

A nighttime photograph of the Golden Gate Bridge in San Francisco, with the city lights visible in the background and the bridge's towers illuminated. The sky is dark blue, and the water reflects the lights.

San Francisco Department of Public Health HIV Health Services

Centers of Excellence (COE)

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San Francisco's Care Model: Centers of Excellence System Design

- **System responsive to clients' race/ethnicity, gender, geographic, linguistic and cultural needs focusing on communities impacted by health disparities.**
 - **A one-stop-shop model that integrates access to primary medical care and critical support services, maximizing coordination and communication among providers.**
 - **Funding for CoE programs proportionate to client demographics based on SF population size of Ryan White eligible clients.**
 - **COE programs innovative and effective approaches to reaching individuals not in care and bringing them into care, maintaining treatment and adherence to medication regimens over time.**



San Francisco's Care Model:

Development of the Centers of Excellence (Slide 1 of 3)

- The COE model has been in existence for over **20 years** as one-stop-shop model for comprehensive HIV care. It was **one of the first of its kind in the county** and predated the primary care patient centered medical home by over a decade.
- The model was **conceptualized through an extensive planning process** by SF DPH HIV Health Services convening multiple groups of HIV Planning Group Members, Consumers, Service Providers and other subject matter experts over a couple of years.
- The COE model was designed to provide **low barrier comprehensive care** at which a client could receive medical as well as wrap around services including case management, mental health, substance use assessment, emergency housing, health education, benefits counseling, treatment adherence and others.
- It grew out of the **expansion of the integrated case management model**, which combined mental health, substance use and case management services.



San Francisco's Care Model:

Development of the Centers of Excellence (slide 2 of 3)

- The COE design emphasized that all services be at a minimum located in a geographic vicinity but more **ideally at a single site and at a common time**
- COE were **from their inception both single agencies and multiagency collaboration with a lead agency**. The COE ranged in complexity from a single stand alone organization to collaborations consisting of combinations of UCSF, SF DPH and community providers.
- The CoE model **centers program client population-based competency and expertise and neighborhood location as a center of the design**. Populations groups identified population include gender (cis and transgender women) race/ethnicity (API, Latine, Native American, Black and African American), linguistic needs (Spanish-English) as well as certain neighborhoods with high prevalence (Tenderloin, Bayview - Hunters Point) and justice involved and HIV+ clients experiencing housing instability/homelessness



Centers of Excellence

Development of the Centers of Excellence (slide 3 of 3)

- All CoE programs partner with housing community partners for rapid and prioritized referrals.
- This approach culminated in a significant intensification of the integrated services model in the form of **Centers of Excellence “one stop shop community center”** programs



Centers of Excellence

History

- A Work Group was convened, represented of HSPC members, service providers and HIV Health Services staff to look the then Integrated Service Model programs and evolve toward Centers of Excellence.
- The **COE** model was initially conceived in **2003-2004**, with services put out to bid via an RFP in **late 2005**.
- CoE services were put out to bid a second time in **2010** and included **Prevention with Positives** services, funded through the Community Health Equity & Promotion (CHEP)
- Lead service provider agencies and subcontractor collaborators providing CoE services have remained **very consistent** through the **19+ years** of program implementation.



Centers of Excellence

Target Populations

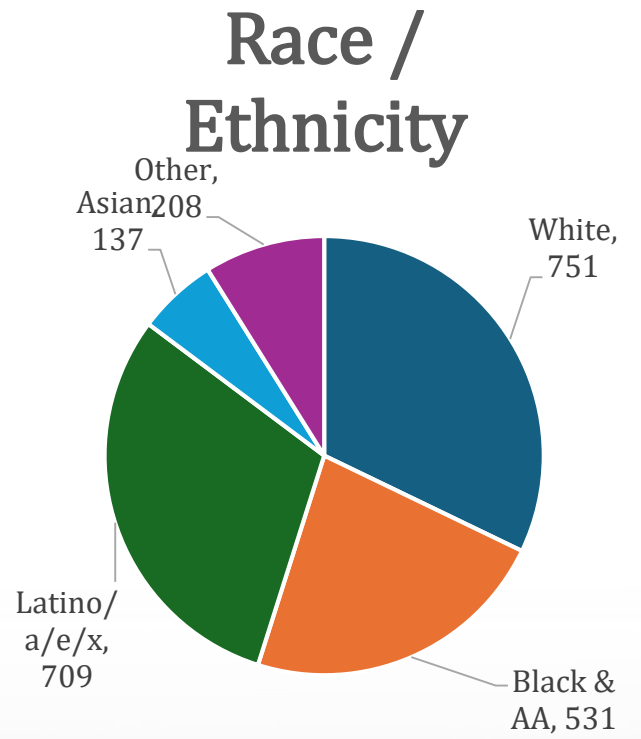
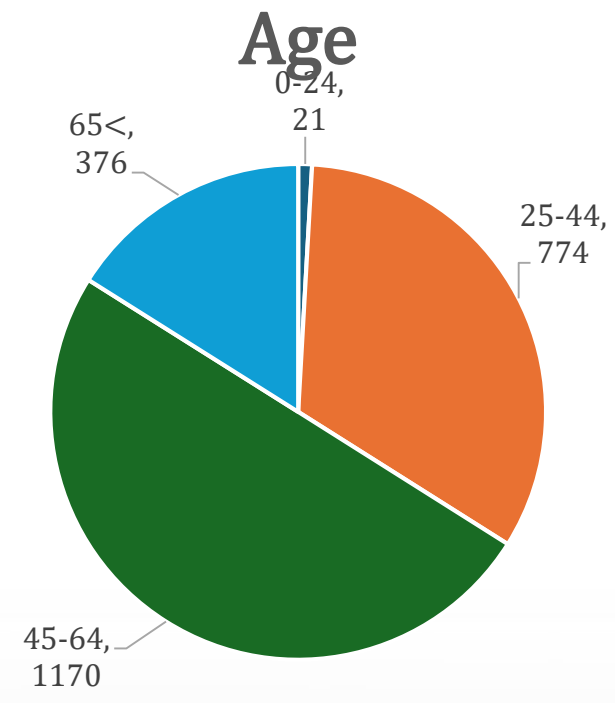
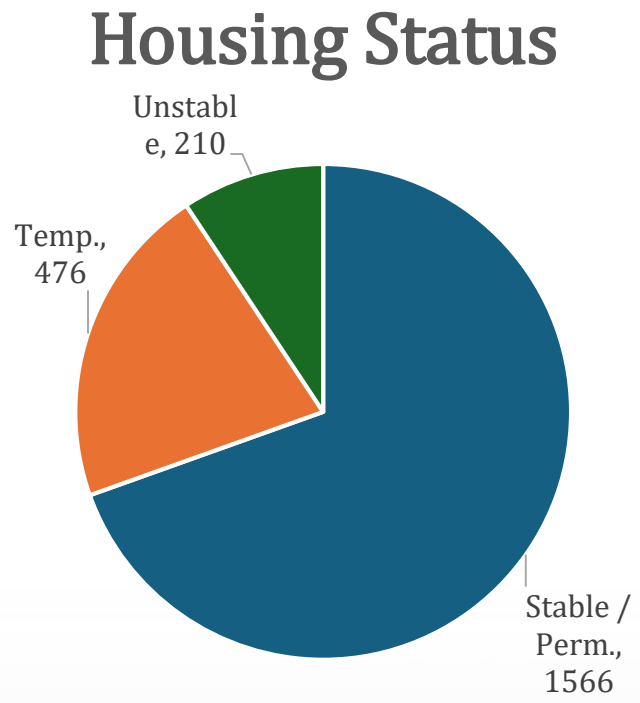
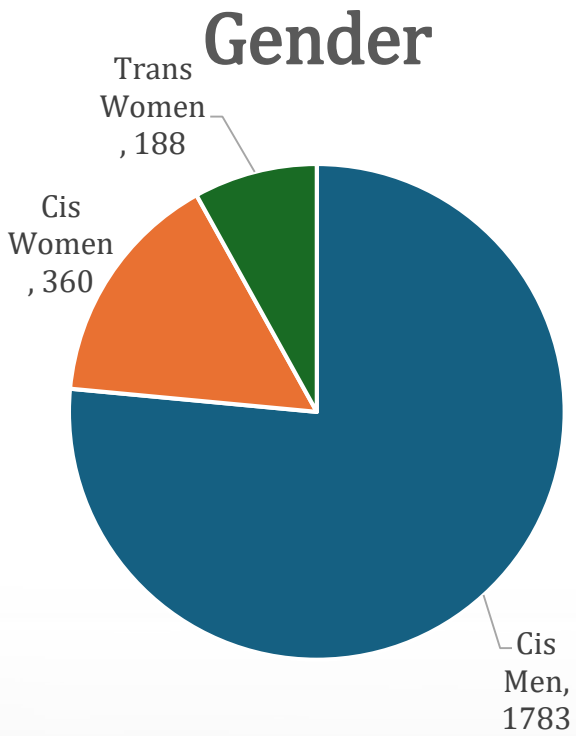
- Centers of Excellence were **established to serve severe need clients and special target populations.**
- To **qualify as “Severe Need”** a client must meet all of the following criteria:
 - Disabled by HIV or with symptomatic diagnosis.
 - Active substance use or mental illness.
 - Living with adjusted gross income equal to or less than 150% of federal poverty level.
- **Special populations** have unique or disproportionate barriers to care, may need additional or unique services, or require a special level of expertise to maintain them in care, including:
 - Transwomen
 - Populations with the lowest rates of use of antiretroviral treatment
 - Communities with linguistic or cultural barriers to care, including immigrants as well as monolingual Spanish speakers.
 - Individuals who have a history with the justice system
 - Persons living with HIV/AIDS who are 60 years of age or older



Center of Excellence

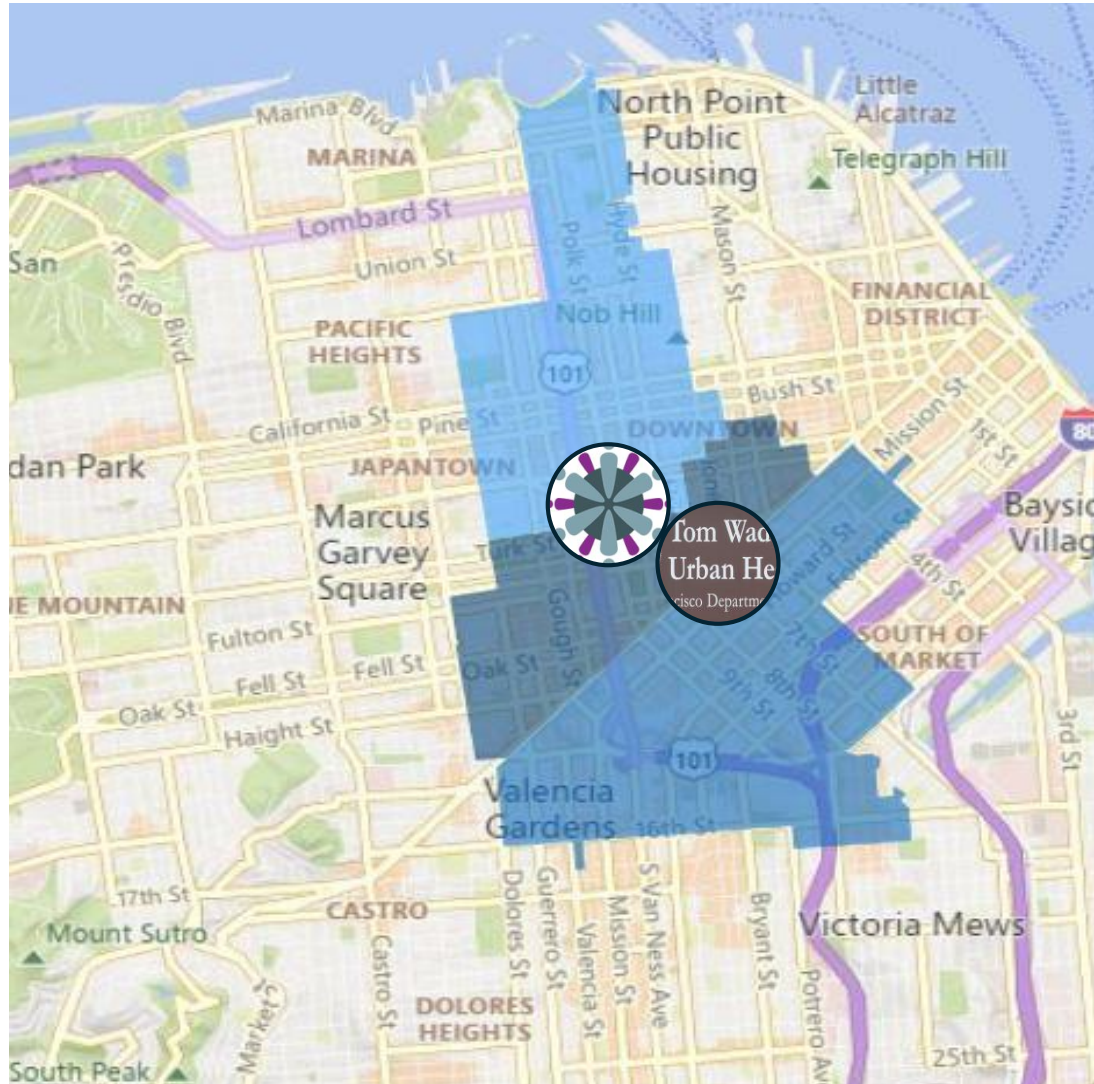
Six Programs





Tenderloin Area Center of Excellence

Overview



Targeting HIV+ residents of the Tenderloin and SoMa who are experiencing homeless or at risk of; Transwomen; Asian/Pacific Islander

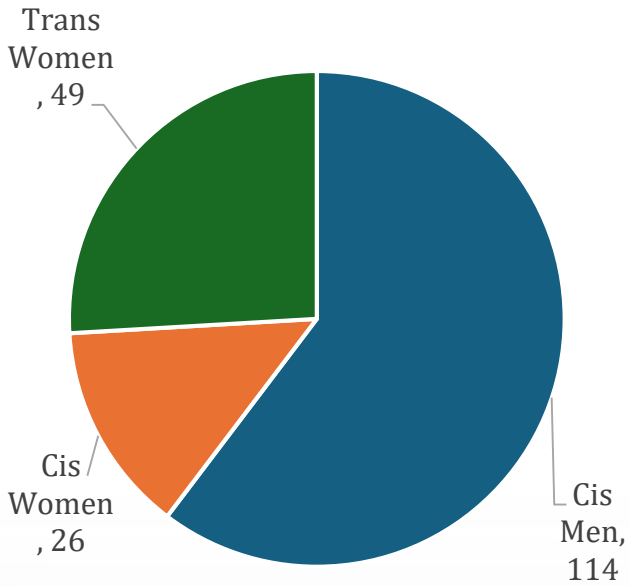
Potential/additional populations targeted include persons disabled by HIV or with symptomatic HIV; active substance use and/or mental health concerns; living under 150% FPL; persons of color; history of incarceration; history of survival sex work; English as a second language; undocumented immigration status.

Services provided in the Tenderloin

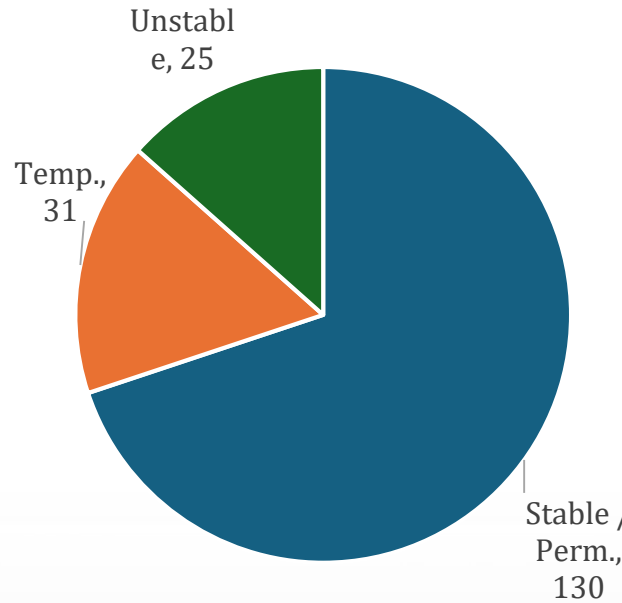


Tenderloin Area Center of Excellence

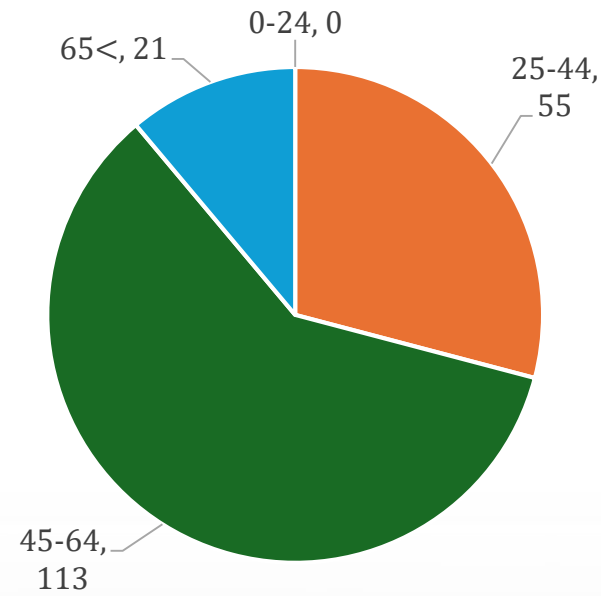
Gender



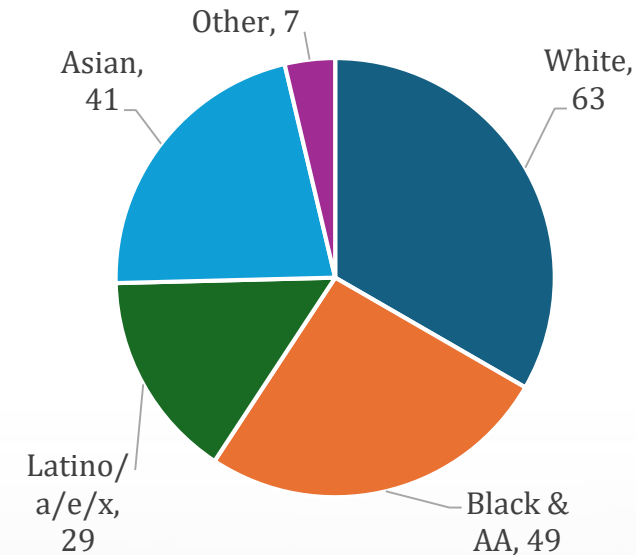
Housing Status



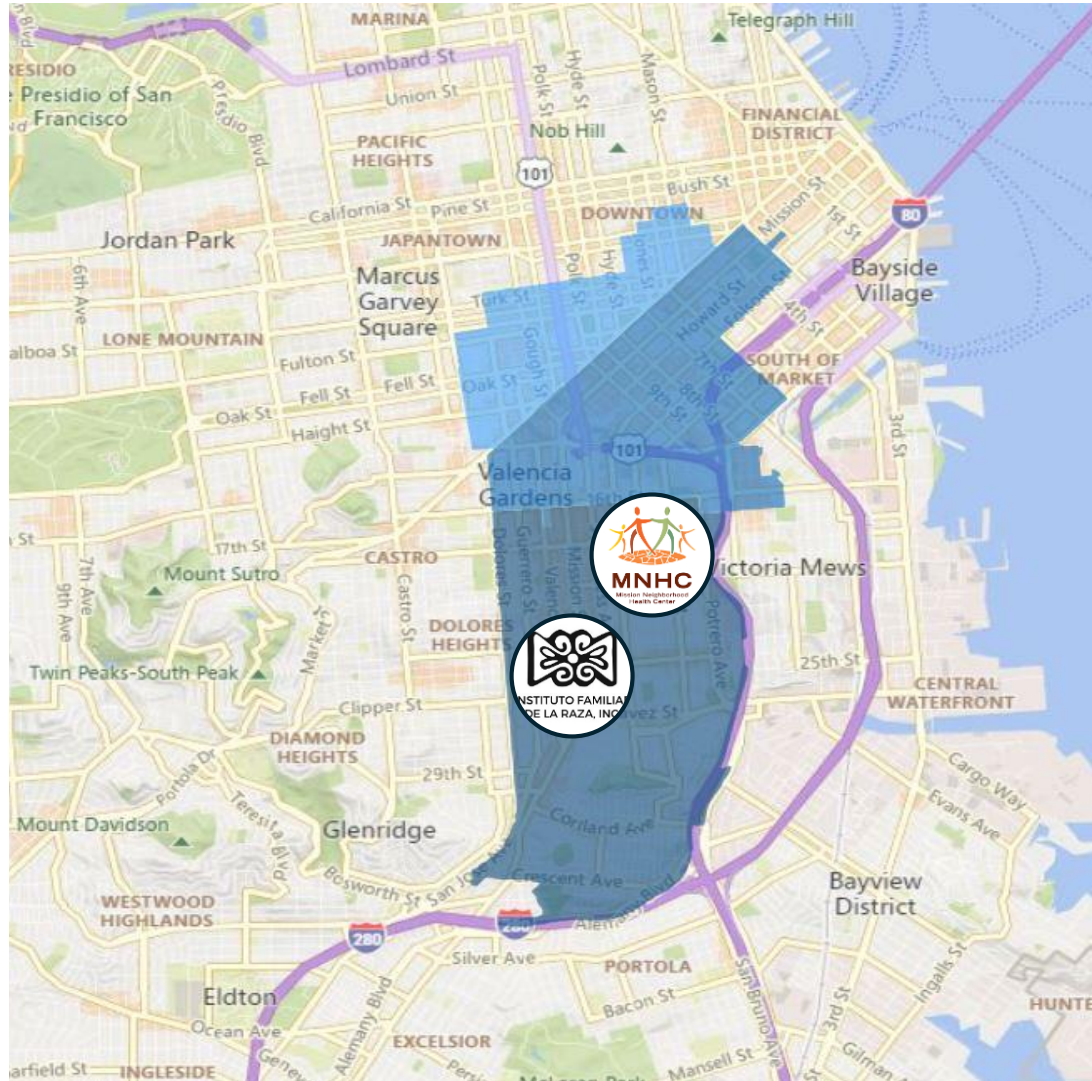
Age



Race / Ethnicity



Mission Center of Excellence Overview



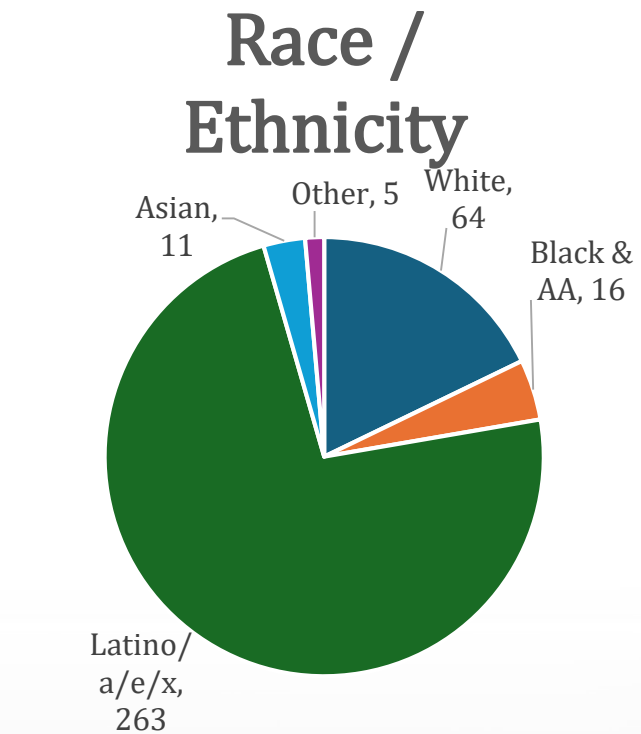
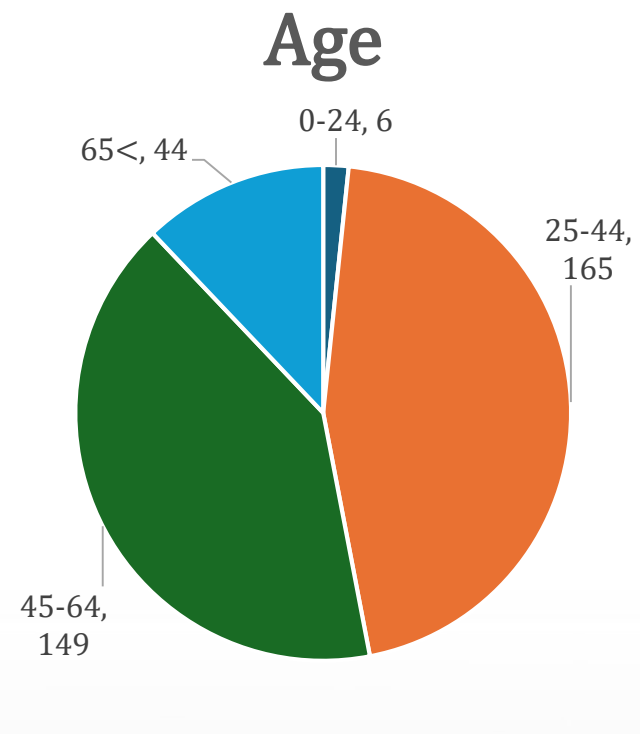
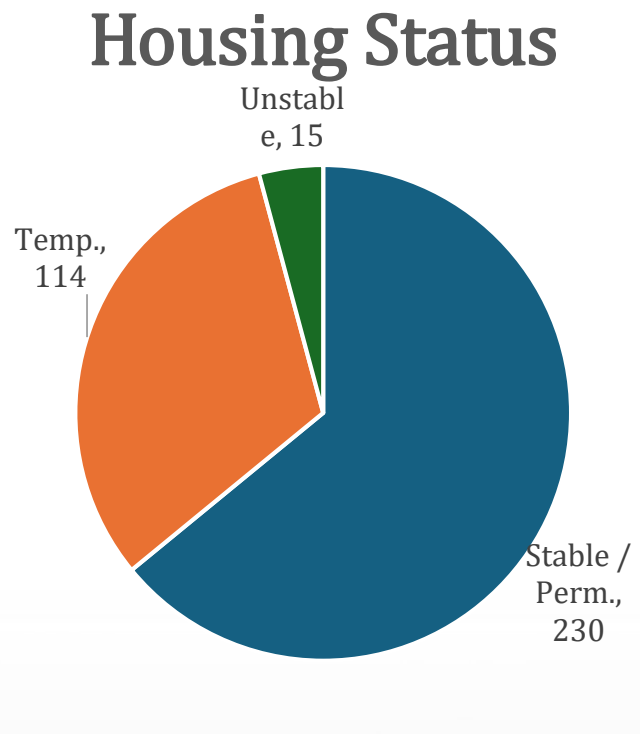
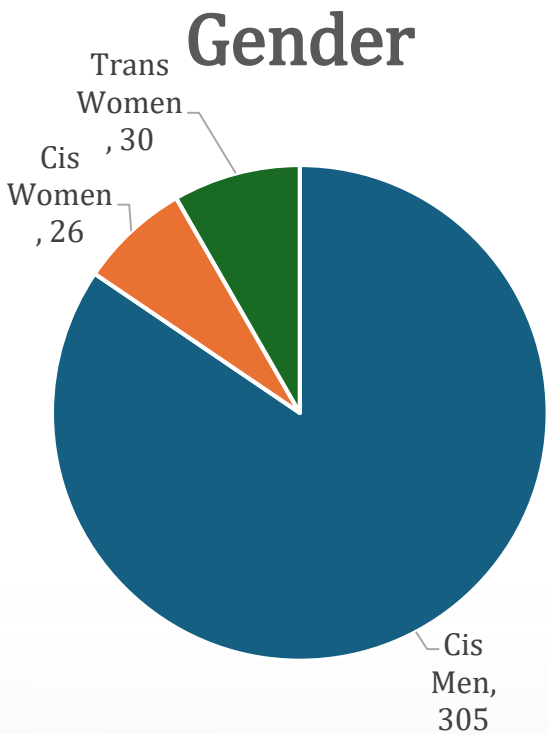
Targeting Latino/a/e/x men and women living in the Mission and throughout the City

Potential population targeted include persons disabled by HIV or with symptomatic HIV; active substance use and/or mental health concerns; living under 150% FPL; transwomen; individuals unaware of their HIV status; monolingual Spanish speakers; undocumented immigration status; experiencing unstable housing or homelessness

Services provided in the Mission District and close to the Excelsior

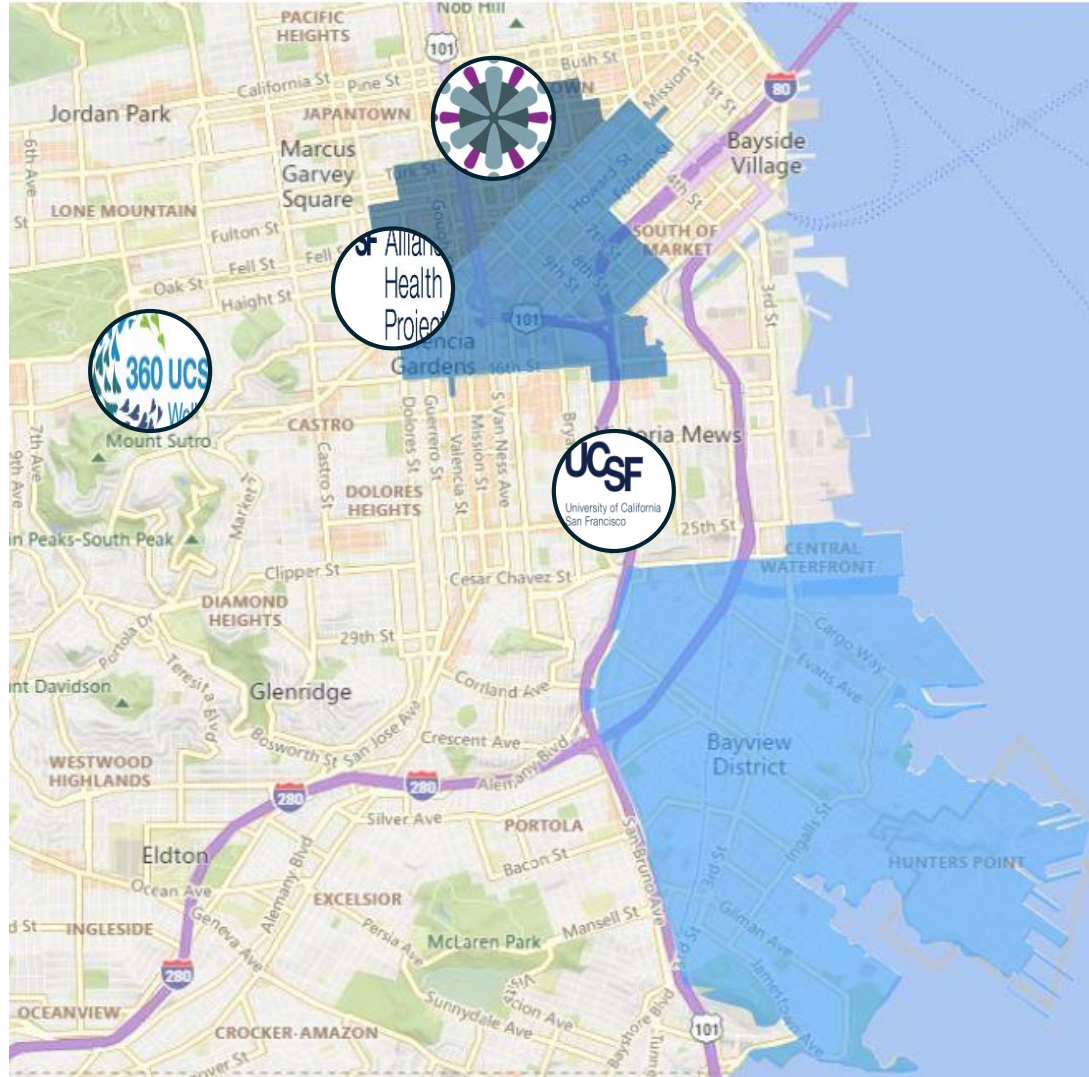


Mission Center of Excellence



Black Health Center of Excellence

Overview



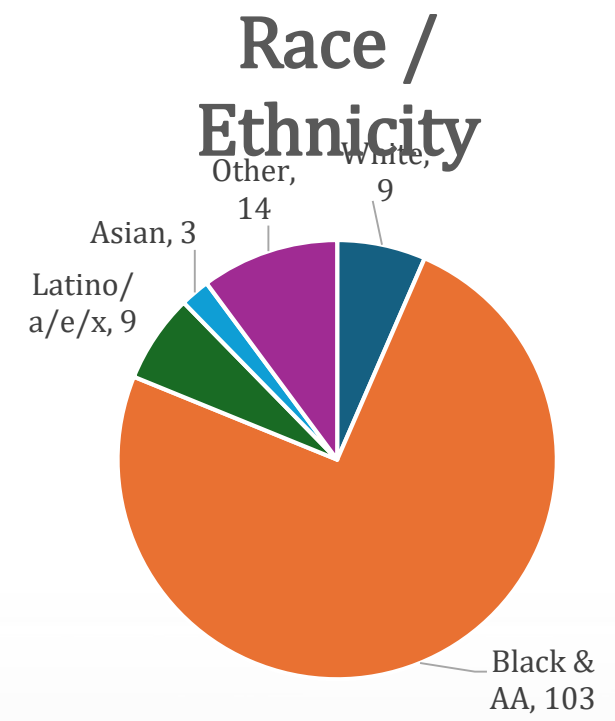
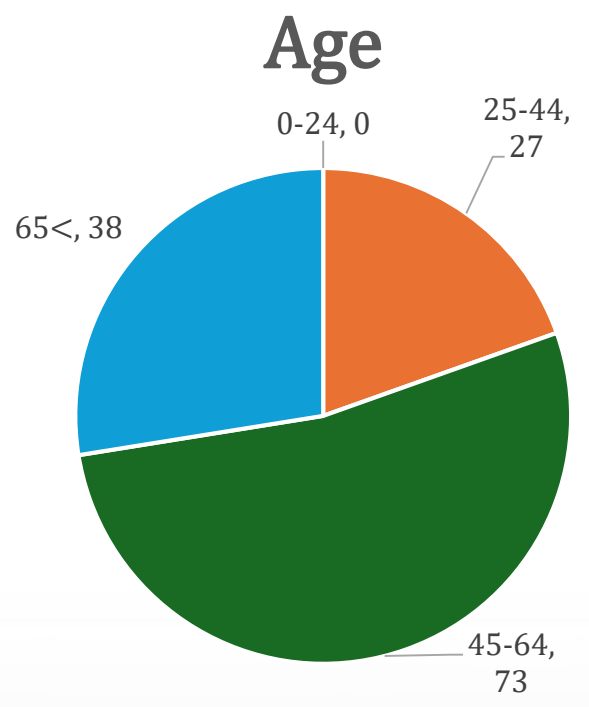
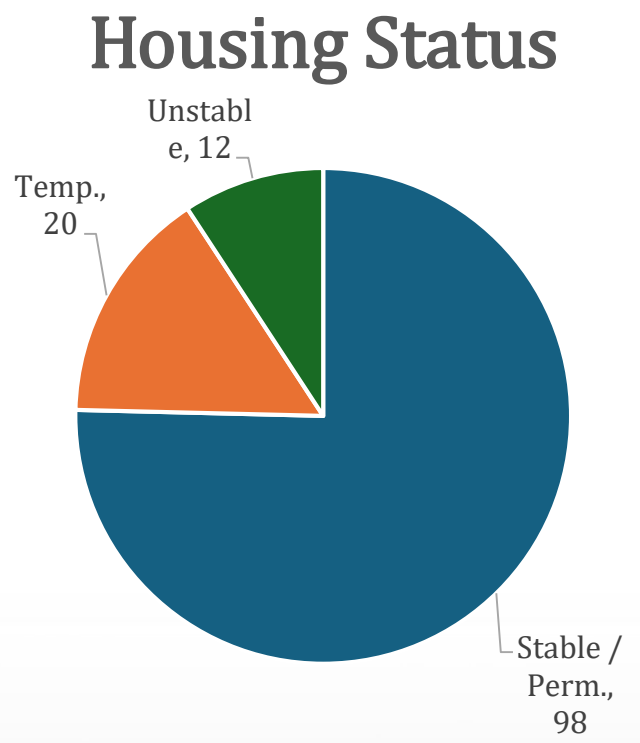
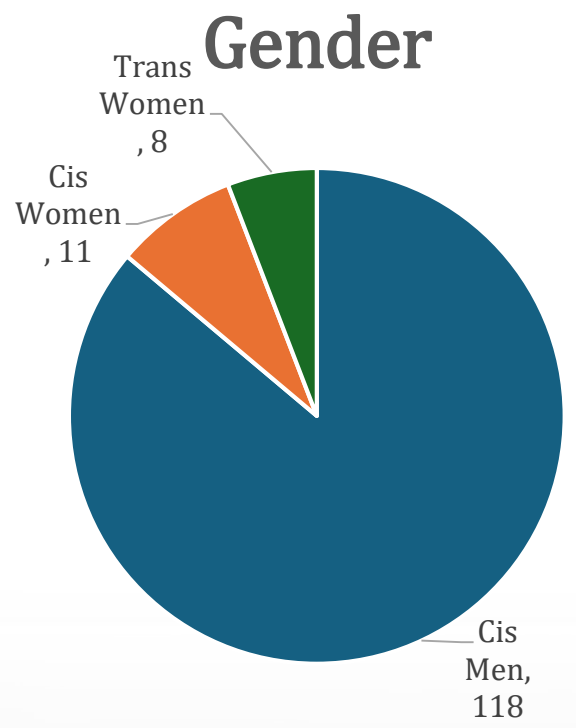
Targeting African-American men and women living in the Southeast Corridor of San Francisco and throughout the City

Potential population targeted include persons disabled by HIV or with symptomatic HIV; active substance use and/or mental health concerns; living under 150% FPL; transwomen; non-gay identified MSM; individuals unaware of their HIV status; affected young people with HIV+ parents, caregivers and families; experiencing unstable housing or homelessness

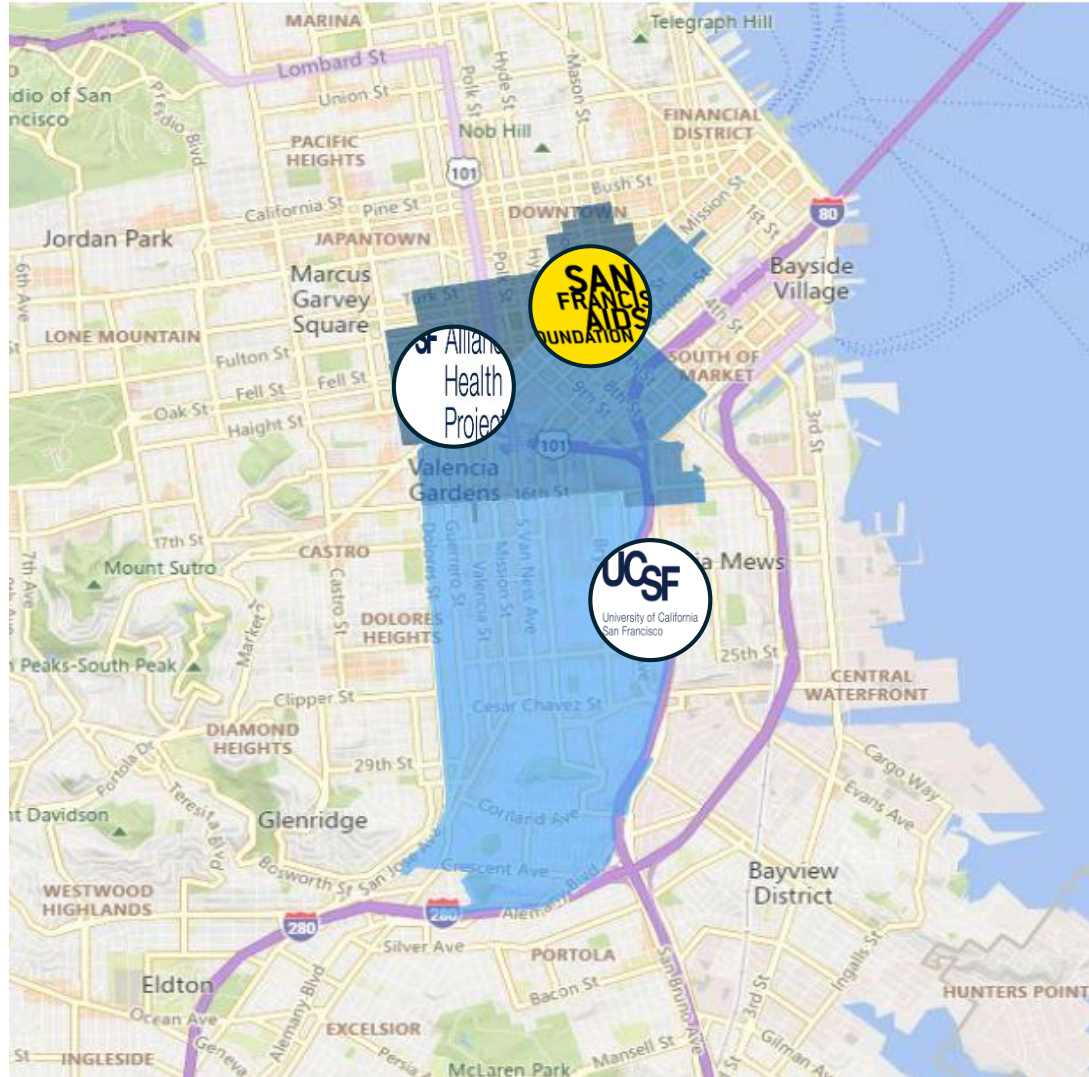
Services provided at UCSF Parnassus, San Francisco General Hospital, Castro-Mission, and



Black Health Center of Excellence



HALT Center of Excellence Overview



Targeting medically complex, long-term survivors of HIV and those experiencing high barriers to care.

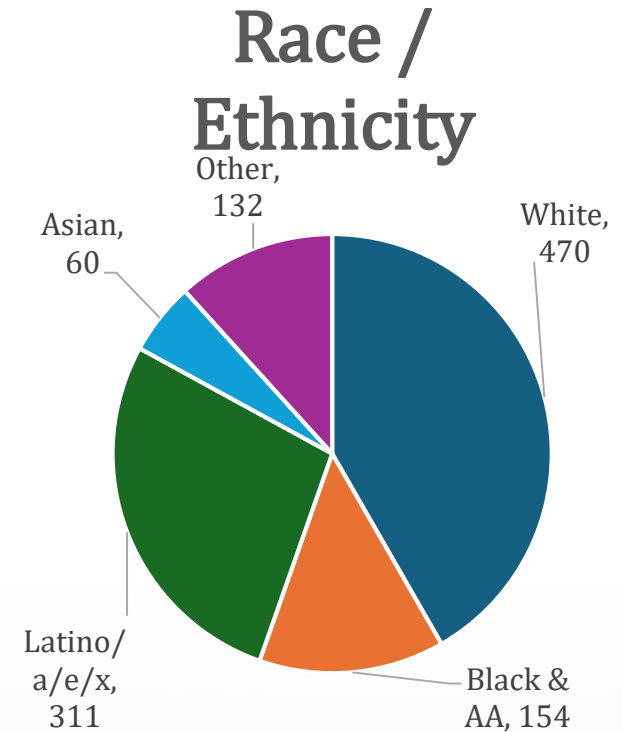
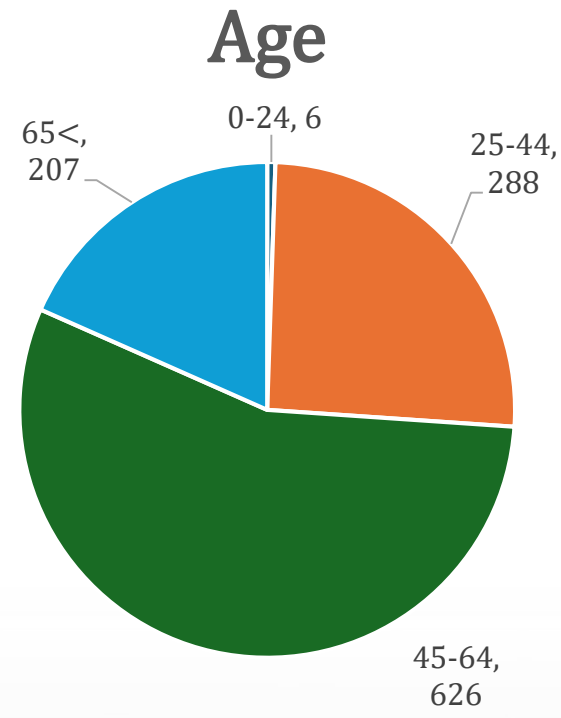
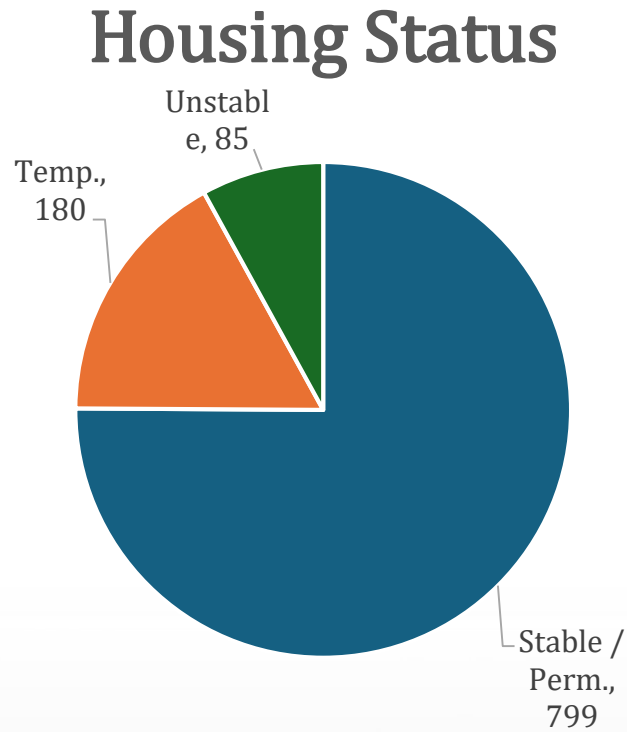
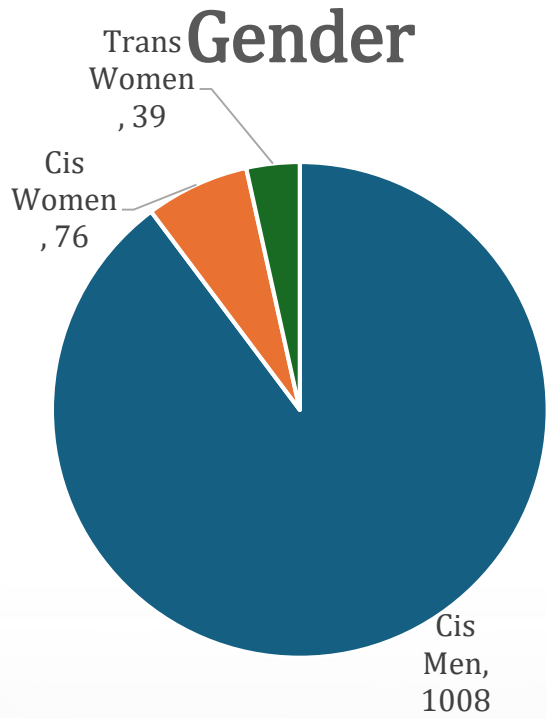
Potential population targeted include persons disabled by HIV or with symptomatic HIV; active substance use and/or mental health concerns; living under 150% FPL; persons of color; transwomen; person over the age of 60; other co-morbid and chronic conditions; at risk for unstable housing or homelessness.

Services provided at San Francisco General Hospital, Castro/Mission, and Mid-Market/Tenderloin

Formerly known as CGLAMP

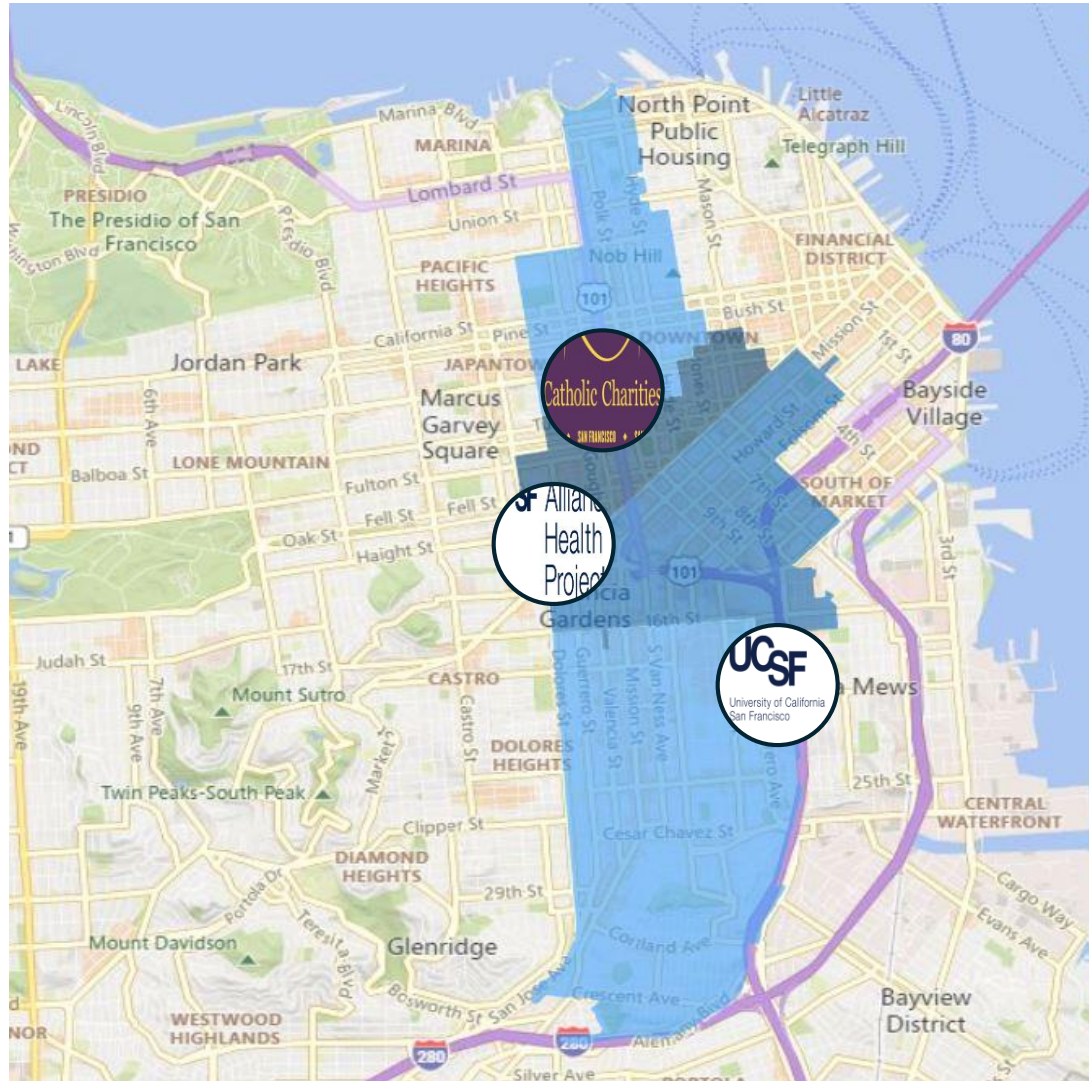


HALT Center of Excellence



Women's Health Center of Excellence

Overview



Targeting cis women and trans women living throughout the City

Potential population targeted include persons disabled by HIV or with symptomatic HIV; cis and trans women of color; active substance use and/or mental health concerns; recently incarcerated; living under 150% FPL; mothers and hopeful mothers; experiencing unstable housing or homelessness

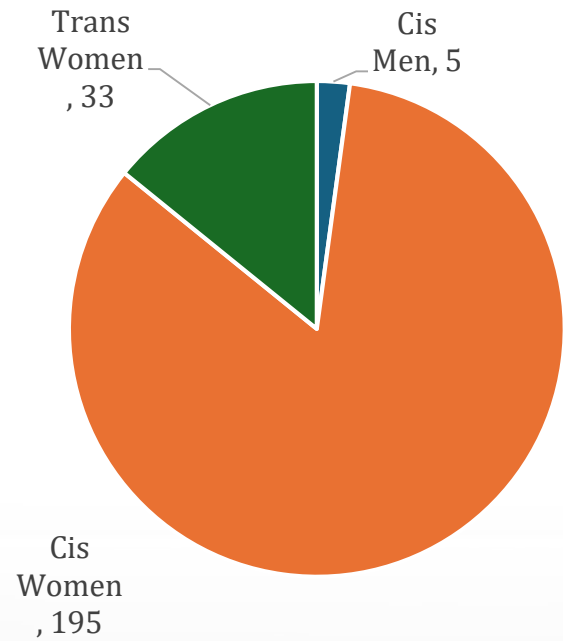
Services coordinated with SVN Adult Behavioral Health Services to avoid duplication

Services provided at San Francisco General Hospital, Castro-Mission, and Tenderloin-adjacent

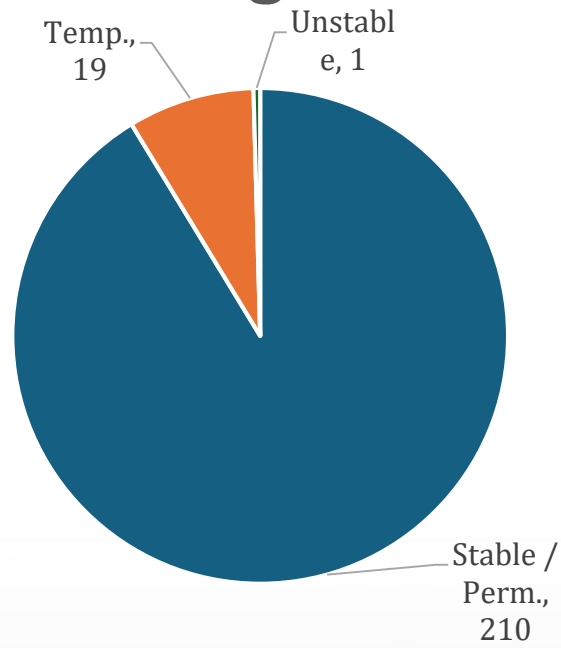


Women's Center of Excellence

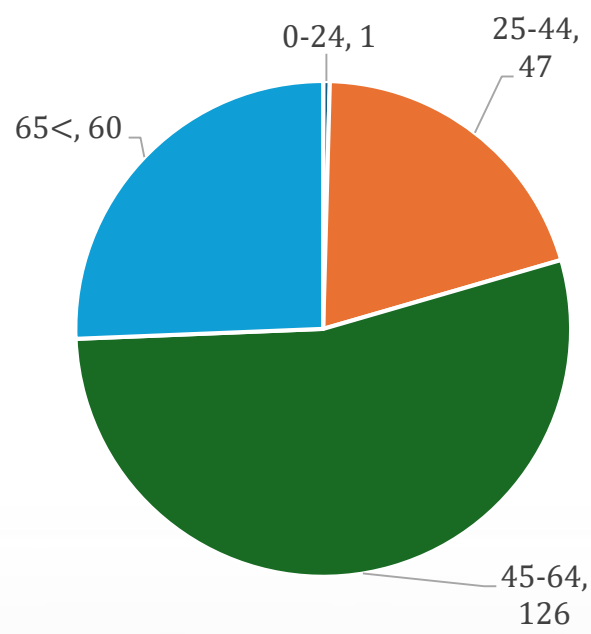
Gender



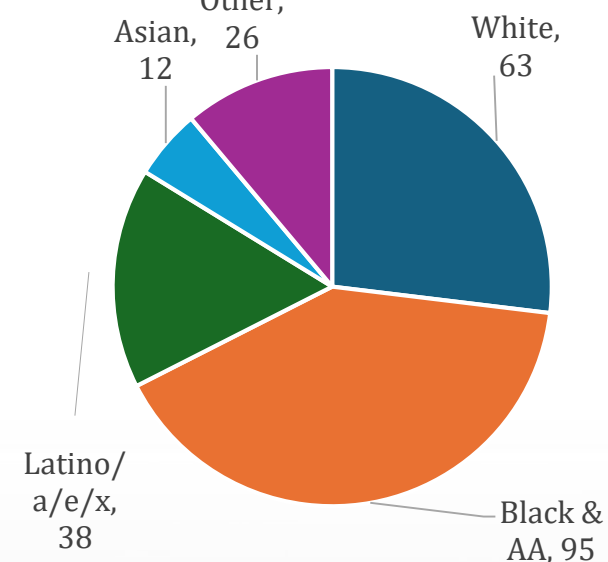
Housing Status



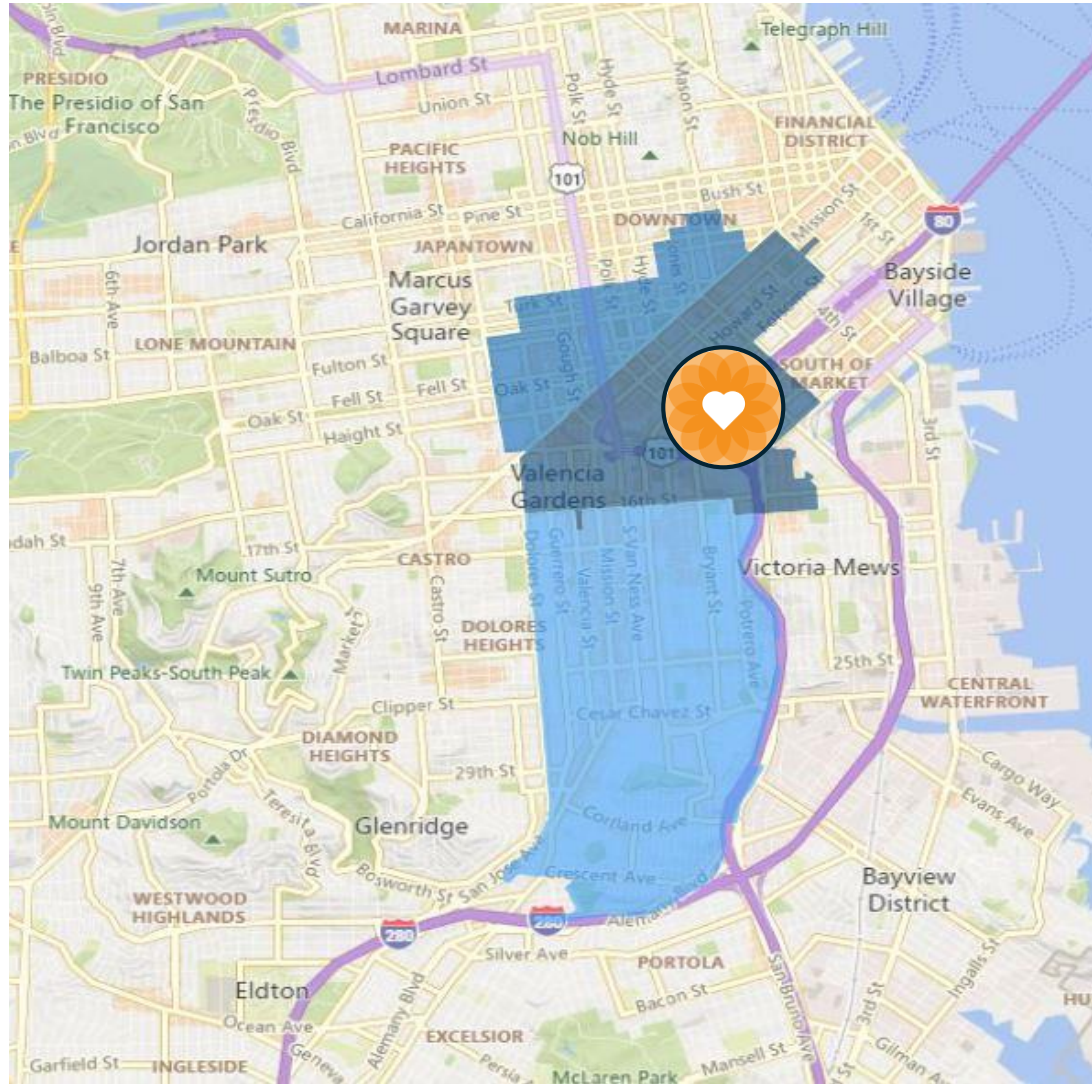
Age



Race / Ethnicity



HIVIS (Jail Health) Center of Excellence



Targeting HIV+ individuals who are in custody of the San Francisco City & County Jail System

Service-area residents who qualify as “severe need” or “special population.”

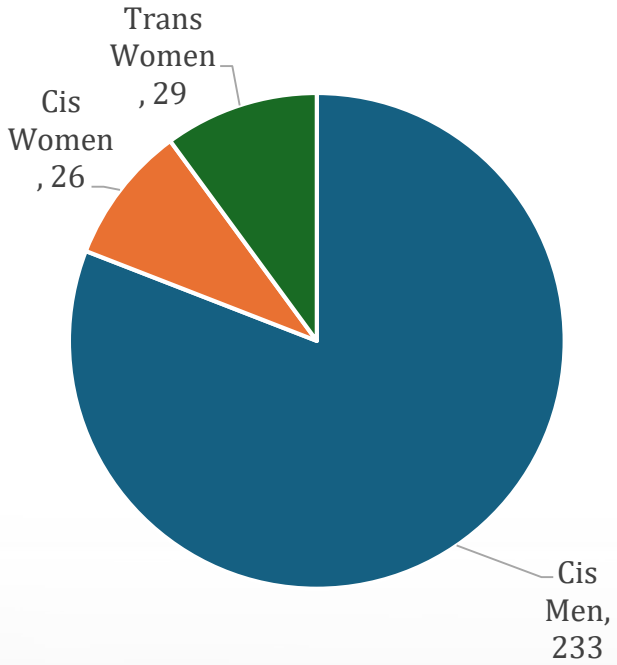
Potential population targeted include persons disabled by HIV or with symptomatic HIV; active substance use and/or mental health concerns; living under 150% FPL; persons of color; transwomen; individuals unaware of their HIV status; undocumented immigration status; at risk for unstable housing or homelessness.

Case Management focused on linkage upon release

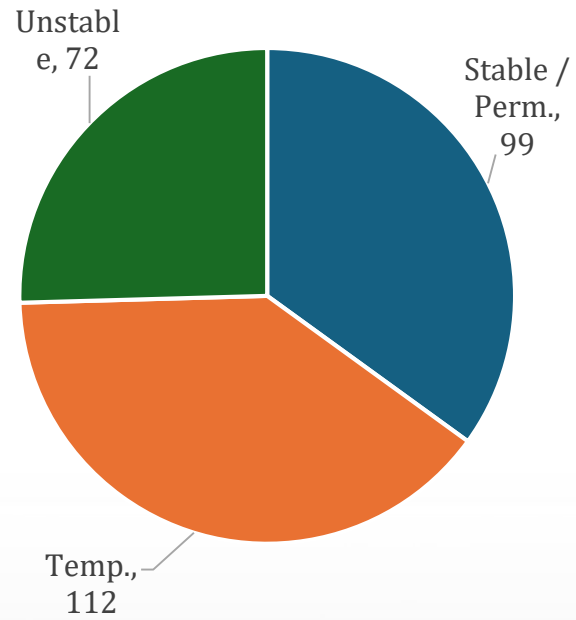


HIVIS (Jail Health) Center of Excellence

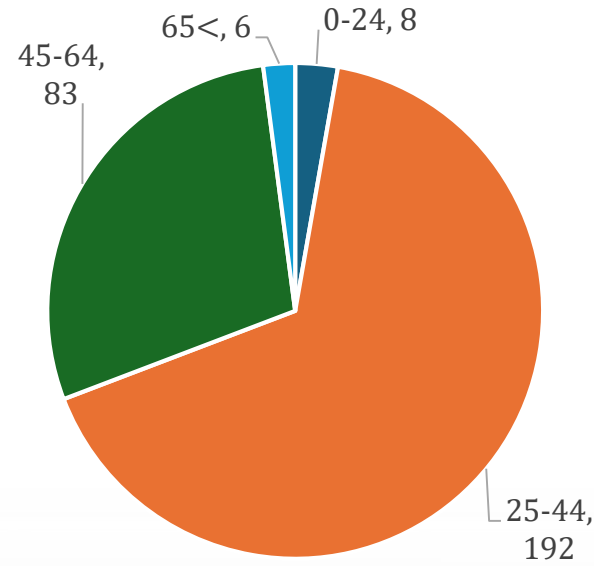
Gender



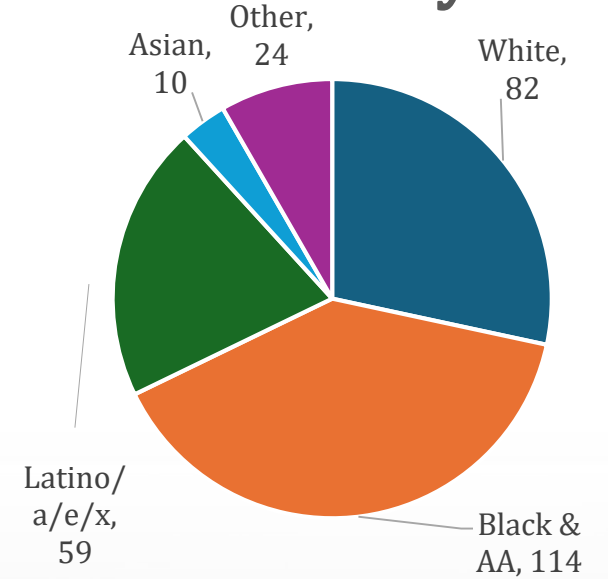
Housing Status



Age



Race / Ethnicity



Future Considerations for COE Design

- Further Customization to address HIV and Aging Throughout the COE and larger HIV delivery System for patients who choose to get both primary care and HIV care in COE.
- As PREP uptake and high levels of viral suppression (U=U) continue to increase resulting in fewer new HIV+ in San Francisco, elders with HIV will represent an increasingly large percentage of people receiving RWP services
 - Increased need for consultative services: geriatric, pharmacy, psychiatric/psychological, cardiology, nutrition and others.
 - Opportunities to formalize partnerships with CCSF Elder systems of Care in COE or other HIV care models.
- Will patients prefer other models of care to COE
 - For more newly HIV+ and/or younger, non-medically complex may prefer to get HIV care in primary care settings without wrap around services provided in COE
- If/When Long -Acting Injection (LAI) Treatment dosing moves to every months or yearly and both HIV treatment and prevention becomes akin to a vaccine clinic what will be the impact on COE design including status neutral HIV services.
- If there is a cure for HIV, how best ensure the support services there are part of the COE system of care

The background of the slide is a photograph of the San Francisco Bay Bridge at sunset. The bridge's towers and suspension cables are visible against a warm, orange and yellow sky. The city skyline, including the Transamerica Pyramid, is visible in the distance across the water.

HIV Health Services (HHS) & Health Care for the Homeless Grant (HCH) Staff:

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<https://sfhivcare.com/>