

2021 YEAR IN REVIEW

SAN FRANCISCO EMA
HIV COMMUNITY PLANNING COUNCIL

JANUARY

Meeting Evaluation Score: 9.1

“Well-run meeting, informative presentation on COVID-19 and practical info on vaccine for clients.”

☐ COVID-19 Update by Dr. John Szumanski

☐ Needs Assessment Report: Youth by Dave Jordan

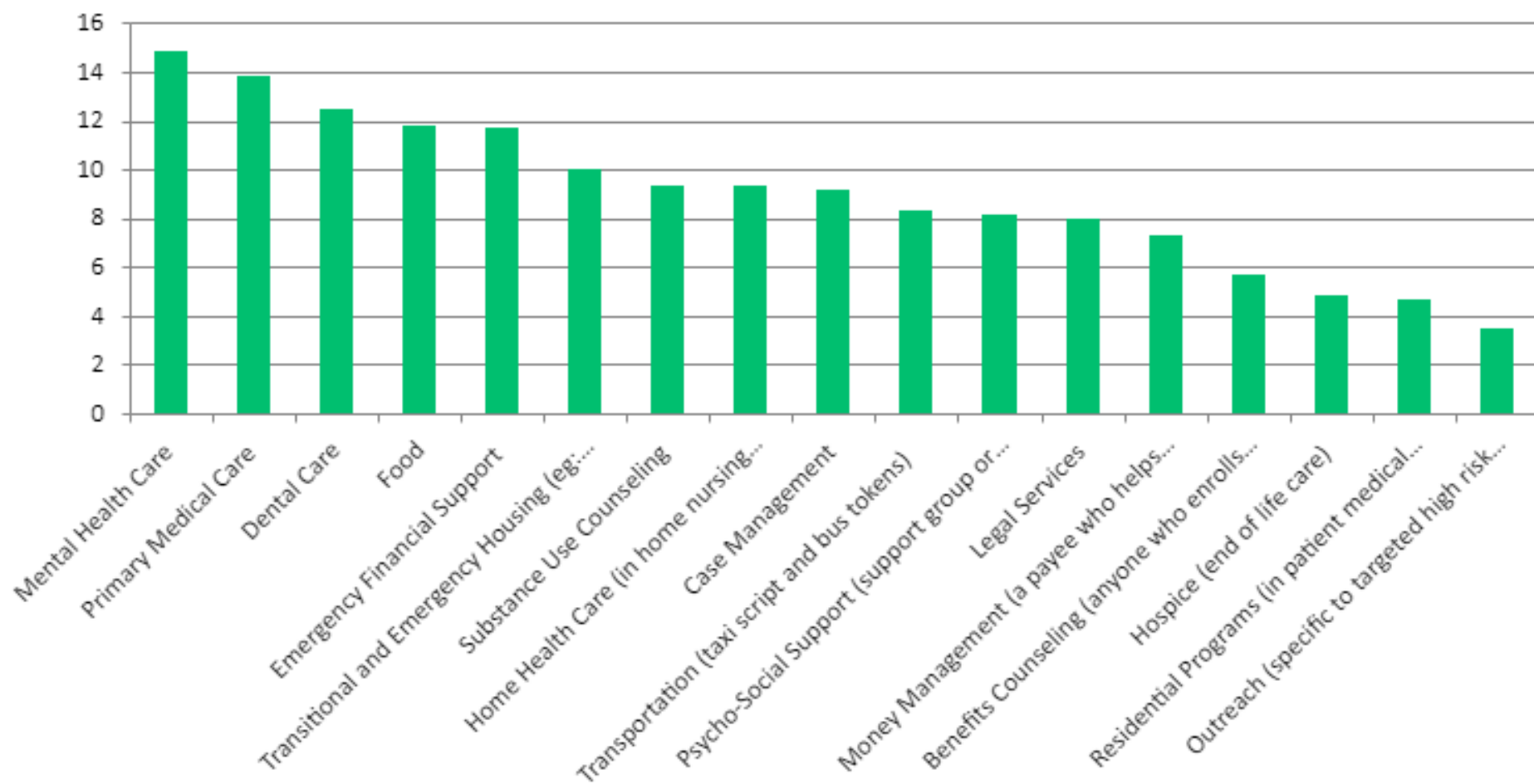
☐ COLA Report: Portuguese-speaking Consumers of Services by Melina Clark

From the minutes:

COVID-19 Update – Dr. John Szumowski:

- People with HIV and people without HIV have similar incidences and severity of COVID-19. There isn't much information on those with detectable viral loads so they may have a greater risk for severity. And, there isn't convincing evidence that antiretrovirals have significant impact on SARS-CoV-2.
- Treatment recommendations for those with HIV and those without HIV are similar.
- As a person with HIV it's important to continue with your HIV therapy without interruptions and be mindful of general health measures such as: quitting smoking, maintaining healthy weight, control your blood sugar if you're diabetic, making sure you're up to date on your vaccinations, etc.
- Dr. Szumowski reviewed how mRNA vaccines work.
- Pfizer and Moderna are mRNA vaccines that are highly effective approximately 95% efficacy. People have reported symptoms that are mild to moderate and resolve. Oxford/Astrazeneca is an adenoviral vector vaccine with approximately 70% efficacy.
- Allergic reactions have been reported but rarely
- HIV specific data is limited at the moment but it's possible the vaccine protection is reduced in persons with very low CD4 counts.

Service Category Prioritization



Mental Health (2020 COLA)

Participants spoke to challenges with mental health, including depression, anxiety and isolation.

Mental health challenges have been made harder by the pandemic

There is a need for more mental health services, including individual therapy and support groups

“I’m afraid of being alone and I’ve been feeling constantly depressed.”

“Since I was diagnosed with depression, it has been a daily struggle. I have not made many plans. The goal is not to die.”

“I need emotional support. I use sex as an escape to deal with that need. I also have anxiety and a complicated relationship with substances.”

“I do not have much contact with people, and it does not make me happy. However, I’m grateful that I’m healthy.”

FEBRUARY

Meeting Evaluation Score: 9.7

"I thought this was one of the best zoom meetings the council has had."

"Take it easy getting back to in-person meetings - no need to rush it, may need to consider extending virtual meetings for some time."

- ☐ Presentation on the HIV Advocacy Network by Ande Stone (SFAF)
- ☐ Richard Sullivan and Ney Nascimento elected as representatives to End the Epidemics Steering
- ☐ Small Group discussion:
 - Reflect on 2020 in terms of council work and consumer challenges
 - Discuss the impact of vaccine disbursal in 2020
 - Brainstorm goals for work in 2021

HEALTH JUSTICE

Healthcare is a human right

We fight for equitable access to healthcare for communities most impacted by the HIV epidemic.

- California End the Epidemics Plan
- Funding for HIV Prevention
- Rapid Syphilis Testing

HARM REDUCTION

Respect for people who use drugs

We believe in evidence-based public health policy that treats people who use drugs with dignity and respect in their journey around substance use.

- Safer Consumption Sites
- Contingency Management for people who use meth
- Syringe Access

HIV & AGING

Dignity in aging

Our elders fought for our right to access healthcare, that ensured that AIDS is not a death sentence. Now it's time to step up together and fight for the right to age with dignity.

- Mental Health services for Long Term Survivors
- Competent medical care & support for our long term survivors

HOUSING JUSTICE

Housing is healthcare

Housing is a human right, and we now that if you're worried about where you'll be sleeping you won't be able to take care of your health. Housing is fundamental to achieving justice for our communities.

- Housing subsidies for PLWHA
- Funding for permanent supportive housing

MARCH

Meeting Evaluation Score: 9.4

"I felt that the topic deserved more time... I am left wondering, where will these residents get housed? What are the consequences of this programmatic change to PLWHA?"

- ❑ HAPN Update by Bill Hirsh and Lance Toma
- ❑ RCFCI Update by Bill Musick re. proposed changes to RCFCI system
- ❑ Needs Assessment target: PLWH experiencing challenges during the COVID-19 pandemic approved by HCPC
- ❑ End the Epidemics Grantees presentation from Craig Espree/AIDS Project of East Bay and from Ming Ming Kwan & Miguel Ibarra/SF Community Health Center

HAPN Presentation

HIV Budget Request FY2021-22:

- Backfilling funding reduction
- Cost of doing business increase for grant funded contracts, addressing organization, sustainability, and consistency
- Preserving HIV prevention safety net
- New housing subsidies for people living with HIV
- Expanding mental health services for long term HIV survivors
- Launch of the first overdose prevention service site or supervised consumption site in San Francisco dependent on state legislation clearing legal hurdles

SF Health Center
Community Engagement: Transwomen

We need a room of our own (maybe we call it “You Go Girl!”) with trans leadership and staff, free from stigma, where refuge is guaranteed... where every policy, structure, etc. is trans-affirming and infused with the intimate knowledge of what it means to be trans.

We need a one-stop-shop that goes beyond health services. “Yeah, we need all that,” but also food, computers, employment training, life skills support, sisterhood, hair removal, a place to chill, have fun, and relax!

“When the agencies are open, I’m still asleep. When I’m up, things are wrapping up.” Services should start around 5pm at the earliest – we especially need a safe place throughout the night, to take a break when we’re working. 24 hours is key, safety is most important.

- 2013-14 – Selected RCFCIs reach out to MOHCD regarding potential changes to program structure
- 2015 – First assessment of RCFCI residents conducted by Institute on Aging
- Summer 2020 – MOHCD commissioned second assessment of RCFCIs by Integriti3D
 - Recommendations resulting from assessment were presented to each RCFCI program and accepted (Fall 2020)
- Currently MOHCD consultant is helping progress the change in licensing for each community
 - MOHCD has developed a FAQ explaining changes to RCFCI program staff and residents
 - RCFCI residents were assessed for appropriate placement/level of care (some residents may need move)
 - No resident will be made homeless as a result of RCFCI changes
- Spring 2021 - RFP for change of ownership/operation of Leland House to be released

APRIL

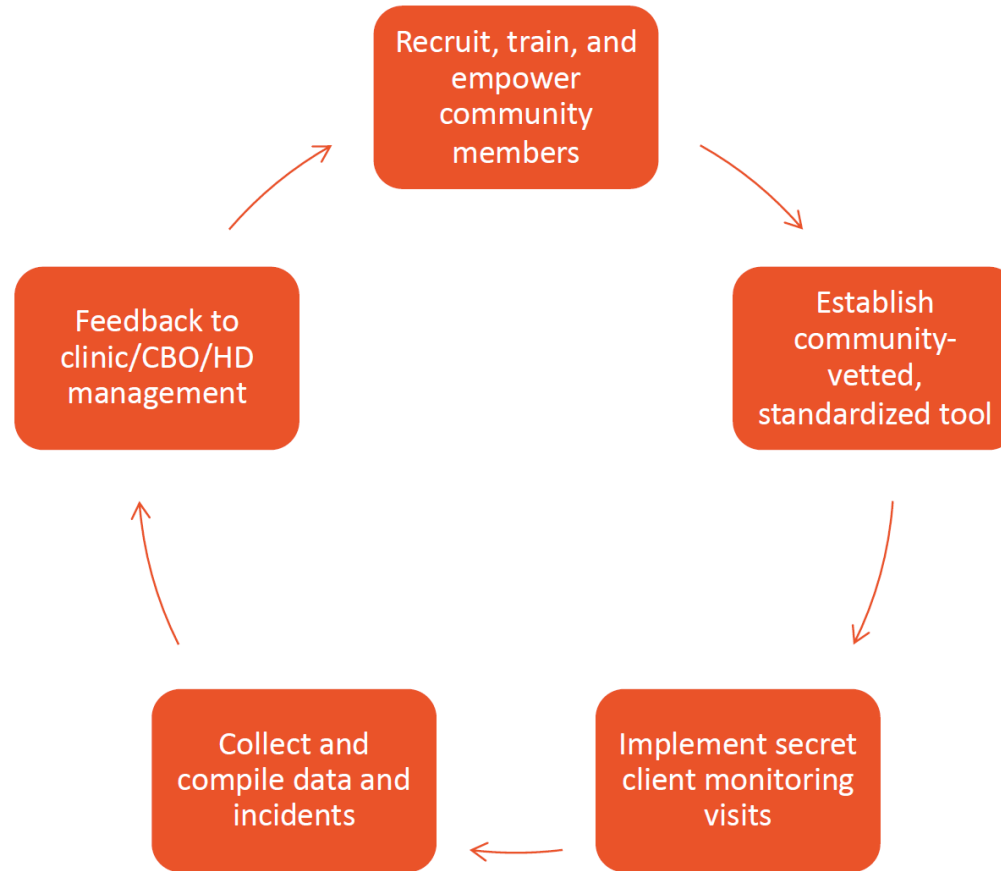
- ❑ Housing Update from Manuel Vasquez (MOHCD)
- ❑ Latino/a/x Engagement with and Use of the Secret Client Methodology by Angel Fabian/MPACT
- ❑ HCAP Annual Report by Stephen Spano (ALRP)

Mayor's Office of Housing and Community Development

Goals and Strategies

- 1 – Maintain current supply of housing/facilities dedicated to supporting PLWHA
- 2 – Increase supply of housing facilities dedicated to supporting PLWHA
- 3 – Increase resources available for subsidizing, creating and keeping housing more affordable for PLWHA
- 4 – Expand access to services for PLWHA that help increase housing stability
- 5 – Improve efficiency and quality of the housing and service delivery system

BASIC OVERVIEW OF SECRET CLIENT METHODOLOGY



- **Mental Health & Substance Use Disorder**

As in previous reports, mental health and substance use disorder issues continue to be a challenge. A large number of HCAP consumers have mental health issues, a substance use disorder, or both. Those currently struggling with substance use disorder or those who have a substance use disorder history may have barriers to securing services from some providers. Mental health can also create a barrier for the consumer seeking access to services as the consumer's interactions with a service provider may be negatively impacted; this could potentially create a situation where the consumer is terminated or suspended from services but most often presents as miscommunication or a feeling of being unsupported by a service provider. A consumer's mental health and substance use disorder can also negatively affect the consumer's housing as it may keep the consumer from being able to follow program rules or qualify for other housing opportunities. HCAP shares some of the same challenges as other service providers around mental health and substance use disorders.

The Shelter In Place Order in San Francisco and the corresponding emotions such as uncertainty, fear, and stress were omnipresent during the 2020-21 Contract Year. Many consumers reverted to behavioral patterns which sometimes prevented them from appropriately accessing services. In particular, these presented issues in their housing environments.

MAY

Meeting Evaluation Score: 9.6

“Let’s please continue this conversation with the meth harm reduction centers as well.”

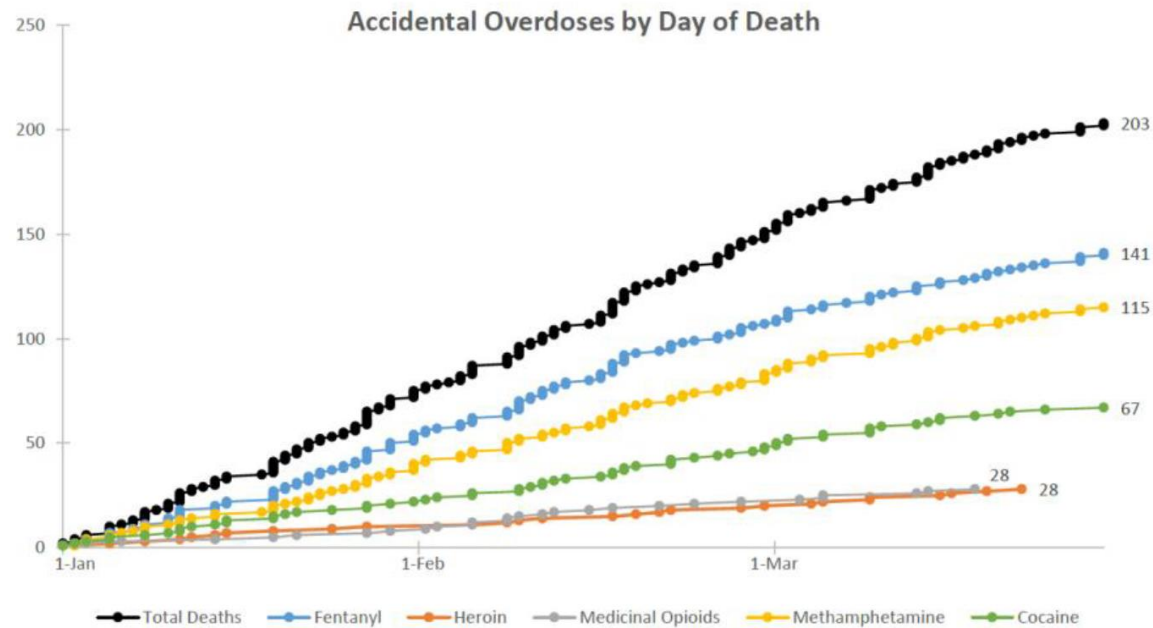
☐ Drug User Health presentation by Hanna Hjord, Eileen Loughran, and Katie Burk (CHEP)

☐ Small Groups re. Secret Client model

- *I can see both sides, but overall I still think that in light of all the rebuilding we have to do as a community, this may seem like unneeded oversight, and 'Big Brother'. Although client rights and care are and should remain top priorities, this process may add to a divide instead of bridging one.*
- *I think in our group there was a divide between younger and older in how they felt about the secret client methodology*

☐ Approved a motion for the HCPC to support the Drug Sobering Center

Overdose Deaths in San Francisco Jan through March, 2021



There were 713
accidental overdose
deaths in San
Francisco in 2020

In the first quarter
of 2021 San
Francisco has
experienced 203
accidental overdose
deaths.

Source: Office of the Chief Medical Examiner, Report of Accidental Overdose Deaths, April 2021.

SFDPH: Overall Goals and Strategies

Goals

Reduced yearly increases in total drug overdose deaths

Reduced disparity in yearly mortality rate

Strategies

Increase # of individuals with bupe prescriptions

Increase # of individuals who initiate contingency management

Increase % of individuals on medication for OUD for 6+ months

Increase percent of individuals who engage in care within 30 days of acute care discharge

Increase number of naloxone doses supplied annually throughout SF

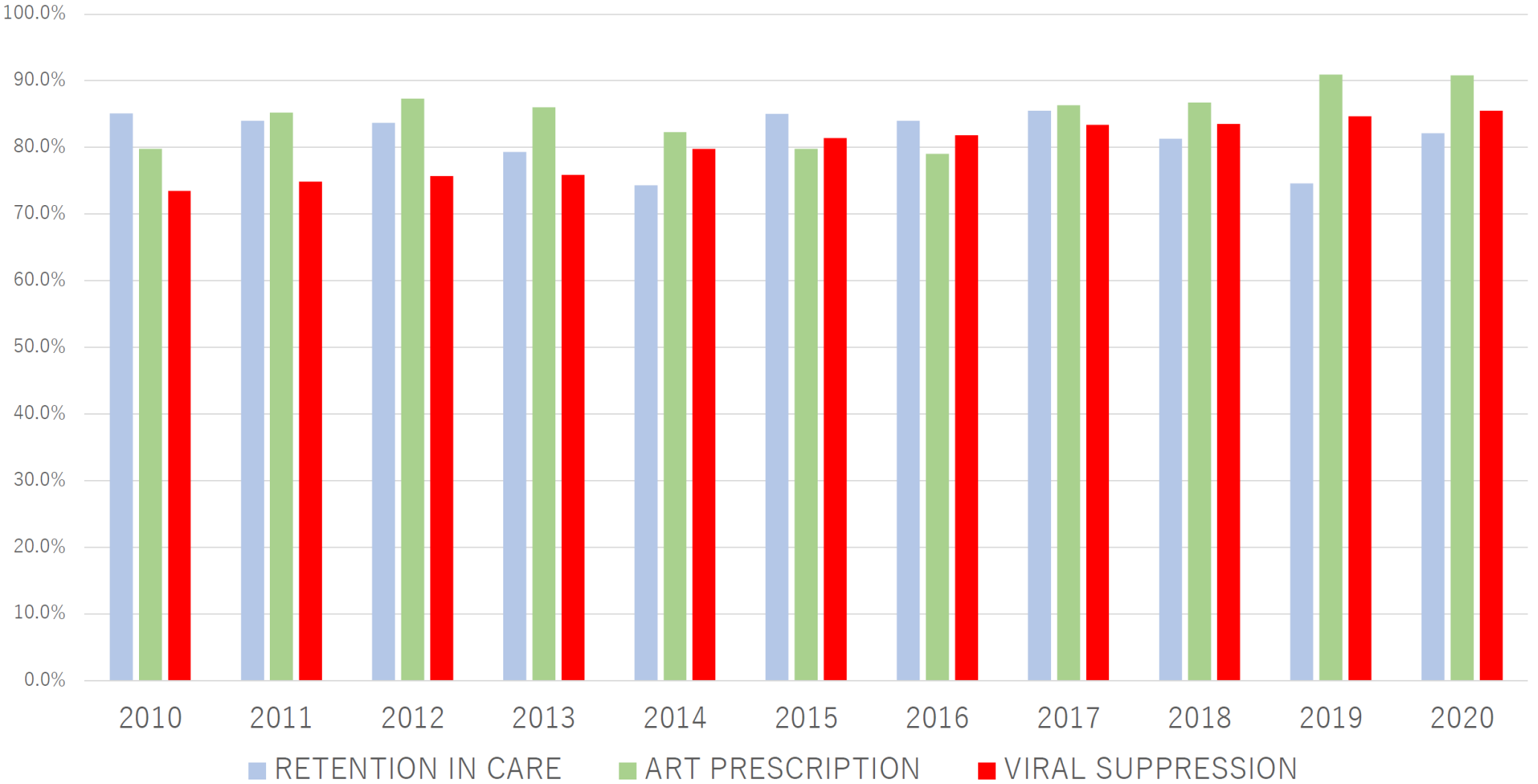
JUNE

Meeting Evaluation Score: 9.6

“Good meeting. Some unnecessary ranting on unrelated topics, but I'm used to it by now.”

- ❑ Continuing Quality Assurance presentation by John Aynsley (HHS)
- ❑ Hep C Services update by Jordan Akerley (Hep C Coordinating Committee and Shanti)
- ❑ Zachary Davenport approved to re-join the council as Behavioral Health government appointee (replacing Lily Krutel)
- ❑ Council approved a 75/25 waiver request from HHS to HRSA

SAN FRANCISCO – HIV CQI MEASURES



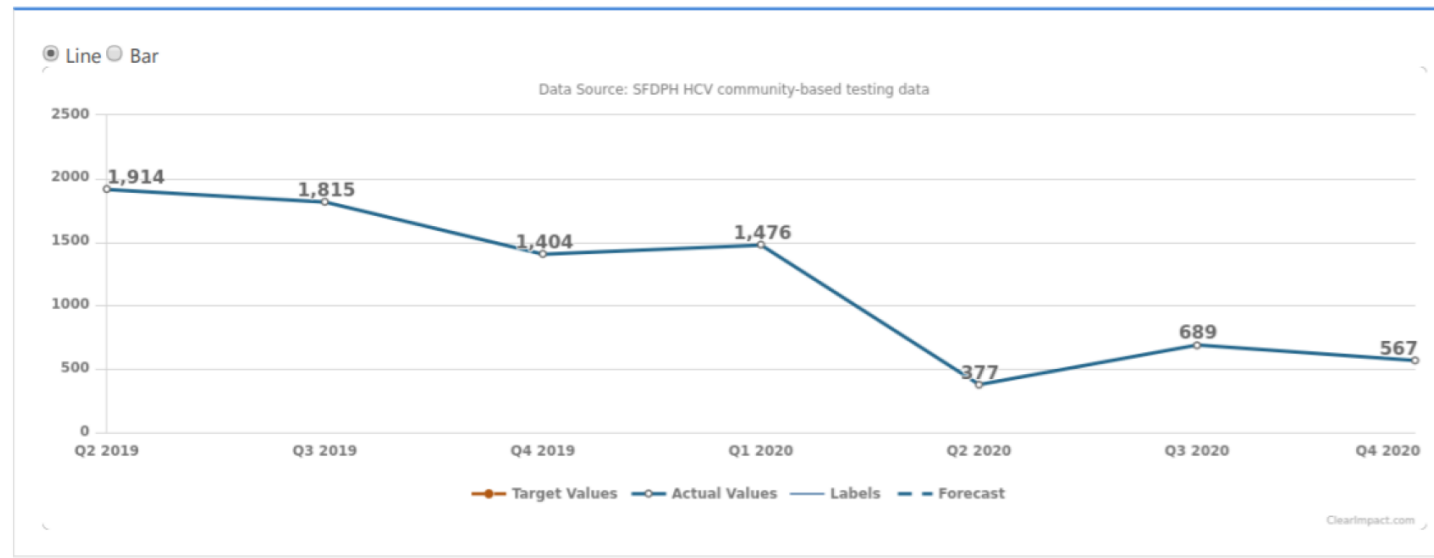
HCV Testing and Data

- ❖ Between 2017-2020 more than 11,500 people were tested for HCV
- ❖ In the second quarter of 2020, the COVID-19 pandemic impacted the number of tests performed

Antibody Testing - EHCSF and 2 more...

of community-based antibody tests

567 Q4 2020



JULY

Meeting Evaluation Score: 9.8

“Love that the whole meeting was dedicated to this important topic.”

“Amazing presentation, lengthy but needed since we haven’t gotten a presentation like this in a long time. Would love to dive deeper into current research data at another time, especially as it relates to ETE.”

- ❑ Trans Communities Update by Jenna Rapues (Gender Health SF) and Erin Wilson (TRUE)
- ❑ Council approved Chris Kent as the State Office on AIDS government appointee to the HCPC

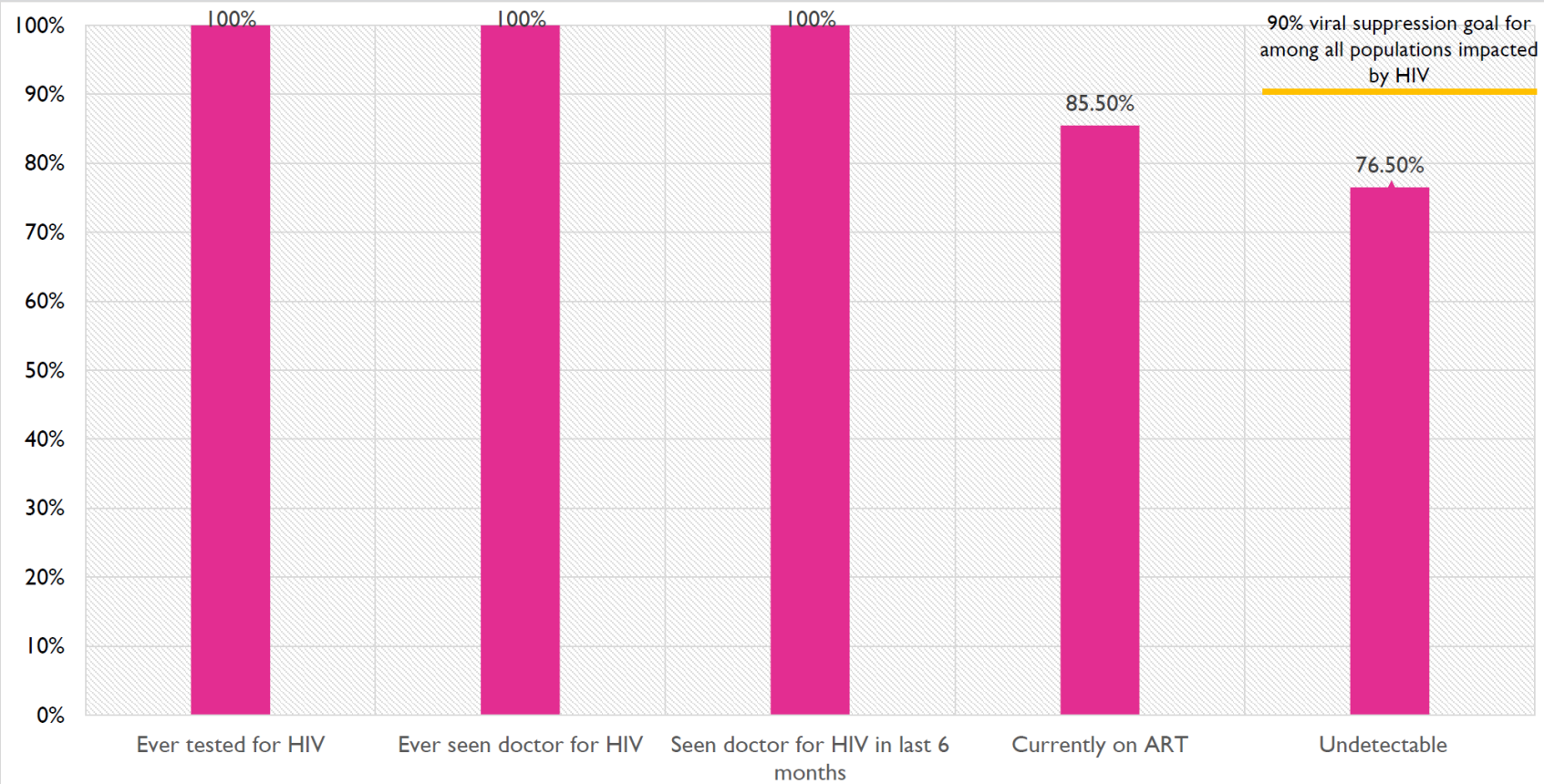
Human Rights Commission

“The Human Rights Commission of SF emphasizes that... an **individual determines their own gender identity and the sole proof of a person’s gender identity is that person’s statement or expression of their self identification**...refusing to treat transgender or gender-variant people in the same manner as other people is a violation of San Francisco laws. The Human Rights Commission is charged with investigating complaints of discrimination based on gender identity.

San Francisco Administrative Code Chapter
12A, 12B, 12C
San Francisco Police Code Article 33
Effective December 10, 2003

Not yet achieving 90% viral suppression among trans women in San Francisco

NHBS-Trans 2019/2020, (n = 85)



Whole Person Care



Recommendations for Providers:

- Embrace and de-pathologize gender nonconformity and non-binary experiences.
- Explore that “good care” can feel like barriers and gate keeping for historically disengaged and marginalized communities.
- Examine and be accountable to the complex & politicized role for health providers.

AUGUST

Meeting Evaluation Score: 9.9

“Great presentation and breakdown/explanation of the data and material presented. Always appreciate hearing from Maria and Flor, especially their perspective on the subject matter.”

- ☐ ARIES Report by Maria Lacayo and Flor Roman (HHS)
- ☐ HRSA Mandate presentation by Mark Molnar
- ☐ The council voted to approve the updated Eligibility Criteria and definitions for Severe Need and Special Populations
- ☐ The council voted to approve Carry Forward allocation for unexpended RWPA funds.

EMA Factoids

- **EMA-Wide** – The Unduplicated Client (UDC) is 6,339
 - 447 or 7.05% of clients served in the EMA were “new” in ARIES
 - 22 or 0.35% passed away during the reporting period
 - 137 or 2.2 % **shared clients** across counties within the EMA.
- **Marin County** – UDC is 250 or 3.94% of total EMA UDC
 - 16 or 6.4 % clients served in Marin were “new” in ARIES
 - 0 or 0% passed away during the reporting period
- **San Francisco County** – UDC is 5,695 or 89.84 % of total EMA UDC
 - 408 or 7.16% clients served in San Francisco were “new” in ARIES
 - 19 or 0.33% passed away during the reporting period
- **San Mateo County** –UDC is 531 or 8.42% of total EMA UDC
 - 43 or 8.10% clients served in San Mateo were “new” in ARIES
 - 5 or 0.94% passed away during the reporting period

Carry Forward Recommendations

Recommendation Focus	Amount	Notes
Emergency Financial Assistance Grants	\$ 128,265 RWPA	1) For increased demand due to COVID 2) Indicating \$25,000 in specified target amount for Senior Clients per FY19-20 Needs Assessment
Client Incentive Vouchers	\$123,739 (MAI)	Unexpended MAI funding from last fiscal year to be directed to purchasing client incentive vouchers which have been in higher demand since the beginning of the pandemic.
Total	\$ 252,004	

Severe Need

The following is to define severe need and special populations for the purposes of prioritizing and targeting Ryan White funded services.

To be in the “severe need” category, an individual must meet **all** of the following criteria:

- Disabled by HIV/AIDS or with symptomatic HIV diagnosis
- Active substance use or mental illness
- Poverty, defined as an annual federal adjusted gross income equal to or less than 150% of Federal Poverty Level (in 2021, \$12,880 for one person and \$17,420 for two people), which is **\$19,320** for one person or **\$26,130** for two people.

Special Populations

The Council recognizes special populations which have unique or disproportionate barriers to care. They need additional or unique services, or require a special level of expertise to maintain them in care. The following populations were identified, based on the data that has been presented to the Council:

- Populations with the lowest rates of viral suppression and who experience health disparities.
- Communities with linguistic or cultural barriers to care.
- Individuals who are being released from incarceration in jails or prisons, or who have a recent criminal justice history.
- Persons living with HIV age 60 years or older.

Recommendations

- Prioritize one-time only emergency funds for durable medical equipment (eyeglasses, hearing aids, mobility assistance equipment, and specialty dental care).
- Explore ways to augment mental health services, specifically to address issues surrounding aging. These services should include individual psychotherapy as well as support groups, with an emphasis on therapies by licensed staff or those with significant clinical expertise. These services would not be limited to clients with severe mental health diagnosis, but would be made available to those dealing with mental health challenges common to the ageing population, such as depression, anxiety, loneliness and isolation
- As new funds become available to create intensive case management program specific to the ageing population, inclusive of case managers skilled in working with those with complex challenges around both medical and benefits, as well as increased mobile peer advocacy.
- The Community Engagement Committee will compile demographic data by COE in order to assess the possibility of bolstering gerontology services within the current COE model. The committee will also explore collaboration with LTCC and the Department of Aging as well as seek ways to educate and share information within the aging population.

SEPTEMBER

Annual Service Category Prioritization and Resource Allocation Summit

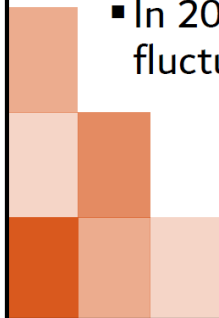
Meeting Evaluation Score: 9.8

“No room for improvement, this was a very smooth operation for a virtual meeting. I'm looking forward to a return to in-person meetings though, especially summits, I missed break-out groups and longer discussions.”

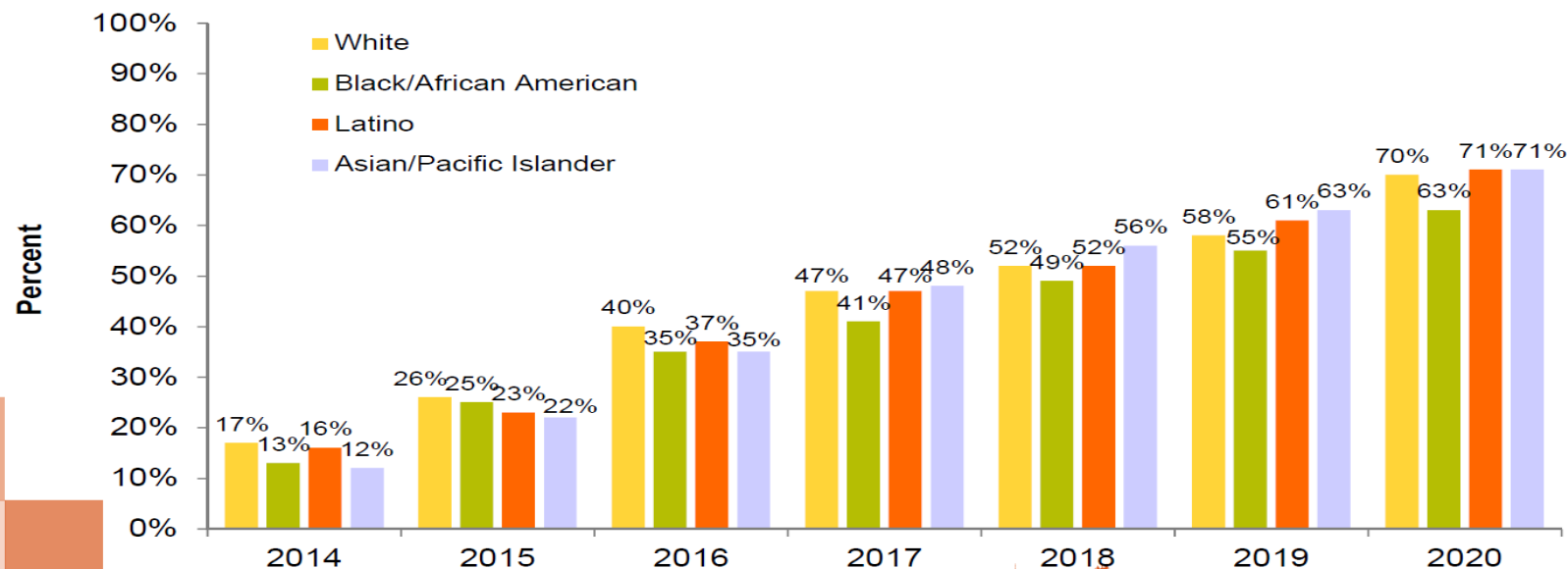
- ☐ Ryan White Part A Service Summary Sheets presentation by John Aynsley/HHS
- ☐ HIV Epidemiology report by Sharon Pipkin/ARCHES
- ☐ Service Category Prioritization
- ☐ Resource Allocation discussion and approval:
 - Increased Funding: If increased funding occurs, the council will reconvene to discuss this scenario.
 - Flat Funding: If funding remains at the current level, service category resource allocation will remain level across all categories
 - Decreased Funding: In the event of decreased funding, for the first 10% of reductions, allocations for services that are covered under California's essential health benefits package will be reduced proportionately. If further reduced allocation is required, reductions will occur proportionately across all service categories.

Summary of New Diagnoses

- From 2011-2020 subtle shift in gender distribution of annual diagnoses
- Decreases in 2020 diagnosis numbers among men in all risk groups
- Diagnosis rates in men: Whites declined from 2019, but Black and Latino men were level
- Diagnosis rates in women: Blacks had highest diagnosis rate; Black and Latina women were level compared to 2019
- In 2016-2020, diagnoses with any health coverage fluctuated from 65% to 73% each year



Proportion of PrEP eligible MSM currently on PrEP¹ by Race/ethnicity, San Francisco City Clinic, 2014-2020



¹ On PrEP at visit: (1) Answer 'yes' to are you currently on PrEP (2) Enrolled in PrEP as of visit.



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

OCTOBER

Meeting Evaluation Score: 9.7

“All the presenters made the information easy to understand and no filler.”

“Bye Cicily!”

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- ☐ David Gonzalez and Irma Parada re-elected as HCPC Community Co-Chairs
 - ☐ End the HIV/HCV/STI Epidemics update by Bill Blum (HHS), Hanna Hjord and Montica Levy (CHEP)
 - ☐ San Mateo County annual report by Matt Geltmaker (San Mateo DPH). HCPC approved San Mateo County prioritization and allocation
 - ☐ Marin County annual report by Nga Le (Marin DPH). HCPC approved Marin County prioritization and allocation

End the Epidemic Updates (10/20/21)

Provided by CM Sullivan

- ☐ Bill Blum reported – About to go live with blood lab program. Home-based RN Blood-draw to reengage shut-ins...
- ☐ CHLI Sexual and Drug User Health Pilot Program Update – Now in week 4, with 11 participants and 13 mentors.
- ☐ Shanti to subcontract mentorship component of CHLI. Mark Molnar and Eric Sutter to provide oversight, and collaborate with Springboard Health Labs.
- ☐ Possible SFDPH hiring by mid-November.
- ☐ CHLI sector standards
 - o Roles and Job classifications
 - o Develop sector standards in order to create a sustainable, supported workforce
 - o Transparent structure
 - o Shared policies and practices
 - o Growth and longevity in these sectors

ETE/EHE



Ending the HIV Epidemic Initiative (EHE)

- ❖ 10-year initiative that aims to end the HIV epidemic in the United States by 2030
- ❖ Funding from CDC and HRSA

Ending the HIV/HCV/STI Epidemics (ETE)

- ❖ In San Francisco, we added goals of elimination of hepatitis C (HCV) and reducing sexually transmitted infections (STIs)
- ❖ We are also including overdose prevention and COVID-19 services
- ❖ Addressing syndemics

ETE/EHE

Update on SFDPH Awards



Treatment dollars, HRSA-20-078: "Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B"

- ❖ HIV Health Services, SFDPH
- ❖ 5 years starting March 1, 2020
- ❖ Year 2 award: \$1.67M

Prevention dollars CDC, PS20-2010: "Integrated HIV Program for Health Departments to Support Ending the HIV Epidemic in the United States"

- ❖ 5 years starting August 1, 2020
- ❖ Comp A: \$2,290,288 – Community Health Equity & Promotion (CHEP), SFDPH
- ❖ Comp C: Year 2 award: \$800K
- ❖ Project Expand and Elevate (ExEI) San Francisco City Clinic (SFCC)

ETE/EHE

CDC Comp A

Key Upcoming Activities

Expanded status-neutral services (jointly funded by HRSA and CDC)

- *Jail Health Post-Incarceration Navigator*
- *Gender Health Navigator*
- *Expanded Street Medicine Team*

Expanded drug-checking services

- *Address overdose crisis and fatalities*
- *Incorporated into SFAF's PWUD Health continuum of care*
- *Gateway to care*
- *For communities with health disparities (Black/African American, Latinx, people experiencing homelessness, people who use drugs (injection, smoking, and inhalation), and people who have been incarcerated)*

CHEP Youth Advisory Council

ETE/EHE

HRSA/HHS Update

Programs Funded by Year

YEAR ONE 2020-2021	YEAR TWO 2020-21
<ul style="list-style-type: none">✓ UCSF POP-UP✓ AHP POP-UP✓ SFCHC HHOME✓ SFCHC Trans Access	<ul style="list-style-type: none">✓ UCSF POP-UP✓ AHP POP-UP✓ SFCHC HHOME✓ SFCHC Trans Access✓ SFAF Contingency Management (8/2021)✓ Westside Mobile Blood Draws (11/2021)✓ HIVIS / Jail Health (1/2022)✓ Gender Health✓ Street Medicine

NOVEMBER

- ❑ Council approved Nga Le as the government appointee for Marin County
- ❑ Getting to Zero update from Mary Lawrence Hicks and Liz Imbert (SFGH)
- ❑ Street Crisis Response Team report by Kathleen Johnson-Silk (Behavioral Health Services)

From the November HHS Report

Recent actions from HRSA/HAB will ease administrative burden for RWPA grantees:

- Elimination of annual Estimate of Unobligated Balance report submission for RWPA, which would have been due on 12/31/21. This had been a requirement to be able to apply for Carry Over of unexpended RWPA funds.
- Simplification of annual Core Services Waiver Request for jurisdictions that have received approval in previous year (e.g., San Francisco EMA). These changes, along with the Elimination of the 6-month recertification of RWP eligibility requirement previously announced in September 2021 HCPC meeting will reduce effort by Grantees, providers and clients. HHS is reviewing HRSA's Policy Clarification Notice regarding the recertification and will review guidelines issued by the Office of AIDS regarding policy changes announced for recertification for ADAP and HIV Care Program (RWPB).

With End the HIV Epidemic (EHE) funding, HHS will begin a home based RN Blood Draw Program in December 2021.

Street Crisis Response Team

Goal and Strategies

Goal: Provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.

1. Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.

2. Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer).

3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services.



Program Details

- Response
 - 911 calls that are classified as "800" codes, which indicate a call for service for a "mentally disturbed person," at a B-priority level (no violence or weapon)
- Team Staffing
 - Community paramedic (on rig)
 - Behavioral health clinician (on rig)
 - Peer health worker (on rig)
 - Multi-disciplinary team dedicated to linkages and follow up care coordination
- Vehicle
 - Fire Department Vehicle
 - Able to transport individuals to voluntary treatment locations

Getting to Zero San Francisco: Priorities, 2021-2025

Populations

- Black/ African American and Latino Residents
- Homelessness /Marginally housed
- Persons over 60 years
- PWUD
- Youth
- Trans and Cis Women
- Persons with mental illness

Reaching persons at risk

- Accessible testing- gateway to prevention and treatment
- Community, facility, and out of facility low barrier PrEP/PEP
- Innovative PrEP/PEP delivery models
- New agents, e.g. long acting

Responding rapidly and effectively

- RAPID program for new diagnosis and persons re-engaging in care
- POP UP program – walk in care for unstably housed
- Street outreach /medicine – out of facility care
- New treatment options: long acting

Rendering services

- Mental health services and support groups
- Substance use services, safe injection sites
- Housing services
- Multi-disease screening and linkage (e.g. Hep C, STI)

Centered on Racial Equity and Justice

