

San Francisco Department of Public Health  
HIV Health Services

San Francisco Health Commission  
Community & Public Health Committee

July 16, 2024

Bill Blum  
HHS Director



# **Program Overview**

## **Mission Statement**

**The Mission of San Francisco Department of Public Health's HIV Health Services (HHS) is to oversee and ensure a state-of-the-art, client centered care that improves and sustains the quality of life of people with HIV.**

**HHS collaborates with federal, state, and local partners to promote health equity to maintain an excellent HIV healthcare system that is comprehensive and sustainable.**



# Program Overview

## Organizational Structure

**Grant Colfax, MD**

Director of Health

**Roland Pickens**, Director, SF Health Network

**Albert Yu, MD**, Director of Ambulatory Care

**Bill Blum**

Director of HIV Health Services

**Beth Neary**

Assistant Director

**John Aynsley**

Health Prog.  
Coordinator

**Andy Scheer**

EHE  
Coordinator

**Nina Davis**

HHS Exec.  
Coordinator

**Maria Lacayo**

Health Prog.  
Coordinator

**TBD**

Health Care  
Analyst

**Flor Roman**

ARIES/HCC  
Site  
Manager

**Freshta Sadat**

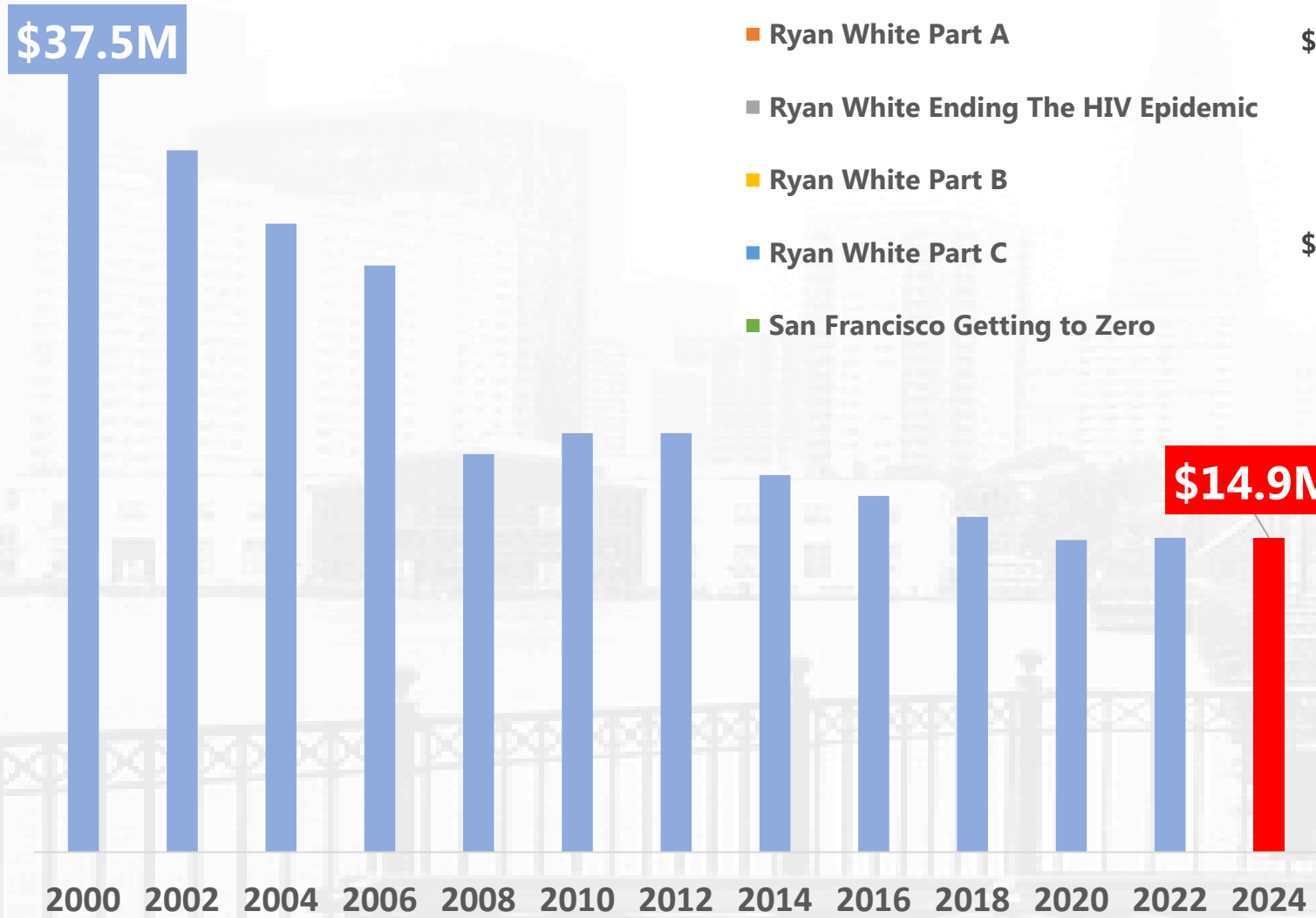
HCH  
Coordinator

**Vilma Molina**

Health  
Worker

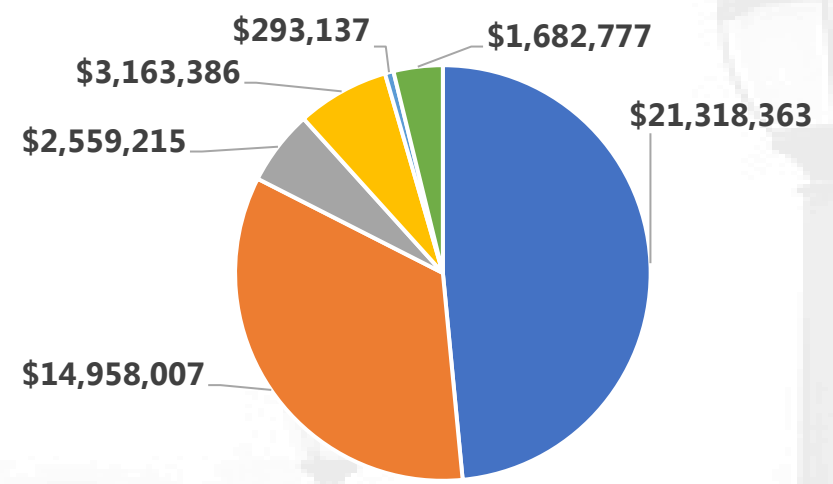
# Program Overview

## Budget Summary



Ryan White Part A funding only

- San Francisco General Fund
- Ryan White Part A
- Ryan White Ending The HIV Epidemic
- Ryan White Part B
- Ryan White Part C
- San Francisco Getting to Zero



**\$46,671,942**  
total 2024-25 HHS funding

**37%**  
from HRSA HAB Ryan White Part A & EHE

**46%**  
from San Francisco General Fund

**60%**  
Part A reduction in 24 years

# Program Overview

## Services Provided

# 5,602

Unduplicated clients were provided HHS funded services in 2023-2024 (*roughly 40% of persons living with HIV in San Francisco*)

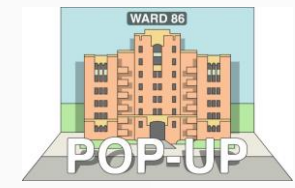


Core Services	Support Services
Outpatient Amb. Health Services	Food / Home Delivered Meals
Centers of Excellence	Emergency Financial Assistance
Medical Case Management	Residential Substance Use
Mental Health	Psychosocial Support
Early Intervention Services	Housing Subsidies
Oral Health	Non-Medical Case Management
Home & Comm.-based Services	Facility-based Care
Home Health Care	Legal Services
Hospice	Outreach

# Program Overview

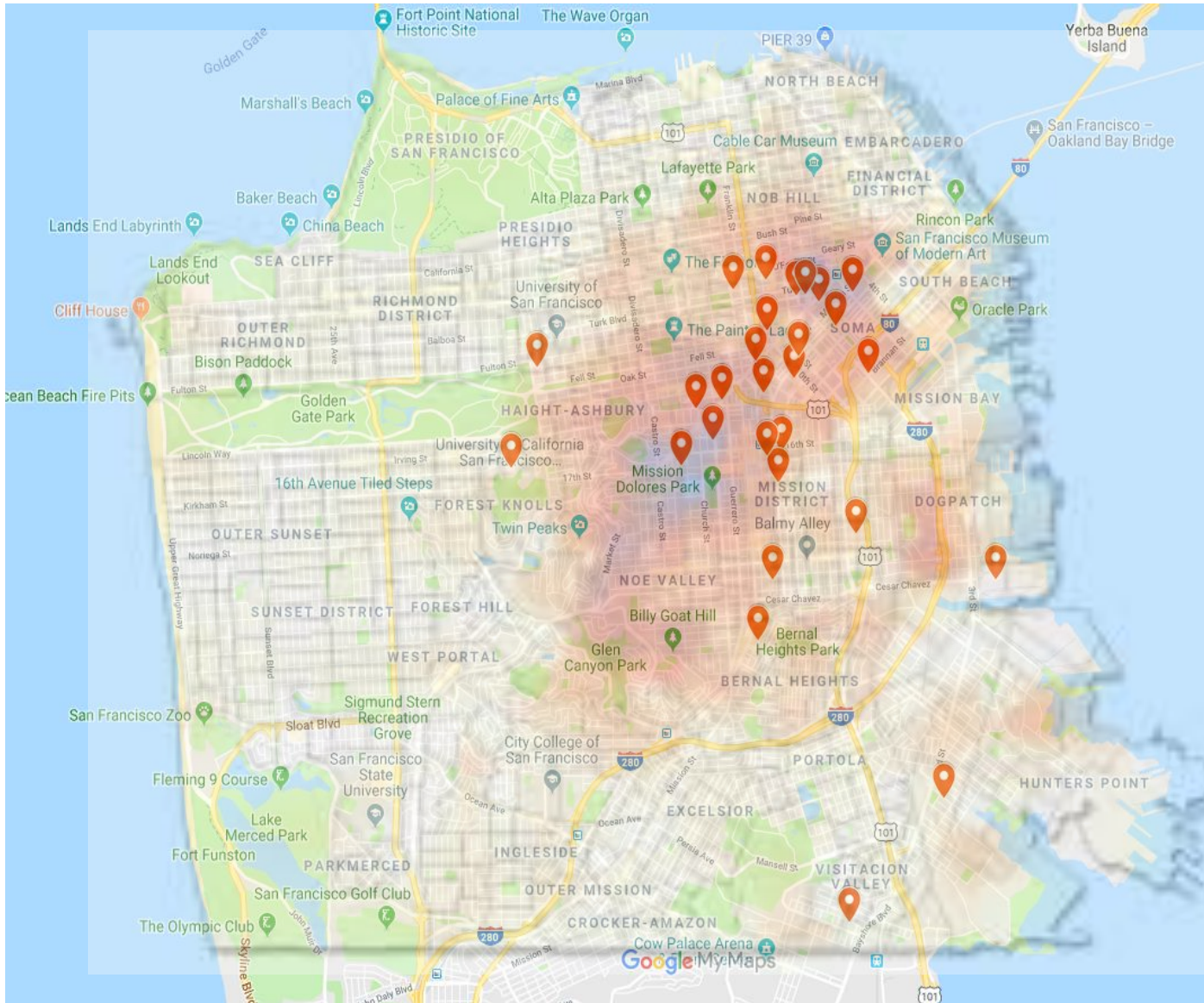
## Community Partners

- **Total of 65 contracts/MOUs for 79 programs within 42 different CBOs, UCSF, and sister programs within DPH**
- **40 contracts supporting 58 separate program with 26 Non-Profit Community-Based Organizations**
- **10 contracts for 12 programs within 5 different divisions of UCSF**
- **15 MOU supporting 18 HHS-funded programs within 11 different units and clinics of SFDPH**



# Program Overview

## Community Partners Map



- AIDS Legal Referral Panel
- Alliance Health Project
- Castro-Mission Health Center
- Catholic Charities (multiple sites)
- City Clinic
- Community Awareness & Treatment Services
- Dolores Street Community Services
- Health Right 360
- HIV Integrated Services
- Instituto Familiar de la Raza
- Larkin Street Youth Services
- Lutheran Social Services
- Mission Neighborhood Health Center
- Native American Health Center
- Positive Resource Center
- Project Open Hand / AIDS Emergency Fund
- Rafiki Coalition
- San Francisco AIDS Foundation
- San Francisco Community Health Center
- Shanti
- South Van Ness Behavioral Health Services
- Southeast Health Center
- St Mary's – Dignity Health
- Tom Waddell Urban Health Center
- UCSF, Men of Color Program/PCC
- UCSF, Positive Health Program
- University of Pacific, School of Dentistry
- Westside Community Services

# Epidemiological Snapshot

## Characteristics of persons living with HIV in San Francisco

Compared to overall San Francisco HIV population, HHS clients are statistically more likely to be Cis or Trans Women and identify as persons of color.

		San Francisco <sup>(i)</sup>	San Francisco HHS <sup>(ii)</sup>
Age	0-20	<1%	<1%
	21-30	3%	4%
	31-40	14%	15%
	41-50	19%	18%
	51-60	34%	28%
	61-70	22%	25%
	70+	7%	10%

		San Francisco <sup>(i)</sup>	San Francisco HHS <sup>(ii)</sup>
Gender	Cis Men	92%	84%
	Cis Women	6%	10%
	Trans Women	2%	5%
	Trans Men	<1%	<1%

		San Francisco <sup>(i)</sup>	San Francisco HHS <sup>(ii)</sup>
Race/Ethnicity	White	58%	41%
	Black/African American	12%	19%
	Latino/a/x	20%	25%
	Asian/Pacific Islander	6%	6%
	Other/Unknown	3%	9%

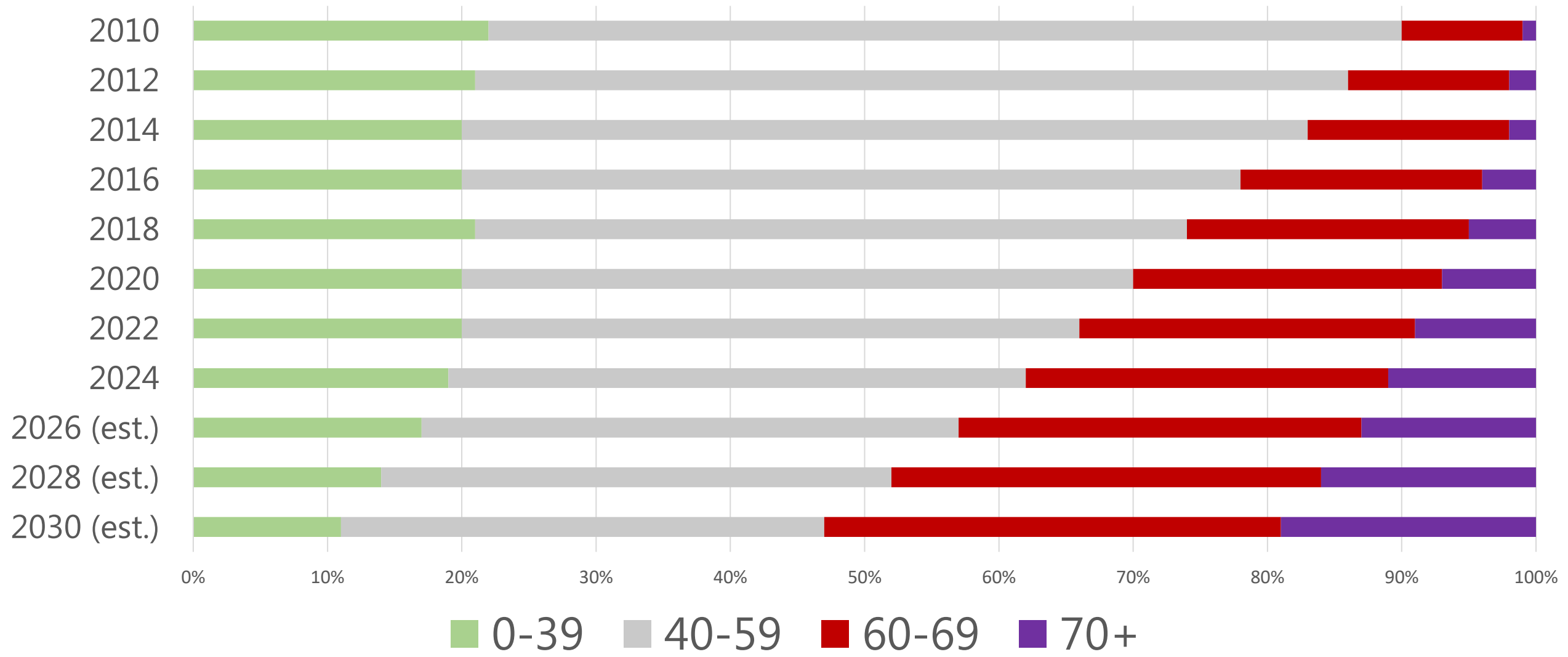
*i – San Francisco Epi Report 2021, ii – ARIES June 2024*



# Epidemiological Snapshot

## HIV & Aging

Change in age demographic over time with projected out to 2030:



# Ending the HIV Epidemic

## Program Goals & Funding

### GOAL:

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

In 2020, the federal government launched a bold new initiative called **Ending the HIV Epidemic in the U.S. (EHE)**. This initiative intends to reduce the number of new HIV infections in the United States by at least 90 percent by 2030. The initiative focuses on four strategies—diagnose, treat, prevent, and respond—that together can end the HIV epidemic in the U.S.

\$291M was allocated in the first year, \$70M of which was awarded by HRSA/HAB



# Ending the HIV Epidemic

## Program Goals & Funding

**OVERVIEW**

### Ending the HIV Epidemic

An U.S. Department of Health and Human Services (HHS) initiative that works with communities to leverage the critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

The initiative's goal is to reduce the number of new HIV infections in the U.S. by: **75% BY 2025** & **90% BY 2030**

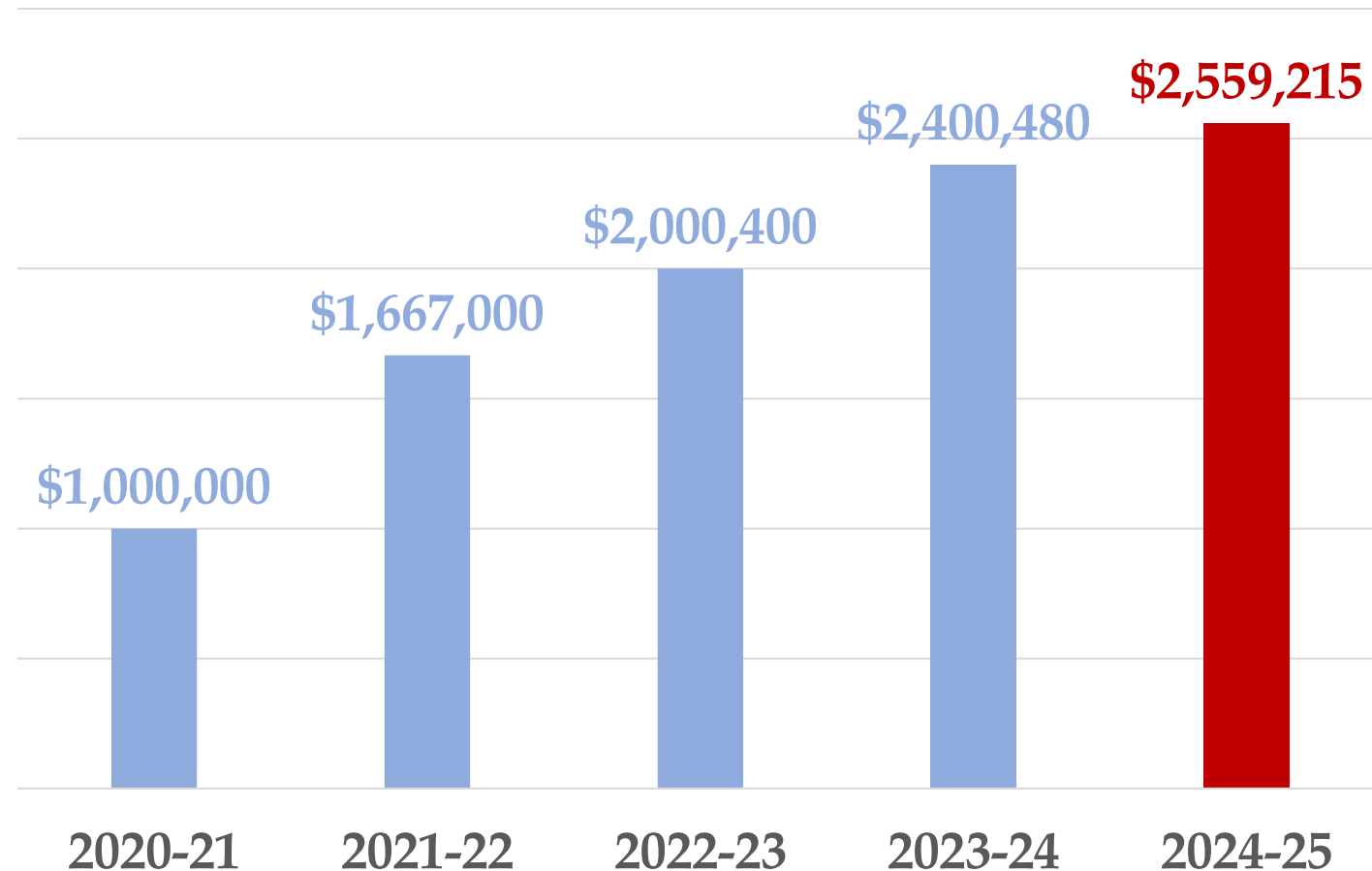
**HHS funds communities to design and implement local programs to:**

- Diagnose**  
Diagnose all people with HIV as early as possible after infection.
- Treat**  
Treat the infection rapidly and effectively to achieve sustained viral suppression.
- Prevent**  
Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- Respond**  
Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

# 20%

Increase in EHE funding each year from 2021 to 2024

### SFDPH HHS EHE FUNDING



# Ending the HIV Epidemic

## Priority / Target Populations

Four populations of focus were chosen for HIV EHE care service interventions

**I. Trans Women**

**II. People Experiencing Homelessness**

**III. People with a Recent History of Incarceration**

**IV. Persons with High-Risk Substance Use**

*The people identified for intervention are clients currently not engaged in care, have not been engaged in care in the past, and are intermittent or non-consistent seekers of care.*

**106**

Trans Women were diagnosed with HIV between 2010 and 2020

**409**

Marginally housed/homeless people were diagnosed with HIV between 2010 and 2020

**236**

People who inject drugs were diagnosed with HIV between 2010 and 2020

**1,445**

Incarcerated people received HIV services between 2010 and 2020

# Planning Body

## San Francisco HIV Community Planning Council

### **The San Francisco EMA HIV Community Planning Council**

(SF HCPC) is a collaborative regional planning body that consists of volunteers and government appointees from throughout San Francisco, Marin, and San Mateo counties, including persons living with HIV, community members, and representatives of private and public agencies providing a wide range of HIV-related service categories, prevention, and care services and programs.

### **The SF HCPC 's primary functions include the prioritization of services and the allocation of funding for Ryan White Funding.**

The HIV Community Planning Council allows our region to examine HIV prevention and care through a unified lens, and to develop innovative, effective, and integrated responses to meet the shifting needs of the HIV epidemic.



# Continuous Quality Improvement

## Two Populations of Focus



### Black & African American

- Started in 2020
- Goal of improving from 78% to 87% viral suppression
- Achieved 84% in two years

### Persons Experiencing Unstable Housing

- Started in 2022
- Goal of improving from 74% to 87% viral suppression
- Currently at 74%

# HIV Health Services Evaluation

## Financial Program Challenges

**HHS continues to face both uncertainty and expected reductions to Ryan White Programs Funding.**

- **Ryan White Part A Award Amount**
  - Has been reduced by over 50% in the last 20 years due to flat funding at the federal level, with increased funding going to other eligible metropolitan areas and formula-based funding based on incidence and number of people living with HIV
- **Ryan White Part B Award Amount**
  - Has remained relatively flat over the past 10 years, but State is also facing budget deficits and is not required to pass through funding to counties
- **Ryan White Part C**
  - HRSA/HAB in their recent NOFO informed SF that the FY25-26 ceiling request is \$278,xxx (5%) less than FY24/25 award amount
- **HRSA/HAB Ending the HIV Epidemic (EHE)**
  - Currently in 5<sup>th</sup> and final year of 5 year first funding cycle
  - Second 5 year cycle is dependent on federal approval and appropriation level

Mayor London Breed has committed to backfilling federal Ryan White cuts to San Francisco.

There is on-going consumer advocacy on the part of HIV AIDS Providers Network (HAPN) with the Mayor and the SF Board of Supervisors to ensure adequate funding for HIV Prevention and Care Services.

# HIV Health Services Evaluation

## Other Program Challenges

- ❖ Maintenance in care and medication adherence for people multiple structural challenges and trauma due to racism, sexism, homophobia and transphobia among others.
- ❖ As People living with HIV are aging there is a need to customize programs, further develop services and better coordinate and integrate with other CCSF systems of care including DAS and MOHCD
- ❖ Housing Shortage and challenge of attaining and maintaining care and optimal health outcome with people living or at-risk-for HIV experiencing housing instability/homelessness.
- ❖ The high proportion of HIV clients with significant mental health issues and/or high risk substance including high levels of methamphetamine use.
- ❖ Hiring, training and retention of HIV services providers particularly community based mental health service providers.



# HIV Health Services Evaluation

## Program Successes

- ❖ Implementation and expansion of services through EHE particularly for people experiencing housing instability/homelessness, transitioning out of incarceration resulting in stabilization in medical care and viral suppression.
- ❖ Increased viral load suppression in the safety net HIV population including in black/African American and people experiencing homelessness/housing instability.
- ❖ Expansion of Trans-affirming care services
- ❖ Implementation of “braided” federal funding (HRSA/HAB and CDC) for “status neutral” HIV services
- ❖ Implementation of Long-Acting Antiretroviral Therapy (LAI ART) in many DPH and Community Clinics



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

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Vilma Molina

Freshta Sadat



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