



**San Francisco Department of Public Health  
HIV Health Services**

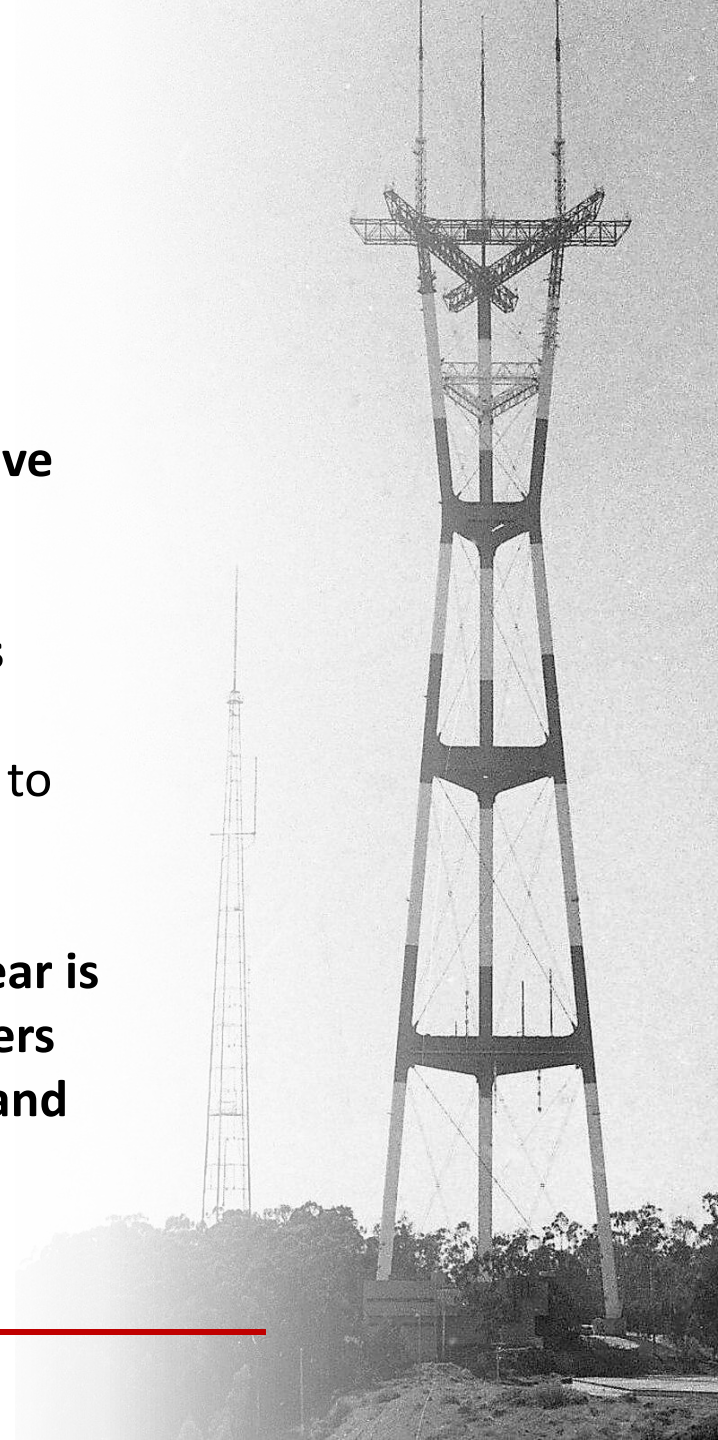
**HCPC 2026 Megatrends Presentation to HCPC  
January 26, 2026**

**Bill Blum  
HHS Director**

# Framing of Presentation

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- **Goal of this presentation is to cover several local, state and national HIV and related trends and issues that inform HHS' planning efforts and that we believe may be pertinent and helpful to the HCPC in its advocacy.**
- **While the presentation attempts to give breadth over depth it is by no means comprehensive**
  - HCPC is scheduled to receive more focused presentations and may choose to receive additional more in-depth presentations
- **Since the implementation of the Affordable Care Act, this past and present year is the most fluid, rapidly and drastically changing landscape and uncharted waters for both the local and federal landscape for HIV and Public Health in general and likely will remain so at least through the mid-term federal elections**





# San Francisco Issues & Trends

## HIV Levels of Viral Suppression by Population

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### **Disparities still exist primarily based on housing stability**

- Increasing level of housing instability directly correlates with decreasing levels of viral suppression
  - HHS has initiated a CQI activity to address this health care equity outcome
  - HHS through EHE and other initiatives has focused on roll out of Long Acting Injectable (LAI) ARV as a low barrier service to those patients for whom daily oral dosing is a significant barrier to treatment

### **Greater age directly correlates with increasing levels of viral suppression**

- Challenges with funding a robust set of wrap-around services when funding is tied to increasing viral suppression and not directly improvement in quality of life (QOL)

### **Some viral rate suppression variance by race/ethnicity**

- The HHS funded primary care providers have been able to almost close disparity in viral load suppression level in Black and African Americans in care
    - Black and African Americans are overrepresented in out of care or intermittent care seeking population.
  - Latin/e/x/a/o are overrepresented in new diagnosis
    - Data shows higher levels of viral suppression for this group in SF HHS system of care than average across population
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# San Francisco Issues & Trends

## Budgetary

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### On-going San Francisco General Fund budget deficit:

- SF DPH is implementing a **\$17M reduction in contracts with Community Based Organizations** to be finalized in early February 2026 which may include HHS HIV GF contracts
    - mirroring the process the HCPC uses for RWPA funding **HHS continues to recommend to SF DPH executive leadership that if cuts happen to HHS funded services that the cuts primarily be implemented proportionally across funded agencies.**
      - HHS has shared this approach with HIV AIDS Provider Network (HAPN)
  - In Addition to the \$17 M GF CBO reductions, the Mayor's budget instructions include an additional **\$50M cut to DPH for FY26/27.**
  - For both cuts, SF DPH is looking for **efficiencies**:
    - agencies receiving funding from multiple parts of DPH for similar/like services
    - agencies that have chronically underperformed
    - agencies determined not to be core to DPH mission
  - There is a chance that additional budget reduction targets will be developed for FY26/27 and likely in future fiscal years until SF GF budget is not in significant deficit
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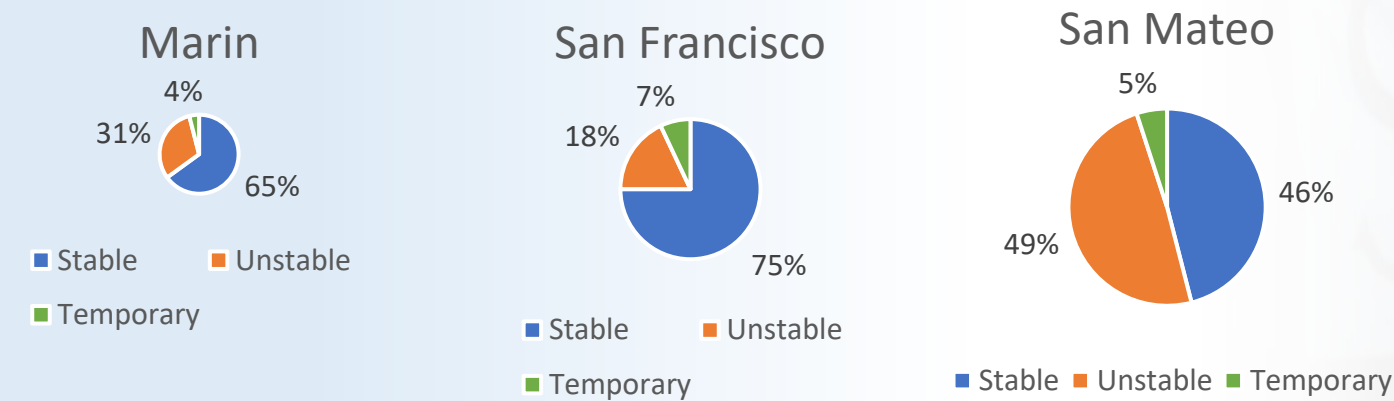
# San Francisco Issues & Trends

## Housing Crisis (1)

### Current State

- San Francisco has among the most expensive housing markets in the United States. In 2024, while PEH homelessness represented around 1% of the population, approximately 16% of individuals newly diagnosed with HIV in San Francisco were experiencing homelessness.

SF Mayors Office of Housing and Community Development (MOHCD), which administers Housing Opportunities for People with AIDS (HOPWA) funding released its Five-year HIV Housing Plan in 2025 as well as a consolidated version of the plan [San Francisco MOHCD website](#) which aims to improve housing stability for People Living with HIV/AIDS (PLWHA) by addressing new challenges like an aging population, high costs, and complex needs, focusing on goals like reducing homelessness, increasing subsidies, and integrating housing with healthcare.



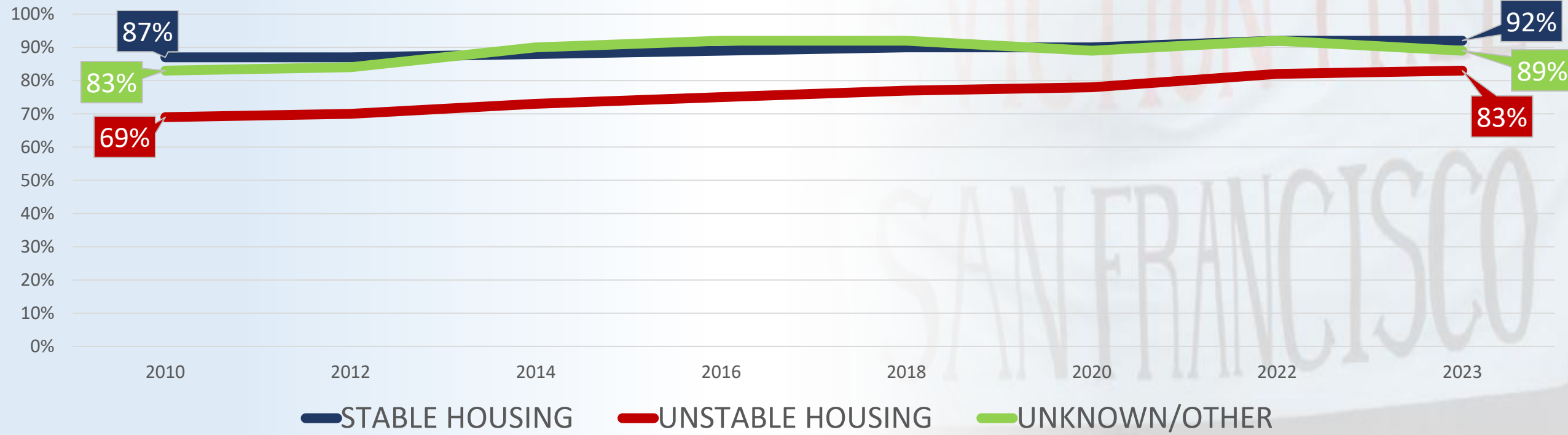
Stable (EMA-wide)	Temporary (EMA-wide)	Unstable (EMA-wide)
4,387	1,263	426
70.2%	20.2%	6.8%



# San Francisco Issues & Trends

## Housing Crisis (2)

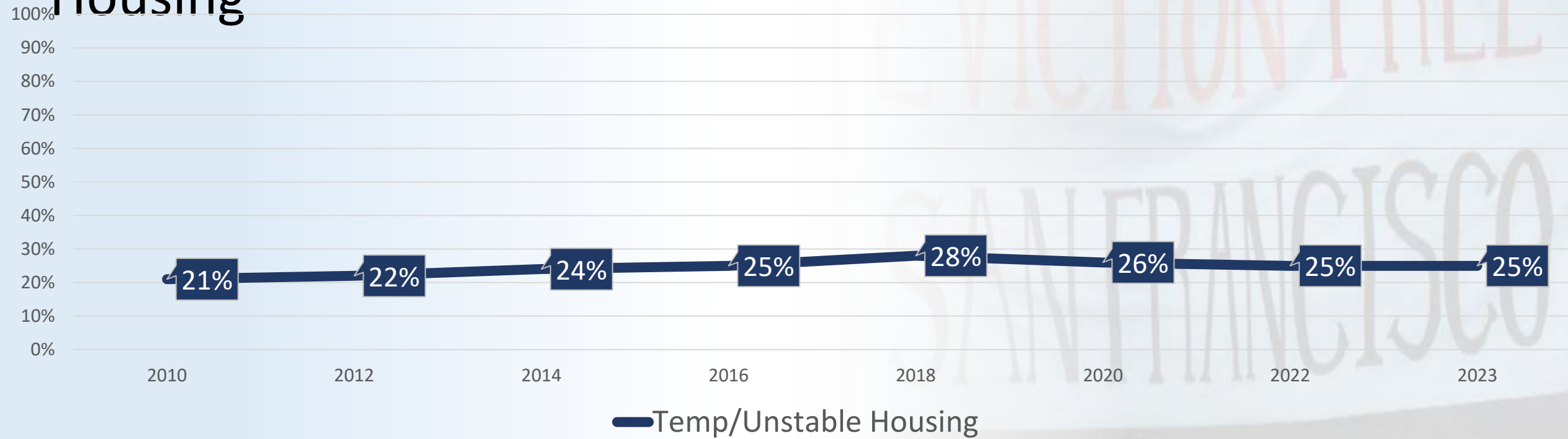
### Viral Suppression by Housing Status



# San Francisco Issues & Trends

## Housing Crisis (3)

### Persons with Temporary or Unstable Housing



# San Francisco Issues & Trends

## Overdose Crisis: Changes to SF Approach (1)

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### Annual Accidental Overdose Deaths in SF (2021–2025)

- **2025:** 621 (Preliminary data)
- **2024:** 635 (Finalized data)
- **2023:** 810 (Highest on record)
- **2022:** 649
- **2021:** 642

### Key Trends and Data

- **Fentanyl Crisis:** In 2023, approximately 80% of the 810 deaths involved fentanyl. The trend continued in 2025, with a significant majority of the 621 deaths involving the synthetic opioid.
  - **2025 Performance:** The 621 deaths in 2025 represent a 23% drop from the 2023 peak and a slight decrease from 2024.
  - **Demographics:** The crisis has disproportionately affected specific communities, with the rate of accidental overdoses being notably high among certain racial groups and those experiencing homelessness.
  - **Context:** The city saw a sharp increase in deaths beginning in 2020 (726 deaths) due to the COVID-19 pandemic and increased fentanyl availability
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# San Francisco Issues & Trends

## Overdose Crisis: Changes to SF Approach (2)

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San Francisco Mayor Daniel Lurie has initiated a **significant shift** in the **city's approach to harm reduction**, moving away from a "harm reduction-first" model toward one that prioritizes treatment, recovery, and accountability, particularly in response to the fentanyl crisis. Under his "**Breaking the Cycle**" initiative, the administration is focusing on prioritizing drug use treatment and reducing public, unrestricted distribution of drug safer use supplies. approach focuses on "breaking the cycle of addiction" by mandating that, if **someone uses drugs publicly, they will be offered treatment, and if they refuse, they may face jail.**

### Key Changes to Harm Reduction Service Delivery

- **Conditioning Services on Treatment:** City-funded programs distributing safer-use supplies (such as syringes and smoking foils) are required to be paired with required counseling and direct referrals to treatment and recovery services.
  - **Limiting Public Distribution:** The distribution of safe smoking supplies (foil, pipes, straws) is no longer permitted in public spaces like streets and parks and must now be provided indoors or in Department of Public Health (DPH) approved settings.
  - **"RESET" Center Initiative:** The establishment of a sobering and treatment-focused space where police can take individuals using drugs in public, connecting them with care rather than jail or emergency rooms.
  - **Consolidation of Outreach:** CCSF is consolidating multiple street-outreach teams dispersed in a number of city departments under the Department of Emergency Management.
  - **Increased Treatment Beds:** The policy includes increasing the number of available treatment and recovery beds in the city.
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# San Francisco Issues & Trends

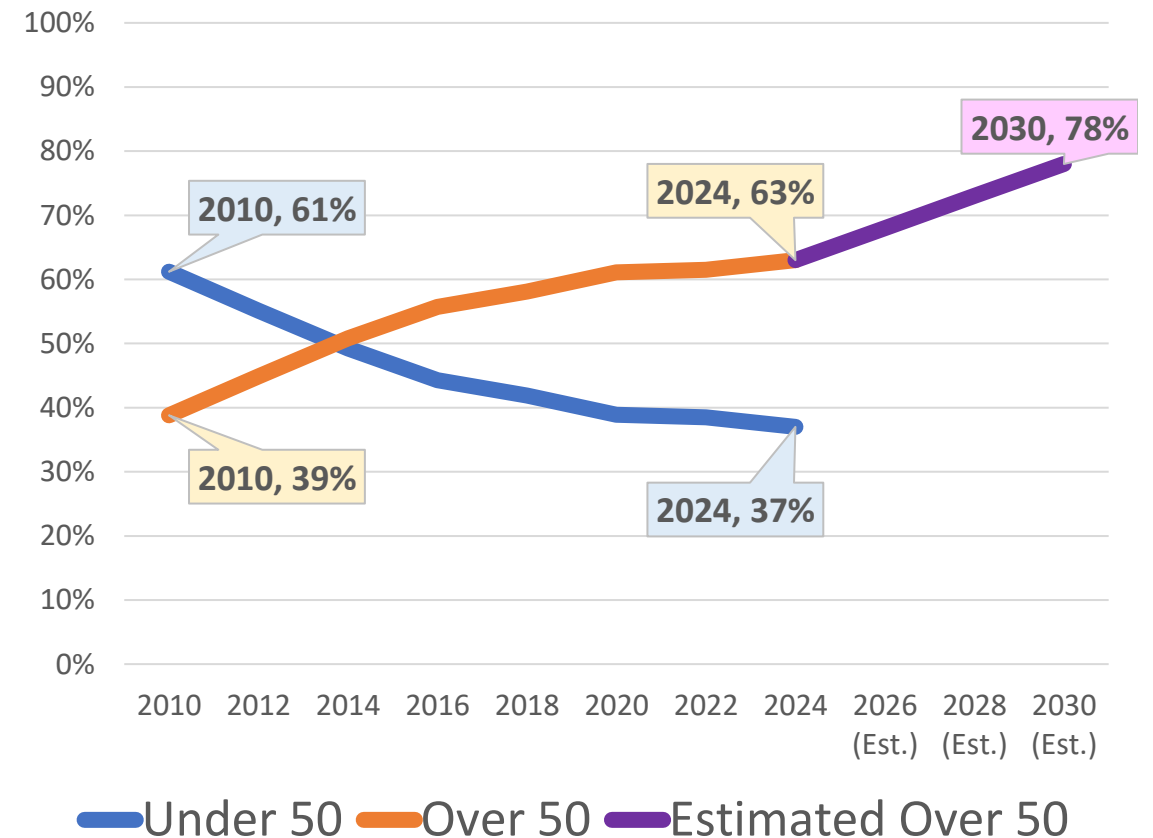
## Aging HIV Population (1)

### Coordination to integrate HIV services, Aging /Adult Services, and Medical Care

- If, how and at what point is best practice to transition HIV+ elders to geriatric focused care?
  - Should Infectious disease doctors train to provide geriatric care, can geriatricians develop HIV expertise and what mechanisms for consultation need to be developed across specializations?

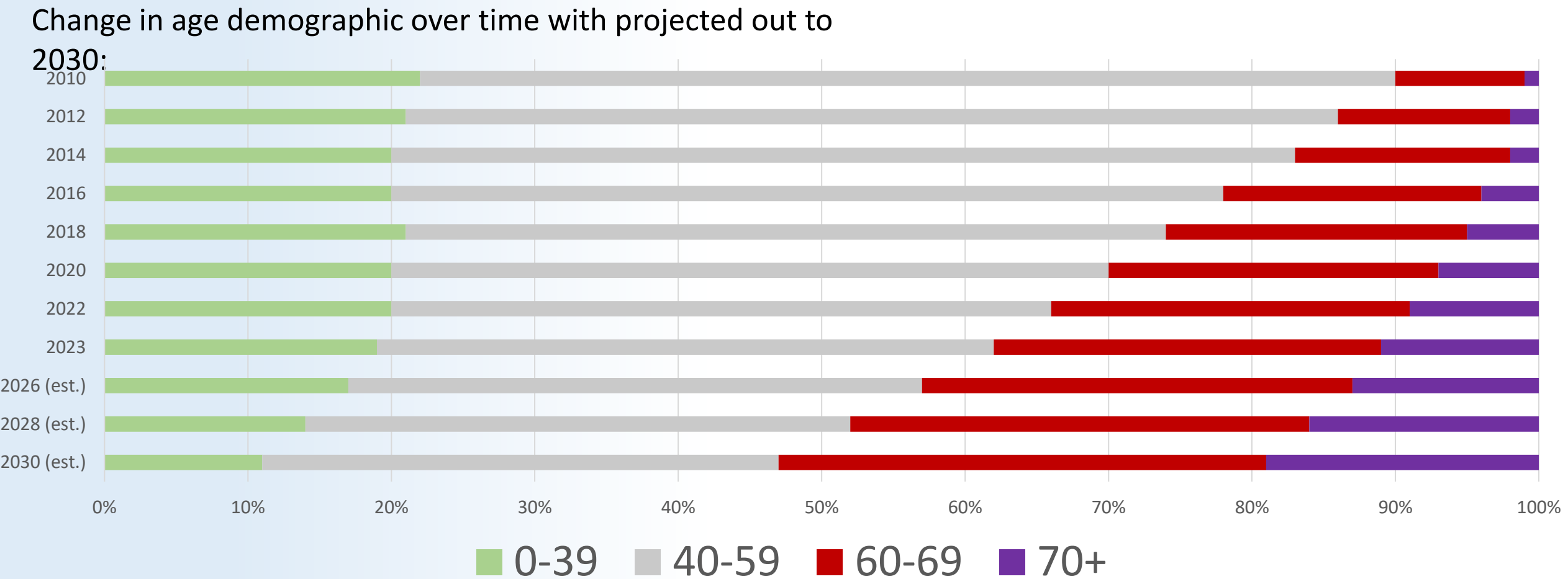
### Potential challenges of polypharmacy and multiple medical conditions

- Will we need expanded pharmacist services for HIV and aging?



# San Francisco Issues & Trends

## Aging HIV Population (2)





# San Francisco Issues & Trends

## Aging HIV Population (3)

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### Cognitive Changes related to HIV and Aging

- How and to what extent will HIV-related cognitive changes impact other cognitive conditions related to aging?
- If and how will HIV and other cognitive/memory medications interact.

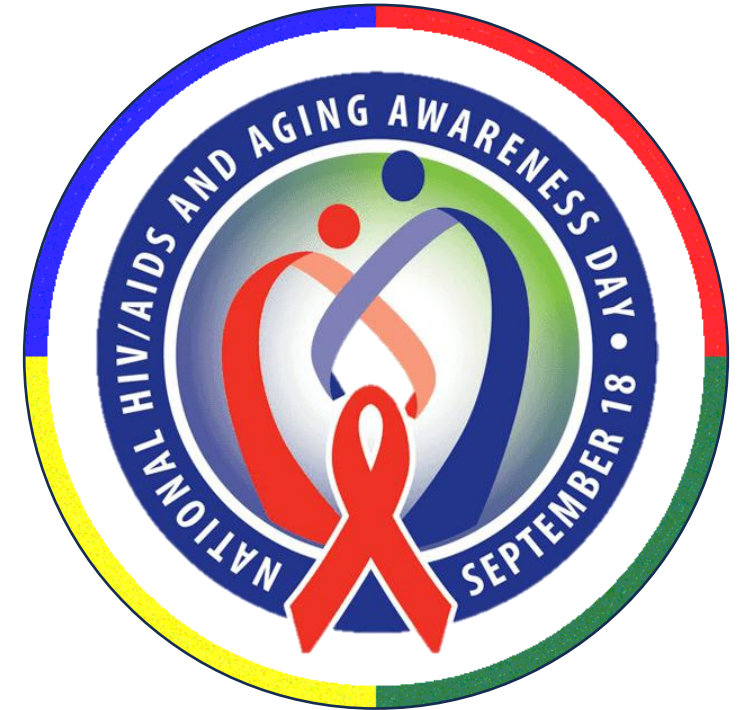
### Stigma

- Will stigma impact peoples perceived and actual safety to be out about their sexual orientation, gender identity and HIV status if they want or need to be as they enter elder adult systems of care.

### Diversity of experience and need within the Aging HIV

### Community

- Need to ensure that all voices are heard and needs are incorporated in the system response



# State of California

## Issues & Trends

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- **Ongoing multi-year budget deficit**
  - **Likely 5% reduction implemented over 5 years of Ryan White Part B to San Francisco due to change in HRSA HAB formula determination**
    - CA State Office of AIDS will likely be able to offset or at least dampen impact of cuts with RWPB ADAP rebate savings
  - **Medi-Cal and People with Unsatisfactory Immigration Status**
    - Federal Government has implemented financial penalties to States that provide non-emergency health care to both undocumented and documented non-citizens
  - **Cal AIMS funding through Medi-Cal Mental Health Specialty Care**
    - Expansion intensive case management services and outreach / linkage in San Francisco
      - A number of SF DPH programs and CBO with HIV + clients are now receiving Cal-AIM services which may result in transitioning some RWP funded services
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# United States of America

## HR1 Bill Impacts on Medic-Aid Congressional Budget Est.

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### Coverage Loss

- Increase number of uninsured in the US by 10,000,000
- Some analyses estimate up to 17,000,000 will lose coverage

### Budget

- Reduce federal Medicaid spending by \$911,000,000,000 over a decade
- 76% of the savings happening from 2030 to 2034





# United States of America

## HR1 Bill Impacts on Medi-Cal Enrollment CA/SF

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### California

- **Total** **14,863,513**  
~35% of Californians
- **Non-MAGI** **9,756,754**  
including CHIP
- **MAGI** **5,106,759**

### San Francisco

- **Total** **242,774**  
~28% of San Franciscans
- **Non-MAGI** **145,162**  
including CHIP
- **MAGI** **97,612**

**“Up to 3.4 million Medi-Cal members may lose coverage...\$30 billion [in funding] is at risk”**

*Michelle Baas, CA DHCS Director*

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# United States of America

## Future Ryan White Part A Funding Formula

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**Likely Change of RWPA Funding Formula will likely change from being based residence at time of diagnosis to current residence**

- HRSA has projected that this will result in a 19% reduction (\$2.3M) to the SF EMA RWPA implemented over a 5-year period (4%-5%) beginning in 03/26 through 03/20

**Some further risk of reduced RWP funding levels to the formula part base on award based on prevalence and incidence**

- Success of Prep and LAI prep has resulted in decreasing HIV incidence (new infections)
  - Net out migration of people living with HIV to more affordable areas
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# United States of America

## Impact of Presidential Executive Orders (1)

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### **Presidential Executive Orders (EO) that directly impact HIV service delivery systems**

- **Executive Order 14321 titled Ending Crime and Disorder on America's Streets aka "Criminalization of Homelessness"**
  - **Promotes coerced long-term institutionalization** for PEH with mental health issues
  - **Promotes criminal prosecution** for "vagrancy", street substance use, street sale of drugs
  - **Increases power of attorney general in law enforcement** at state and local levels
  - **Expands the use of police** to respond to homelessness
  - **Prioritizes funding for states that criminalize homelessness** and end housing-based solutions
  - **Cuts off funding for harm-reduction based programs.**
- **Executive Order 14168, titled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government aka "Radical Gender Ideology"**
  - **Withdraws federal recognition** for transgender people.
  - Requires **federal departments to recognize gender as an immutable male-female binary determined by sex "at conception"** that cannot be changed,
  - **replaces all instances of "gender" with "sex" in materials and mandates mass removal of documents** published by the CDC, FDA, DHHS that mention topics related to "gender ideology".
  - **Ceases all funding for gender affirming care gender and the promotion of "gender ideology"**
  - **Terminates gender self-identification on federal documents** including passports
  - **Prohibits transgender people from using single-sex federally funded facilities congruent with their gender.**
  - Calls upon the **Attorney General** to re-evaluate the application of Title VII to eliminate protection based on gender identity in federal activities.
  - **Forces transfers of transgender inmates** to facilities congruent with their sex at birth





# United States of America

## Impact of Presidential Executive Orders (2)

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### **Executive Order 14151, titled "Ending Radical and Wasteful Government DEI Programs and Preferencing"**

- **Terminates all activities relating to “diversity, equity, inclusion and accessibility” (DEIA) by the U.S Federal Government and its executive departments**
- **Terminates various DEIA-related positions** from the federal government
- **Removes references to topics** (including recognition of the accomplishments of people based on membership in a minority group) **that could constitute a promotion of DEI** from federal museums and websites
- **Restricts applications for federal grants in arts and science** that are related to or mention keywords related to DEI.
- **Directs the director of the Office of Management and Budget (OMB) to terminate all mandates, policies, programs, preferences, and activities relating to 'diversity, equity, inclusion, and accessibility' and mandates that agencies report a list of all employees in DEI and "environmental justice" positions to the OMB director within 60 days**

### **CCSF, SF DPH and HHS response strategies to Executive Orders**

- Clarification about unrestricted eligibility for services
  - Shift in language used
  - Commitment to provide services to impacted populations
  - Legal challenges to EO implementation processes
  - Movement of programs from federal to local funding
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# United States of America

## Issues & Trends

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### **National Budget for HIV Prevention and Care Flat funded**

- SF EMA now likely to receive the same (flat) funding levels for FY2026 for all Ryan White Programs (A,B,C,D, F and EHE)

### **Challenges of operating without RWP Reauthorization**

- Need to assess future political climate related to reauthorization
    - Legislative and implementation details are based on the realities of HIV epidemic 17 years ago in 2009
      - Some difficulties to innovate and modernize
        - e.g. status neutral services
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# United States of America

## Issues & Trends – Professional Pipeline

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**Fewer “Life-Time HIV Service Warriors”** as HIV has become more manageable and less stigmatized.

- HIV now one of many social justice issues in which newer professionals are interested
- As treatment has simplified for those who become infected in the last 10-15 years less primary care provider interest in and perhaps need for HIV specialization

**Many long terms HIV service providers, advocates and policy makers are retiring**

- Loss of institutional memory
- Opportunity for a new generation of providers to take leadership

**On-gong shortage of MD, RN and MEA to provide all kinds of primary care including HIV care**

- Medical boarding in Geriatrics
  - has only existed since the 1980's,
  - the least paid of all MD specialties
  - the geriatric population (those 65 and older) is the fast growing in the United States and is expected to double in the next 25 years.

**On-going shortage of mental health providers**





# Biomedical Interventions & Evolving HIV Care Models

## Issues & Trends

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### **Long Acting Injectable (LAI) ARV for HIV**

- SF continues to optimize these services
- SF LAI ARV services are focused on individuals and populations with housing instability and for whom daily pill dosing is burdensome which is shaping up to be a game changer in terms of ending HIV
- Treatment strategies continue to be an evolving science with 6-month prevention options already available and on the horizon for treatment
- Long-Acting Injectable same clinic visit dosing for multiple conditions in SF is also currently under development

### **Reduced medical appointment frequency need**

- For durably virally suppressed clients many providers and clients are choosing to reduce viral load and/or t-cell tests to annually and reducing the frequency of visits

### **HIV for many (but not all) now seen another chronic manageable condition**

- At what point if any could/should HIV care for uncomplicated patients be mainstreamed back to primary care?
  - Would HIV specific care become like specialty care for those with complex and difficult to control disease?
    - If so how do we ensure this specialty care is available and sufficient

### **Cure and/or a very effective preventative vaccine for HIV**

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

**Bill Blum, HHS Director**  
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**John Aynsley**  
**Natalie Basha**  
**Kevin Chen**  
**Nina Davis**  
**Eric Dew**  
**Vilma Molina**  
**Flor Roman**  
**Freshta Sadat**  
**Andy Sheer**



**Thank you**  
**Questions & Feedback**