **ONLY AN HIV DIAGNOSIS IS REQUIRED**
- **NO SERVICE CATEGORY LIMITATIONS**
- **FUNDER OF LAST RESORT REMAINS A REQUIREMENT**
- **HRSA LOOKING FOR A 75% REDUCTION IN NEW HIV CASES**
**SIX POPULATIONS OF FOCUS**

- People who are Experiencing Homelessness
- People who Use Drugs
- Individuals who are Incarcerated or have been Recently
- Black / African Americans
- Latino/x Men who have sex with Men
- Trans Women

**HRSA applicants must describe how proposed activities will address Pillar Two (Treat), including:**

- Expanding access to HIV care and treatment in the focus jurisdictions for people with HIV, both those who are newly diagnosed and those who are not engaged in care, and/or not virally suppressed; and
- Addressing unmet needs and improving client-level health outcomes.
# SAN FRANCISCO APPLICATION

## SERVICES IN THE APPLICATION INCLUDED

<table>
<thead>
<tr>
<th>Expanded services for people experiencing homelessness</th>
<th>Enhanced psychiatric consultation</th>
<th>Expanded CoE &amp; Non-CoE community-based services</th>
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<tr>
<td>Expanded mental health services</td>
<td>Expanded administrative support for HIV Health Services</td>
<td>Augmented post-incarceration navigation</td>
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<td>Enhanced and expanded ICM programs</td>
<td>Expanded housing case management</td>
<td>Innovative status-neutral access points</td>
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<td>Innovative Black &amp; African American service delivery programs</td>
<td>Expansion of Primary Medical Care during off hours and weekends</td>
<td>Expanded street based services</td>
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<tr>
<td>Tele-psychiatry support</td>
<td>LINCS</td>
<td>Expansion of peer to peer support</td>
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<tr>
<td>Peer support to HIV-positive Trans Women</td>
<td>Long-term injectable ART</td>
<td>Expanded stabilization rooms</td>
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**INPUT GAINED FROM MULTIPLE FORUMS AND INTERVIEWS WITH OVER 30 SUBJECT MATTER EXPERTS, INCLUDING CONSUMERS, HCPC CO-CHAIRS, PROVIDERS, SFDPH HIV LEADERSHIP, HIV COMMUNITY PROVIDER ORGANIZATIONS, GTZ LEADERSHIP & HIV RESEARCHERS**
COMMENTS & QUESTIONS