

SAN FRANCISCO ENDING THE HIV/HCV/STI EPIDEMICS (ETE)

October 26, 2020
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San Francisco Department of Public Health and
Facente Consulting

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Ending The HIV (HCV/STI) Epidemic

Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.


GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.

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.**

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ETE FUNDING AND IMPLEMENTATION

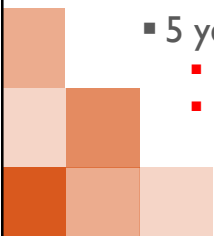
\$291M FY-2020 ETHE Funding	\$170M Additional Other HIV Funding beyond ETHE	<p>The first phase of the initiative will focus on 48 counties, Washington DC, San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden</p> 
CDC – \$140M	HRSA MAI - \$54M	
HRSA HAB Ryan White – \$70M	SAMHSA MAI - \$116M	
HRSA Health Clinics – \$50M		
Indian Health - \$25M		
NIH – \$6M		

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HRSA ETE funding: SF Awards FY20

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
 - \$1 million per year (+)
- **HRSA-20-091:** “Ending the HIV Epidemic-Primary Care HIV Prevention Supplemental Funding”
 - 5 years starting March 1, 2020
 - **Mission Area Health Associates** \$258,572 – private practice
 - **San Francisco Community Clinic Consortium** \$261,556

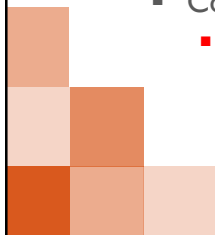


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CDC ETE funding: SF Award FY20

Prevention dollars (CDC)

- CDC PS-20-2010: “Integrated HIV Program for Health Departments to Support Ending the HIV Epidemic in the United States”
- 5 years starting August 1, 2020
- \$2.7 million per year (+)
 - Comp A: \$2,290,288 – **Community Health Equity & Promotion** (CHEP), DPH
 - Comp C: \$450,000
 - **Project Expand and Elevate (ExEI)** will enhance and expand integration of STI and HIV prevention care services at **San Francisco City Clinic (SFCC)**



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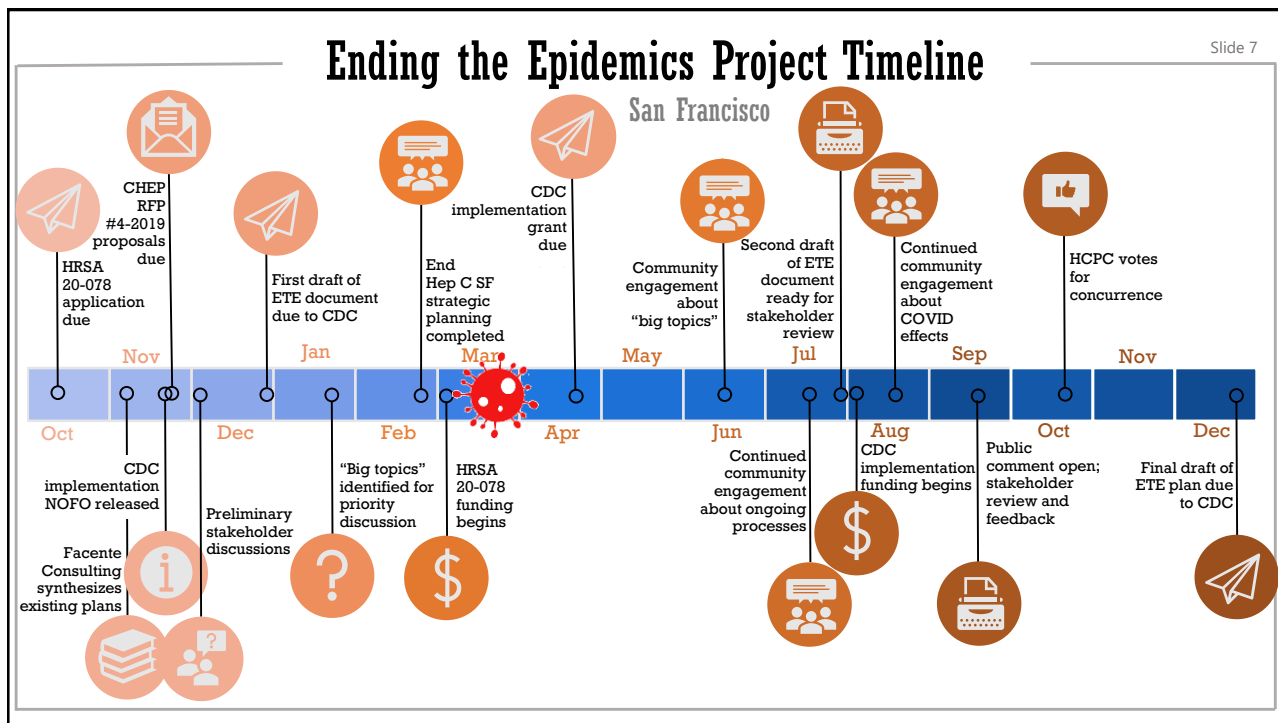
BUILDING ON THE WORK THAT'S ALREADY BEEN DONE: ROADMAP



San Francisco Department of Public Health

BLACK & AFRICAN AMERICAN HEALTH INITIATIVE

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What we're asking today: Concurrence

Please Consider

- Do the epidemiological profiles (infographics) and situational analysis accurately describe SF?
- Do the selected priority populations make sense?
- Are the proposed strategies likely to be effective in ending the HIV/HCV/STI epidemics in San Francisco, if implemented well?

Please Do Not Consider

- Elements of style/writing that do not impact the content
- Anything that you don't yet think has enough detail
- Details that can be adjusted moving forward

(THIS IS A LIVING DOCUMENT)

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Populations of Focus

People living with and at risk for HIV, HCV, STIs

- Black/African Americans
- Latinos/Latinas/Latinx
- Trans Women
- People Who Use Drugs
- People Experiencing Homelessness
- People with incarceration experience
- Youth and young adults
- Aging population living with HIV



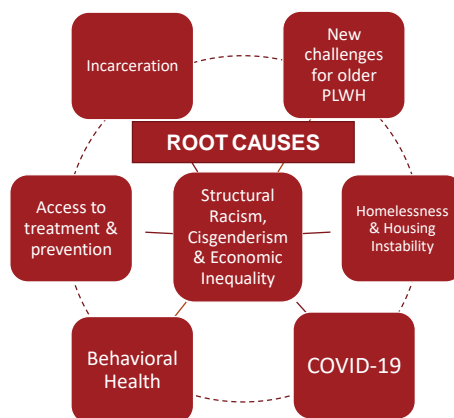
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HIV/HCV/STI Syndemics and Cross Cutting Themes

Root Causes: Structural Racism, Cisgenderism and Economic Inequality

Cross-Cutting Themes

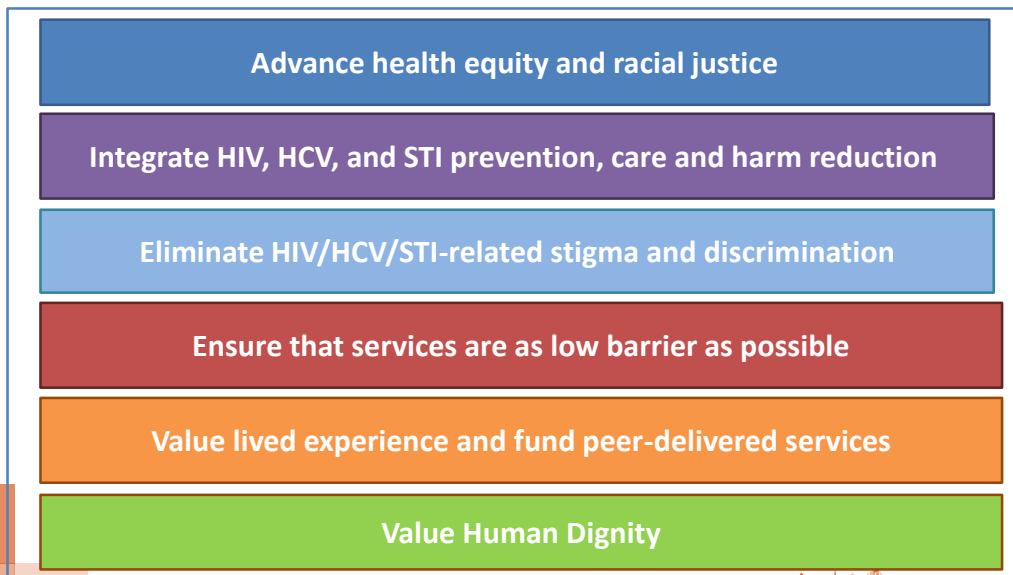
- Homelessness and Housing Instability
- Behavioral Health
- Access to Treatment and Prevention
- New Challenges for Older PLWH
- Incarceration
- The Effects of COVID-19



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SF ETE Values and Principles

Slide 11



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Frameworks for Planning and Implementation

Slide 12

- Social determinants of health
- Whole person care
- Trauma-informed prevention and care
- Harm reduction approach
- Continuous Quality Improvement (CQI) and Results Based Accountability (RBA)
- Status neutral planning and services

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Wrapping up PSI9-1906 planning

- **Finalizing SF EtE Plan, a collaborative effort:**
 - HIV Community Planning Council
 - SF Getting to Zero Consortium
 - End Hep C SF
 - Several health department sections and community programs
- **Expanded community engagement (EtE grantees):**
 - AIDS Project of the East Bay: Black/African Americans
 - Cause Data Collective: Latinos/Latinas/Latinx:
 - San Francisco Community Health Center (SFCHC): Trans Women:
 - San Francisco Drug Uses Union (SFDUU): People Who Use Drugs
 - SFCHC and SFDUU: People Experiencing Homelessness (PEH):
- **October 26: HCPC concurrence**
- **November/December: submitting final SF EtE plan to CDC**



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COVID-19

- Access to medications has been much more difficult
- Virtual provision of routine healthcare became the “new normal,” but the “new normal” isn’t accessible to everyone.
 - Limited access to a landline telephone, with their
 - Limited ability to use technology (cost, device life, lack of WiFi, or theft.)
 - Limited access in their native language
 - Lack of confidence in the security of the devices.
- Significant concerns about what will happen to the communities relocated in response to COVID-19



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COVID-19





Focus on restoring services and recovering progress toward ending the epidemics? Some examples:

- Getting to Zero consortium meeting in September 2020
- End Hep C SF workgroup meeting discussions since Spring
- HIV/AIDS Provider Network
- UCSF Grand Rounds





- San Francisco Community Clinic Consortium: protocols and guidelines to help regain lost ground in HIV viral load suppression, clinic-based screenings for HIV and STIs, and PrEP, developed by a number of medical directors in the Consortium.
- Year 1 of implementation: assessing and redesigning HIV/HCV/STI services in the "new normal" for everyone







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ACTIVITY AND DESCRIPTION		 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
1	Establishing one-stop integrated HIV, HCV, and STI testing sites.	✓			
2	Expanding the reach of HIV, HCV, and STI testing efforts through the use of peer-focused programs.	✓			
3	Expanding or implementing routine opt-out screening in healthcare settings.	✓			
4	Increasing rates of yearly HIV re-screening.	✓			
5	Providing comprehensive linkage and navigation to HIV, HCV, and STI services.		✓		
6	Delivering same-day diagnosis and treatment for HIV, HCV, and STIs.		✓		
7	Supporting re-engagement and retention in HIV care and HCV treatment.		✓		
8	Substantially deepening the provision of mental health care for PLWH and people at highest risk for HIV, HCV and STIs.		✓	✓	

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	ACTIVITY AND DESCRIPTION	 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
9	Expanding Substance Use Treatment.		✓		
10	Greatly strengthening the connection of HIV/HCV/STI testing and treatment to housing-related services.		✓	✓	
11	Accelerating efforts to increase PrEP use.			✓	
12	Improving PrEP provision to people of color, trans women, PWUD, and people who are unhoused.			✓	
13	Expanding PrEP 2-1-1.			✓	
14	Better utilizing technology to communicate and engage with people about HIV, HCV, and STIs.			✓	
15	Establishing an STI Community Task Force.			✓	
16	Improving options for harm reduction in substance use settings.			✓	

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	ACTIVITY AND DESCRIPTION	 DIAGNOSE	 TREAT	 PREVENT	 RESPOND
17	Implementing overdose prevention strategies.			✓	
18	Increasing rates of housing among people living with HIV, HCV, and STIs.			✓	
19	Routinely collecting, analyzing, and publicly reporting			✓	
20	Conducting an assessment of the City Clinic infrastructure to identify gaps and improve service quality.			✓	
21	Facilitating cluster detection and response through new partnerships and processes.				✓
22	Rapidly identifying HIV transmission clusters using Secure HIV-TRACE, and intervening appropriately.				✓
23	Identifying populations experiencing increases in new diagnoses by running the CDC time-space analysis program.				✓
24	Regularly monitoring drug-resistant strains of HIV.				✓

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Bridging the gaps through holistic cross-jurisdictional interventions to support PrEP uptake in San Francisco and Alameda Counties

Slide 19

Widespread and Equitable PrEP Access

ALAMEDA COUNTY | **SAN FRANCISCO**

- Truth & Justice Reconciliation:** An initiative to undo historical trauma, especially in the Black/ African American Community, will build trust around PrEP.
- Social Marketing:** A social marketing campaign on BART and Muni will promote PrEP awareness and connect viewers to PrEP-related resources.
- Institutional Supports:** Institutional support, such as supporting same-day PrEP and LEAN training in clinical settings, will reduce logistical PrEP barriers.
- Provider Training:** Training for service providers will build capacity and cultural competency for providers to offer PrEP to clients of diverse backgrounds.

Develop regional PrEP approach

Social marketing campaign and other efforts in partnership with Alameda County and CBOs

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Slide 20

What is the role of the EtE SC?
Strategic planning
Community leadership
Collective Impact
Resource & information sharing

Ending the Epidemics Steering Committee

Monthly Meetings
3rd Monday
3-4PM

EXISTING

- SAN FRANCISCO HIV COMMUNITY PLANNING COUNCIL
- GETTING TO ZERO SAN FRANCISCO
- END HEP C SF
- Drug User Health Initiative
 - Harm Reduction
 - Overdose Prevention/Naloxone
 - Syringe Access & Disposal
 - HIV/HCV/STI Prevention, Screening and Treatment
- BAAHI
- SF.GOV
- Office of Transgender Initiatives

IN PROGRESS

- Community Advisory Processes (CAPs)
- Workforce Development: Community Health Leadership Institute (CHLI)

FUTURE POSSIBILITIES

- Racial Equity Working Group
- STI Task Force
- Data, surveillance, clusters
- Incarceration
- Regional Work
- Housing and Homelessness: HIV and Housing Working Group

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Making the plan accessible...

We get that a 100-page plan is not accessible to everyone

We will:

- Create a 10-15 page summary version that's meant for the public
- Create another version that's geared toward consumers, in partnership with our community engagement grantees
- Develop a slide deck with lots of graphics, easy to translate

Questions?



Thank you!

For more information, please contact:

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