

PROJECT NARRATIVE

The Annual Performance Report requires the grantee to report on progress made during the current reporting period, **January 1, 2015 – June 30, 2015** and to report on proposed programmatic activity for the new budget period (Year 5) **January 1, 2016 – December 31, 2016**. *Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2015 – June 30, 2015.*

The following questions are core questions to be used for programmatic and data reporting for this reporting period.

SECTION I: CATEGORY A: Required Core HIV Prevention Program

All four required core components should be implemented during this reporting period.

- HIV Testing
- Comprehensive Prevention with Positives
- Condom Distribution
- Policy Initiatives

Please provide responses to the following questions for the required core components for Category A. Responses to questions should include all four required components.

1. Did you make **substantial changes** to your HIV prevention program for any of the four required core components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

HIV Testing:

Comprehensive Prevention with Positives:

Condom Distribution:

Policy Initiatives:

The University of California San Francisco (UCSF) Alliance Health Project (AHP), Asamblea Gay Unida Impactando Latinos a Superarse (AGUILAS) and some of San Francisco Department of Public Health City Clinic and community-based settings programs are the only CDC-funded organizations providing direct client services during the reporting period, but other programs will be discussed in this report to demonstrate the scale of San Francisco's HIV prevention efforts.

- In keeping with the objective to reduce the percent of San Franciscans with unknown HIV infection to less than 5% by 2016, and increasing the number of HIV tests to 30,000 by 2017, the San Francisco Department of Public Health (SFDPH) is supporting expanded mobile testing efforts to reach the highest

prevalence populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

San Francisco is committed to maintaining acute testing for MSM, IDU, and TFSM based on preliminary data of the Screening Targeted Populations to Interrupt On-going Chains of Transmission with Enhanced Partner Notification (STOP) study. Acute cases of HIV infection funded by the STOP study accounted for 10% of new infections in San Francisco in non-medical settings funded by HIV prevention in through October 31, 2013. San Francisco has continued its commitment to acute testing since that time and pooled ribonucleic acid (RNA) testing has continued as part of routine services at two high-volume, high prevalence sites (San Francisco AIDS Foundation [SFAF] Magnet and SFDPH City Clinic. In 2014 acute cases accounted for a decreasing share of new positives, but that trend seems to have reversed in 2015. San Francisco will pay close attention to any trends in positivity and will develop a new algorithm for detecting acute infection that is grounded in the best evidence available. SFDPH is also working to ensure that all acute cases are accurately represented in EvaluationWeb.

SFDPH is continuing to offer expanded acute screening in mobile settings with the UCSF AHP to reach MSM, SFAF Magnet and SFDPH City Clinic. UCSF AHP is also piloting hepatitis C (HCV) testing and syphilis testing for IDUs and MSM. The intent is not only to increase HCV and syphilis testing, but to also increase testing for HIV, believing that more MSM, IDUs and TFSM will want testing due to the fact that one can get screened for multiple health issues at once.

SFDPH continues to work closely with the State of California Office of AIDS in updating the HIV/HCV Counselor Certification Training for local and state need. Staff members have revised training materials to include Pre-Exposure Prophylaxis (PrEP) in the HIV test counselor training for new counselors. In addition, SFDPH has created a training on PrEP for existing HIV test counselors and other service providers whose clients may have questions about this new intervention. During the reporting period, SFDPH included training on the Determine Ab/Ag test in the HIV test counselor training and provided agency specific training and ongoing support for three of the largest testing providers.

This Substantial Change applies to HIV Testing.

- PrEP is quickly changing the HIV prevention landscape and the Community Health Equity and Promotion (CHE&P) Branch at the SFDPH is addressing this in multiple ways:

- PrEP has been added to the HIV counselor training curriculum.
- Training HIV test counselors is planned for August 2015
- Discussions on this topic at our bimonthly HIV test counselor meetings.
- There have been multiple community forums about PrEP sponsored by CHE&P or community organizations.
- CHE&P is involved in “Getting to Zero” (G2Z), a collaborative of government, community, research and clinical providers who meet with three goals:
 - zero new infections
 - zero AIDS-related deaths
 - zero stigma

The three initiatives are: 1) increase retention in care 2) increase rapid initiation of antiretroviral therapy and 3) expand access to PrEP.

In 2014 San Francisco Board of Supervisors allocated \$301,600 to hire PrEP navigators, who will help people obtain PrEP through existing channels such as private insurance, Medi-Cal, or Gilead Science's patient assistance programs. A Request for Proposals (RFP) was written during the reporting period and the processes are in place to release this RFP in the fall of 2015.

Better World Advertising was contracted to conduct “listening sessions” to collect HIV prevention service provider input on the communities’ knowledge and attitudes around PrEP to shape appropriate messaging and social media strategies in San Francisco.

CHEP collaborated with other branches in SFDPH for SFDPH’s application for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco’s PS15-1506 proposal are the continuing and final steps of a social marketing plan to increase uptake of PrEP in San Francisco.

This Substantial Change applies to HIV Testing and Policy Initiatives.

- Another substantial change is in preparing for the new HIV Antigen /Antibody rapid test called Determine by Alere. Determine was CLIA (Clinical Laboratory Improvement Amendments) waived in December 2014. SFDPH staff has created a four hour training that will be used to certify all current HIV

test counselors with input from Alere staff. SFPDPH will request approval from the State Office of AIDS and collaborated with Los Angeles Health Department. Staff members feel that this new test will allow us to expand our acute screening efforts.

This Substantial Change applies to HIV Testing.

- The Community Health Equity and Promotion Branch (CHEP) has integrated and standardized services by increasing collaboration with SFPDPH Behavioral Health, a separate section of the SFPDPH which receives SAMHSA HIV Early Intervention funds to support a variety of community-based programs. A requirement of this SAMHSA “set-aside” funding is to provide HIV prevention within substance use treatment settings. Accordingly, many of San Francisco’s substance abuse programs currently provide HIV testing and HIV risk reduction counseling by utilizing set-aside funds. CHEP staff successfully worked with the program staff within Behavioral Health as well as at the funded agencies to align the goals and objectives of the contracts with San Francisco’s HIV testing efforts and overall HIV Prevention Strategy. Behavioral Health has transferred oversight of these programs to CHEP.

A new Set-Aside coordinator, Katie Burk, who started in November of 2014, has taken on the responsibilities of coordinating the contracts. Ms. Burk has held site visits with recipient agencies to understand how each individual program works, as well as what the successes and challenges have been around utilizing the Set-Aside funding. Ms. Burk has already integrated HCV testing into the existing Set-Aside funded HIV testing programs at three methadone programs, and will continue to explore other integration opportunities with funded programs. In 2015, Ms. Burk will also continue to partner with Behavioral Health, recipient agencies, and HIV-prevention planning bodies to ensure that the funds are being used in efficient and highly impactful ways that maximize the prevention benefits with San Francisco’s substance abuse program clients.

This Substantial Change applies to HIV Testing and Policy Initiatives.

- San Mateo County (SMC) assessed clients’ awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education

brochures, and referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers and patients.

This Substantial Change applies to HIV Testing and Policy Initiatives.

- In order to address the overestimation of HIV Testing events established as goals in previous program years, San Mateo County revised the annual number of HIV Testing events from 1500 to 1000. This new goal has been ascertained to account for only priority risk populations; rather than the previous goal of 1500 HIV Test events, which included low-risk, non-priority risk populations.

This Substantial Change applies to HIV Testing.

- In 2014, Marin implemented a new strategy of online outreach to locate men who have sex with men. During the reporting period of June 30, 2015, Marin made 147 contacts resulting in 61 referrals, 32 follow-up conversations, and 16 health education and risk reduction conversations. In its social networking program, 5 individuals were used as test recruiters, 54 outreach contacts were made and one high risk individual came in for testing.

This Substantial Change applies to HIV Testing.

- Marin continues to provide rapid HCV testing along with HIV testing. During this reporting period, 28 HCV tests were performed and 3 positives were identified.

This Substantial Change applies to HIV Testing.

- Marin County experiences challenges locating high prevalence populations for HIV testing. As a result, the county made substantial changes in how it locates two of its high prevalence populations for HIV testing - men who have sex with men and injection drug users. After identifying and doing street outreach in a variety of sites to find this population in 2012 and 2013, Marin decided to change its strategy and focus outreach on men who have sex with men through social media sites and peer recruiters. Training for these new outreach strategies began at the end of 2013, and these outreach strategies have continued to be used in 2015.

This Substantial Change applies to HIV Testing.

- SF is currently working with HIV prevention providers to integrate tobacco education, assessment, and referral to smoking cessation services. Because tobacco use disproportionately affects gay men and

possibly transgender women as well, a holistic approach to the health of these communities should include this service. SFDPH contracted with The Last Drag, a well-known provider of smoking cessation services in the LGBT community, to develop a model for education, assessment, and referral that is aligned with the HIV prevention and harm reduction culture. The final model is anticipated to be available in Fall 2015.

This Substantial Change applies to Policy Initiatives.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the successes.

HIV Testing:

Comprehensive Prevention with Positives:

Condom Distribution:

Policy Initiatives:

- The SFDPH Program Liaisons meet monthly and discuss progress of funded community-based organizations; standard agenda items include HIV testing, agency updates, community planning. Review of HIV testing data and other deliverables discuss performance and problem-solve reporting inconsistencies occur as needed.

This Success applies to HIV Testing and Comprehensive Prevention with Positives.

- Instituto Familiar de la Raza is an agency funded to provide service to Latino MSM in two service categories: Program to Address Drivers of HIV Infections among MSM, and Special Project to Address HIV-related Disparities among Latino MSM. In 2014 this agency faced challenges meeting its deliverables, but worked closely with the CHEP Program Liaison and has significantly increased its performance during this reporting period.

This Success applies to HIV Testing and Comprehensive Prevention with Positives.

- The Community Health Equity & Promotion Branch at SFDPH collaborated with local agencies to organize a community event for the annual National Black HIV/AIDS Awareness Day in February, 2015. The event consisted of HIV testing and STI screening and a community forum. The theme for the event was "Our Lives Matter". There was an epidemiology presentation about the current trends of HIV/AIDS among African Americans with a focus on men who have sex with men (MSM). There was a panel

discussion of community leaders who addressed the impact of HIV on women, transgender individuals, youth, and MSM. A community discussion followed.

This Success applies to HIV Testing and Comprehensive Prevention with Positives.

- San Francisco has a strong commitment to condom distribution and implements these efforts in four primary ways: 1) all agencies continue to distribute condoms at every community event, during venue-based and street outreach; 2) SFDPH City Clinic has access to local sex venues and distributes condoms there; 3) SFAF has a condom distribution program to supply bars and other local businesses; 4) venues and organizations that qualify for ongoing condom deliveries are referred and linked to the CHEP Condom Distribution Program.

This Success applies to Condom Distribution.

- Although SFDPH no longer receives specific funding to promote the female condom (FC2), program staff members continue to offer, distribute and demonstrate how to use the FC2 as a safer sex option for men and women when conducting community-based HIV/STI screening, outreach and educational workshops in San Francisco.

This Success applies to Condom Distribution.

- SFDPH continues to require all SFDPH-funded HIV prevention programs to make condoms available to their program participants; condom distribution is a contractual obligation and target numbers to distribute are negotiated.

This Success applies to Condom Distribution and Policy Initiatives.

- Staff led the monthly SFDPH Transgender Coordination and Collaboration (TCC) internal work group with the goal of building capacity on addressing transgender HIV prevention, health and systems issues towards increased access to care, culturally competent services, and increased collaboration among transgender programs and services across the health department. On June 18, 2015 staff led a capacity building webinar through SFDPH's Center for Learning Innovation (getsfcb.org) on Building Capacity for Trans Health Services: Challenges, Opportunities, and Innovations in System Integrations. The webinar highlighted the accumulation of activities that supports the department's institutional capacity to respond to transgender health and HIV prevention priorities. To build stronger institutional and programmatic support throughout the department, the TCC is exploring the development of a

departmental Transgender Health Initiative which would look at broader transgender health objectives across departmental branches and sections of the health department. Initial brainstorm planning for a Transgender Health Initiative is slated for fall, 2015. Through the TCC, staff led a transgender substance use and mental health needs assessment focusing on programs/services and utility in collaboration with Community Behavioral Health Services of SFDPH. During this period, staff members have worked directly with Harder and Company to lead this effort which will be completed with a final report due in mid-September 2015. Conversations and planning for a response to San Francisco's housing crisis and the continued marginalization of trans people is still in development. TCC is in the process of developing a community and stakeholder forum on permanent supportive housing in San Francisco that will highlight needs and gaps in the community. Similarly, TCC is leading a community assessment on shelters in San Francisco that assesses current shelter policies and experiences of trans people with hopes of developing concrete recommendations and responses to the issue.

This Success applies to Policy Initiatives.

- Staff has provided technical assistance towards the development and implementation of Transgender Cultural Humility training modules for all of SFDPH staff. Transgender 101 online training, including a live Transgender 102, 103 training has been developed to build the capacity of SFDPH staff and workforce on transgender health and HIV prevention. Much of the training effort during this period has focused on the development of an on line courseware training on transgender health and primary care. This training module includes video of community members and providers and is expected to be completed in fall of 2015.

This Success applies to Policy Initiatives.

- SFDPH staff led the monthly San Francisco Transgender Advisory Group (TAG), a group comprised of both providers and community members that provides input to the department on transgender health and HIV initiatives, policies and programs. In spring of 2015, the TAG agreed to function as a advisory group to SFDPH's Transgender Health Services program which improves access and quality of healthcare for transgender San Franciscans via its Transgender Surgery Access Program for Healthy San Francisco and Medi-Cal patients. It also partners throughout the SF Health Network to strengthen competency in transgender healthcare at all access points.

This Success applies to Policy Initiatives.

- San Francisco has fully operationalized its Linkage, Integration, Navigation, and Comprehensive Services (LINCS) program to provide services to people testing HIV-positive at community and medical test sites. Services include partner services, linkage-to-care for newly diagnosed positives, and navigation with HIV positive people who are out of care. LINCS services are provided by DPH staff, some of whom are embedded at funded sites. Community-based testing site staff members have expressed satisfaction with the process and outcomes of the services LINCS provides. Community norms and acceptability around naming partners is shifting and SFPDPH staff members are welcomed. Successful implementation of LINCS is helping San Francisco increase the percentage of newly diagnosed clients who are linked to care and are interviewed for partner services, increase the number of partners testing for HIV, and increase the number of positive people who are engaged in care.

This Success applies to HIV testing and Comprehensive Prevention with Positives.

- All HPS-funded providers have protocols in place for ensuring HIV-positive clients are linked to STI screening and treatment.

This Success applies to Comprehensive Prevention with Positives and Policy.

- San Mateo County's strategy of utilizing a Disease Investigator/Linkage to Care Coordinator to conduct HIV case-matching of incident STI infections in HIV-positive individuals has created the majority of efforts to provide Prevention with Positives and Partner Services. Over 65% of individuals who received Partner Service offers and Prevention with Positives were identified through these surveillance efforts. Additionally, 33% of these individuals were also re-engaged in HIV primary care through this strategy.

This Success applies to Comprehensive Prevention with Positives.

- San Mateo County launched a pilot Transgender Health Services Specialty Clinic within the San Mateo County Health System. The pilot project will include comprehensive gender reassignment medical and mental health care, as well as ancillary support services. Comprehensive HIV prevention and education services will be included as part of the ancillary support services; and, individuals will have access to HIV testing, PrEP, PEP, education and risk reduction counseling, and partner services.

This Success applies to HIV Testing, Comprehensive Prevention for Positives, and Policy Initiatives.

- Marin County has been successful in locating and testing individuals who did not know their serostatus and/or providing confirmation of HIV positive serostatus and linkage to medical care. The program located and tested individuals through testing at Marin AIDS Project. After testing, these four individuals were connected with medical care in Marin County and attended their first appointments. All were offered Partner Services.

This Success applies to HIV testing and Comprehensive Prevention with Positives.

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the four required core components funded under Category A during the reporting period. Please specify the program component associated with the challenges.

HIV Testing:

Comprehensive Prevention with Positives:

Condom Distribution:

Policy Initiatives:

- AHP had challenges meeting its targets since services began under the HIV prevention RFP in 2011. The original service delivery target was beyond the capacity of the agency. SFDPH negotiated with AHP to decrease the target as well as reimbursement three times, most recently in March 2015. Even with the reduced objectives, the agency has not been able to increase productivity and reach its goals. SFDPH will continue to work closely with AHP to assess service delivery levels and contract expectations.

This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.

- One program funded to address HIV-related health disparities among Latino MSM AGUILAS has had challenges reaching their contractual goals for HIV testing since 2011. During 2015, SFDPH has worked closely with AGUILAS to assess service delivery levels and contract expectations. To address not meeting targets for HIV Testing Services, SFDPH and AGUILAS have developed a Technical Assistance Plan (TAP); one effort in the plan is to pilot HIV testing in mobile settings which requires additional resources. The success of the HIV testing in additional venues will be reassessed in the fall of 2015 and the option of removing HIV testing services and resources from AGUILAS' contract and negotiating HIV testing services at AGUILAS will be considered if deliverables are not at an appropriate level.

This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.

- The SFDPH Population Health Division is two years into its reorganization. HIV prevention efforts and oversight are now shared across multiple branches. As anticipated, most of the changes in workflows and responsibilities resulting from the reorganization have been completed and implemented. However, because HIV prevention spans across the entire Division, timely communication and sharing of information remains a challenge.

SFDPH and its community partners continue to explore ways in which health care reform/Affordable Care Act (ACA) affects HIV prevention. The Population Health Division currently has a staff person who is overseeing the Billing Improvement Project, which is designed to maximize third party billing for the STD clinic, the TB clinic, and the public health lab. The CHEP Branch recently met with this staff person, and CHEP is now included in the project. In addition, CHEP has received technical assistance from NASTAD on models for working with funded community-based organizations around billing.

This Challenge applies to HIV Testing and Comprehensive Prevention with Positives.

4. Describe **anticipated changes** to your HIV prevention program for any of the four required core components funded under Category A for Year 5 (including proposed changes in venues, contracts, target populations, testing technologies or algorithms, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated change(s).

HIV Testing:

- No anticipated changes.

Comprehensive Prevention with Positives:

- All RRA and PWP programs will be funded through San Francisco General Funds for the remainder of calendar year 2015 and SFDPH expects this funding configuration to continue for calendar year 2016 as well. We do not anticipate any significant changes to any RRA or PWP program during 2015 or 2016.

Condom Distribution:

- No anticipated changes.

Policy Initiatives:

- During the reporting period, two agencies previously funded by PS10-1003 received word that they did not successfully compete for direct funding from CDC for PS15-1502; SFDPH is working with these agencies to understand the impact of this loss of funding and will consider these programs in the context of HIV prevention priorities for 2015-2016 and alternate forms of support if appropriate.

HIV Testing and Comprehensive Prevention with Positives

Note: *Quantitative information for HIV testing for Category A in healthcare and non-healthcare settings, as well as aggregate testing data, will be reviewed via the PS12-1201 Data Tables that will be auto-populated with NHM&E data submitted via EvaluationWeb®. Quantitative aggregate data on Interventions and Services for HIV-Positive Individuals, submitted via EvaluationWeb®, will also be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

1. Provide the annual HIV testing objective for healthcare settings and non-healthcare settings for both Year 4 and Year 5.

The objectives below represent what is expected of CDC-funded HIV testing providers only. As noted earlier, SFPDPH also funds testing with City and County General Funds.

Annual HIV testing objective for healthcare settings (Year 4): 6,500

Annual HIV testing objective for non-healthcare settings (Year 4): 1,000

Annual HIV testing objective for healthcare settings (Year 5): 6,500

Annual HIV testing objective for non-healthcare settings (Year 5): 1,000

2. Provide information on Partner Services (PS) for newly diagnosed index patients for the reporting period.
See Table in Appendix A.

Condom Distribution

1. Provide the condom distribution objective and total number of condoms distributed overall (to HIV-positive individuals and high-risk HIV-negative individuals) during the reporting period.

Overall Condom Distribution Objective for Year 4: 1,500,000

Total number of condoms distributed overall: 752,725

Percentage of condoms distributed: 100%

Note: *% is calculated based on total number of condoms distributed divided by overall condom distribution objective x 100. This number can be greater than 100%, if the condom distribution objective is exceeded.*

Total # of condoms distributed in the San Francisco jurisdiction from January 1 –

June 30, 2015 = 752,725

Note:

- a) The jurisdiction does not collect numbers of condoms distributed to individuals based on HIV status, therefore the total number distributed is reflective of condoms distributed to both HIV-positive and high-risk negative persons.

- b) The jurisdiction cannot accurately determine numbers of condoms distributed to individuals based on funding, therefore the total number of condoms distributed is a collective number of all funding source purchases.
- c) The condom distribution objective was raised for this period given the current success of condom distribution programs.

Table 3: Condom Distribution		
Overall Condom Distribution Objective for the reporting period	Total number of condoms distributed overall	
	n	%
750,000	752,725	100%

Policy Initiatives

1. What policy initiatives did you focus on during the reporting period? Please indicate the type/level of intended impact for each policy initiative (e.g., change on a local level, health department level, or statewide/legislative level) as well as the stage of the policy process (e.g., identification, development, implementation, evaluation). If no policy initiative was focused on during the reporting period, please explain.
 - SFDPH has completed analysis of information gathered from meetings with HIV primary care providers (PCPs) in different care settings, to assess initiation of and potential barriers to early treatment of new HIV cases. The findings will be submitted for a presentation/poster at upcoming conferences, and the SFDPH Clinical Prevention Specialist who works within the Disease Prevention and Control Branch of the Population Health Division will use the information to craft a strategy for increasing uptake of the early treatment guidelines within SFDPH and outside providers. An abstract was accepted for a panel discussion for the American Public Health Association’s (APHA) Annual Conference and will be presented on Tuesday November 3, 2015 Impact: Local & National. Stage: Complete
 - Although not funded with CDC dollars, syringe access and disposal programs are important services for injection drug users. SFDPH continues to pilot the placement of outdoor syringe disposal boxes. In March of 2013, the pilot phase began with two syringe disposal boxes placed in an area in San Francisco frequented by injection drug users in order to provide 24-hour access to safe syringe disposal. Since that period, six additional boxes have been placed between July 2014 and March 2015. Data from the Department of Public Works, SFDPH, and community calls/complaints has shown that the boxes have resulted in fewer improperly discarded syringes in the area and documentation demonstrates that boxes

are maintained weekly. Boxes are secure and functional. Two additional boxes will be placed in August 2015 and SFDPH will provide an update in the next reporting period. In addition to the outdoor disposal boxes, the health department has developed a comprehensive coordinated plan for syringe disposal which includes increased education efforts among injection drug users on safe disposal options, providing disposal supplies to city partners such as the police department and homeless outreach teams, and increased sweeps or “clean-ups” by syringe providers. Impact: Local. Stage: Implementation

- In the year 2000, the San Francisco Department of Public Health (SFDPH) became the first local Health Department in the United States to adopt a department-wide harm reduction policy. Adopting the policy reflected visionary thinking on the part of SFDPH and marked its deep commitment to caring for San Francisco’s most vulnerable citizens. The past fifteen years have brought about important developments in the language and practice of harm reduction interventions, particularly in response to growing national crises around drug use and soaring rates of correlated accidental overdose and hepatitis C transmission. Prompted by the HIV Prevention Planning Council’s (HPPC) recommendation, a collaboration of SFDPH Community Health Equity and Promotion Branch (CHEP), Substance Use Research, and Behavioral Health staff engaged in a multi-pronged, participatory process of updating and ratifying the SFDPH Harm Reduction policy. This update better aligns the policy with SFDPH’s Trauma-Informed Care initiative and the citywide Getting to Zero initiative. The goal of this process is Health Commission approval of the updated policy by the end of 2015.
- Also in response to HPPC recommendations and in a parallel process to the Harm Reduction Policy update, CHEP staff are spearheading a Drug User Health Initiative. This initiative strives to closely align HIV prevention, hepatitis C prevention, overdose prevention, and substance use treatment services in a harm reduction-based and holistic drug user health framework. Implementation of SFDPH’s Drug User Health Initiative involves multiple additional interventions, such as launching HIV and HCV co-screening initiatives, and including HIV and HCV screening at methadone programs supported by SFDPH. SFDPH will also be exploring strategies such as integrating overdose prevention programming at substance use treatment programs and providing HIV, HCV and overdose education to substance use treatment staff. Also notable is the expansion of overdose programming in SF to include a partnership with the San Francisco Police Department, whereby police officers are trained to respond to overdose with rescue breathing and administration of naloxone.

- This year the San Francisco Jail Health Services HIV & Integrated Services (HIVIS) Prevention Services team has focused upon expanding the jail-based naloxone project whereby at release from custody prevention team members show a video on the dangers of overdose. Prisoners are then given the opportunity to sign up for a training on how to use naloxone to block overdose. Once trained, a naloxone (narcan) kit is placed in property to be given to the prisoner upon release from custody.

HIVIS has received a preliminary award announcement that its application to conduct a Hepatitis C demonstration program to treat hepatitis C+ prisoners in the jails in San Francisco and in the Santa Clara county jails has been approved. HIVIS is beginning to develop the IRB application and protocols for how to identify and treat hepatitis C+ prisoners in the jails. The challenge will be to start patients in treatment before they are released from custody. Post-release, a navigator will visit them weekly to provide them with medication and support until they complete the course of treatment.

HIVIS is just rolling out the Transgender START project funded by University of California's Center for AIDS Prevention Studies (CAPS) and the BridgingGroup. Transgender women will receive short-term navigator services and linkages to ease the transition from jail to community. This project will also provide education and referrals for PrEP. This project is funded to examine outcomes among transgender women who will receive discharge planning services and navigator support.

The condom distribution project continues and has received a great deal of attention in the past year because the State of California is about to replicate the San Francisco condom distribution program in the state prison system. Both radio and television have carried stories about this program over the past year, both locally, nationally and internationally.

Prevention Team staff continue to provide HIV, STD and hepatitis testing, disclosure and linkages to care for those testing positive.

2. Please indicate if you have an HIV outbreak response plan in place. If yes, please describe. If no, please indicate steps that will be taken towards implementing a response plan.
 - San Francisco has had experience in emergency responses over the last year with the unfortunate outbreaks of Ebola in Africa, Shigella in San Francisco and invasive meningococcal disease (IMD) among MSM in Chicago. SFDPH has established a Department Operations Center used for Ebola as well as for Shigella with objectives and action plans for all branches. A health alert and fact sheets were

developed for IMD. Systems are in place to implement a response plan immediately in the case of any outbreak.

CATEGORY A: Recommended Components

Please indicate which recommended components were implemented during this reporting period. *If none, please indicate none and go to the required activities section.*

- Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals
- Social Marketing, Media and Mobilization
- PrEP and nPEP
- None

Please provide responses to the following questions for the recommended components for Category A, if implemented. Responses to questions should cover all three recommended components.

1. Have you made **substantial changes** to your HIV prevention program for any of the recommended components funded under Category A during the reporting period? If yes, please describe the changes made for the specific program component.

**Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:**

- Better World Advertising (BWA) was contracted to collect HIV prevention service provider input on the communities' knowledge and attitudes around PrEP to begin to shape appropriate messaging and social media strategies in San Francisco. CHEP collaborated with the SFDPH branches to apply for PS15-1506 funding and hope for opportunities to increase PrEP coverage with these potential new resources. Included in San Francisco's PS15-1506 proposal are the continuing and final steps of BWA's social marketing plan to increase uptake of PrEP in San Francisco.

This Substantial Change Applies to Social Marketing, Media, and Mobilization and PrEP.

2. Describe **successes** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the successes.

**Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:**

- Marin County continues to develop its media strategy to promote the testing program. Marin began running the "I Got Tested" campaign again at outdoor sites in June of 2015. There is an ongoing key

informant interview process geared specifically toward Latinos to develop new media content targeted specifically for the Latino MSMs.

This Success applies to Social Marketing, Media and Mobilization.

3. Describe **challenges** experienced with implementing your HIV prevention program for each of the recommended components funded under Category A during the reporting period? Please specify the program component associated with the challenges.

**Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:**

- There were no challenges experienced with these program components during the reporting period.

4. Describe **anticipated changes** to your HIV prevention program for any of the recommended components funded under Category A for Year 5 (including proposed changes in venues, contracts, target populations, interventions, objectives, staffing/personnel, funding resources, etc.). Please specify the program component associated with the anticipated change(s).

**Evidence-based HIV Prevention Interventions for High-Risk HIV-negative Individuals:
Social Marketing, Media, and Mobilization:
PrEP and nPEP:**

- SFDPH hopes to be successful in its application for PS15-1506 funds and continue social marketing efforts with Better World Advertising to promote the uptake of PrEP in San Francisco, but if not, alternate funds will be identified to implement this on a perhaps smaller scale.
- San Mateo County expanded its implementation of *Greater Than AIDS* to include Spanish-language radio spots, targeted placement of billboard ads in disproportionately impacted communities, transit bus ads on major routes, and dissemination of *SMC Greater Than AIDS* posters to businesses, community and faith-based organizations, and to public health clinics throughout the county.
- San Mateo County assessed clients' awareness, experience with, and interest in PrEP via a questionnaire administered to 100 targeted, priority population individuals encountered on the Mobile HIV Testing van. Only 20% of clients were aware of PrEP, 4% of clients had previously taken PEP, and 70% of clients were interested in finding out more about PrEP. Additionally, about 51% of clients were covered by MediCal. As a result, SMC has developed PrEP treatment protocols, patient education brochures, and

referral processes for PrEP access through SMC Health System. Additionally, the SMC website has been updated with PrEP information for both providers about and patients.

- As of August 15, 2015 the Latino Wellness Center, a program of Instituto Familiar de la Raza funded by SFDPH to deliver Health Education & Risk Reduction to Address Drivers services has a new HIV Services Manager and Latino Wellness Center Director. This change in leadership may bring challenges to this program in meeting service delivery levels and contract expectations.

Evidence-based HIV Prevention Interventions for High-Risk HIV-Negative Individuals

Not applicable

1. Indicate if you are supporting evidence-based HIV prevention interventions for high-risk HIV-negative individuals during the reporting period?

Yes No

If yes, briefly describe which populations and what activities are being supported?

- In San Francisco CHE&P funds risk reduction activities (RRA) activities for many agencies, but only one program is funded with CDC dollars, AGUILAS. AGUILAS' program is a holistic one addressing HIV health disparities among Latino MSM and includes HIV testing, evidence-based HIV prevention interventions for high-risk HIV-negative as well as HIV-positive individuals.
- San Mateo County (SMC) continues to provide individual risk reduction counseling to MSM during this reporting period. While SMC did not strictly utilize an evidenced-based intervention, counselors employed motivational interviewing as a primary modality to structure the interventions.

***Note:** Quantitative aggregate data on Interventions and Services for High-Risk HIV-negative Individuals, submitted via EvaluationWeb[®], will be included in the PS12-1201 Data Tables. Please review these tables (template) for reference.*

Social Marketing, Media and Mobilization

Not applicable

1. Indicate if you are promoting and/or supporting a CDC social marketing campaign during the reporting period.

Yes No

If yes, please indicate the specific CDC social marketing campaign.

Pre-exposure Prophylaxis (PrEP)

Not applicable

1. Are you currently supporting PrEP?

Yes No

If yes, briefly describe which populations and what activities are being supported?

Yes. SFDPH was awarded a grant from NIAID to conduct a PrEP demonstration project at San Francisco City Clinic (SFCC), SF's municipal STD clinic (NCT #01632995). Dr. Albert Liu is the Protocol Chair and Dr. Liu and Dr. Stephanie Cohen are the site co-Principal Investigators. The grant is a supplement to SFDPH's Vaccine Clinical Trials Unit grant (PI: Susan Buchbinder). The demonstration project was conducted in collaboration with the University of Miami and Whitman Walker Health in Washington, DC. Participants who enrolled were offered daily Truvada for up to 48 weeks as part of a comprehensive package of HIV prevention services which included STD screening and treatment, and integrated adherence and risk reduction counseling. After enrollment, participants returned for follow-up visits at 4, 12, 24, 36, and 48 weeks. Follow-up visits included monitoring symptoms, side effects and kidney function, HIV and STD testing, assessing medication adherence (through self-report, pill count and drug level testing), assessing for changes in risk behavior, and counseling.

The project seeks to answer the following questions:

- Who wants PrEP?
- How will PrEP be used?
- Does taking PrEP affect the way people have sex?
- Can PrEP be provided through public health clinics?

Enrollment was completed on 1/21/14 and follow-up was completed January 2015. 1069 individuals were approached or prescreened, of whom:

- 364 declined during the pre-screening or screening process
- 148 found to be ineligible
- 557 Enrolled (300 in San Francisco, 157 in Miami and 100 in Washington, DC)
- Retention and adherence in the study were high; Among a sample of 90 participants at a week 4 visit, 77% had drug levels consistent with having taken Truvada 4 days/week (92% in San Francisco)

- STDs were prevalent at baseline (27.5% had early syphilis, gonorrhea or chlamydia at screening) and STD incidence was high but stable throughout the study. In addition, 3 participants had acute HIV infection at enrollment
- There were 2 HIV seroconversions among all sites during the study, both of whom had discontinued PrEP at least 6 weeks prior to the positive HIV antibody test

SFCC now has a PrEP navigation program that aims to: 1) Help insured patients navigate their insurance and co-pay assistance to access PrEP in their primary care home and 2) Initiate and maintain uninsured patients on PrEP (or patients with insurance who cannot access PrEP in primary care). Since the start of the program (and through March 2015), over 500 individuals have been educated about PrEP and counseled as to how to access it, and over 185 individuals have initiated PrEP at the clinic.

The DPH is continuing to support the PrEP program at SFCC through SFDPH General Funds. SFDPH staff will also train CBO providers in how to provide basic PrEP education and referrals, and, through an RFP process, support PrEP navigators who will be embedded in CBOs. In addition, SFDPH is providing technical assistance to other health departments about how to support the scale up of PrEP in their jurisdictions, through a CDC-funded capacity building assistance (CBA) grant.

Non-occupational Post-exposure Prophylaxis (nPEP) Services

Not applicable

1. Are you currently supporting nPEP for high risk populations?

Yes No

If yes, briefly describe which populations and what activities are being supported?

Yes. PEP services are supported by CHEP but meds are not provided under 12-1201. The program entails a clinical visit with a doctor or nurse practitioner, an HIV rapid test to determine eligibility, and risk reduction counseling and health education as it's related to PEP. City Clinic provides 2 days of Truvada as a starter kit for medications, and a prescription for the remaining 26, which can be filled at no cost at the SF General Hospital pharmacy if the patient is uninsured, or at a retail pharmacy if the patient is insured. A health worker follows up with every client who initiates PEP 2-3 days and 28-45 days after PEP is initiated, and provides ongoing support, adherence counseling and assists with prior authorizations or applying for co-payment assistance when necessary. City Clinic also offers follow-up testing and further risk reduction

support upon completion of the PEP course, including referrals to PrEP if indicated. City Clinic services as the main referral site for PEP in SF, and provided 599 PEP courses in 2014. PEP is also provided in the SFGH Emergency Department, Urgent Care Clinic, and the Rape Treatment Center, as well as by private providers (e.g., Kaiser).

CATEGORY A: Required Activities

All three required activities should be conducted during this reporting period.

- Jurisdictional HIV Prevention Planning
- Capacity Building and Technical Assistance
- Program Planning, Monitoring and Evaluation, and Quality Assurance

Jurisdictional HIV Prevention Planning

1. Have you made any changes to your HIV planning group (HPG) to realign with the FOA, NHAS and the current HIV planning group guidance (e.g., changes in composition or structure, bylaws, frequency of meeting, etc.). If yes, please describe the changes made.

No changes were made during this reporting period.

2. Describe the engagement process for your HIV planning group during the reporting period (e.g., communication, engaging stakeholders, data sharing, etc.). *Please ensure the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted.*

In the reporting period, the group had three full HIV Prevention Planning Council (HPPC) meetings. There have been no issues with retention during this reporting period.

All meetings of the HPPC, Executive Committee, and its Working Groups are held face-to-face and are open to any interested person. The HPPC conducts its meetings, forums, or other functions in facilities that are free of charge, are inclusive of the diverse local communities, and compliant with the Americans with Disabilities Act (ADA). HPPC has a public comment policy that permits community members to speak on both matters of general concern and on items listed in the current meeting's agenda.

The HPPC holds one special community engagement meeting annually to provide an opportunity for open dialogue between HPPC members, representatives from San Mateo, Marin, and community members in a results oriented engagement process that will produce tangible outcomes to inform the work of the HPPC. In 2015, the community engagement event will be held on September 23. The topic of discussion will be harm reduction. We will report on the event during the next reporting period.

In 2013 and 2014, the leadership from the HIV Prevention Planning Council and HIV Health Services Planning Council (HHSPC) held monthly meetings with the goal of identifying steps in collaboration. The Councils convened a transition team in January 2015 to plan for a merged Council. The Transition work group met three times with the goal of developing clear objectives & steps for the Joint Leadership work group. The Transition work group developed three motions to establish the make-up and structure of the meetings for the Joint Leadership Work Group. The Joint Leadership Work Group is currently working with a consultant to develop an implementation plan. The mission of the Joint Leadership Work Group is to prepare for and define the scope of work of the merged councils. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will provide an update during the next reporting period.

Release of CDC and HRSA integrated community planning guidance in the spring of 2015 will support the collaboration between the HPPC and the HHSPC because the integrated plan is due in September of 2016.

The Executive Committee of the HPPC is responsible for steering the focus of the HPPC, reviewing proposed amendments to their bylaws, overseeing the work of the HPPC and its working groups, and any other responsibilities specified in the Policies and Procedures Manual. The Executive Committee met six times during this reporting period.

During this reporting period, three Work Groups were convened by the HPPC to address specific topic areas relevant to the work of the Council and included the following: 1) Transition team work group (met 3 times during this reporting period) 2) Jurisdictional Plan Work Group (met twice during the reporting period), and 3) Community Engagement Planning Work Group (met once during this reporting period).

The Jurisdictional HIV Prevention Plan is the result of the collaborative effort between the HPPC, the HHSPC, the SFDPH, and community partners that came together to create a vision for a continuum of HIV prevention, care, and treatment services, grounded in local HIV epidemiology, research, and community values. The San Francisco jurisdiction formed a work group, which included both HPPC and HHSPC members to provide input on the development of the plan. The Jurisdictional plan will be presented to the HPPC on August 13th for vote and approval on Concurrence.

Updates on the progress of the jurisdictional plan are given to the HPPC annually in preparation for the vote on the letter of concurrence, concurrence with reservations, or non-concurrence.

3. Describe **successes** experienced with implementing your HIV prevention planning activities during the reporting period.

The key success of this reporting period was the Jurisdictional Plan update. As noted above, the San Francisco jurisdiction engaged community, providers, and other stakeholders into the process. The jurisdiction also developed a model to demonstrate the Continuum of HIV Prevention, Care, and Treatment, which includes Comprehensive health screening, assessment, and referral; retention interventions; and risk reduction for people living with and at risk for HIV should be integrated and available within the service system, whether in primary care, community-based services, substance use treatment, or other services. The framework reflects an understanding of how to best meet the needs of people living with and at risk for HIV (PLWARH). The vision of the plan is where there are no new HIV infections and all PLWH have achieved viral suppression in the jurisdiction.

The work of the 2014 Substance Use Work Group highlights another successful HIV planning activity. This group developed a set of recommendations focusing on local issues of harm reduction; HIV prevention, treatment, and substance use system of care improvements; and the effects of criminalization of behavioral health. Recommendations go to SFDPH experts for planning and implementation. This reporting period, DPH staff worked with community partners to update the Harm Reduction policy and developed an implementation plan. The updated Harm Reduction Policy & Implementation Plan will be presented for approval to the Health Commission at a future date. We will provide an update during the next reporting period.

4. Describe **challenges** experienced with implementing your HIV prevention planning activities during the reporting period.

The biggest challenge has been the additional meetings and time commitment to plan for increased collaboration with the HIV Health Services Planning Council. The two Councils have cultures and procedures that are different and require thorough and careful communication and planning.

5. Describe **anticipated changes** to your HIV prevention planning activities for Year 5.

The Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

Note: Please submit any updates to your Jurisdictional HIV Prevention Plan to CDC at the same time as this APR, by September 1, 2015. Please submit your updates to the Jurisdictional Plan to ps12-1201@cdc.gov by the due date, if applicable. Please ensure that the letter of concurrence, letter of concurrence with reservation, or letter of non-concurrence is submitted to the mailbox and your assigned PPB Project Officer.

Capacity Building and Technical Assistance (CBA/TA)

1. Did you access CBA/TA services during the reporting period? Yes No
2. **Note:** CBA provided via CDC-funded providers will be pulled via CRIS. However, please explain (be specific) if any of the CBA/TA provided did not meet your needs/expectations.

The CBA/TA provided during this reporting period met our needs.

3. Please provide the type of CBA/TA received and the name(s) of CBA/TA provider(s) for any non-CDC provided CBA.

N/A

4. Do you anticipate changes to CBA activities for Year 5? Yes No
If yes, please describe.

5. Please include CBA/TA needs for Year 5.

None at this time.

Program Planning, Monitoring and Evaluation, and Quality Assurance

1. Have you made **substantial changes** to your program planning, monitoring and evaluation, and quality assurance activities during the reporting period?

Yes No

If yes, please describe the changes made.

The San Francisco Jurisdiction prepared an update to “The Jurisdictional HIV Prevention Plans for the San Francisco MSA, 2012-2016”. This update contains a roadmap for programmatic shifts such as the widespread adoption of treatment as prevention, the advent of pre-exposure prophylaxis (PrEP), and the development of new technologies for early detection of HIV that are changing the current HIV prevention landscape. Throughout the document, this update expands on the need to address health disparities to

improve health outcomes and includes new sections on Getting to Zero, Hepatitis C Virus (HCV), Transgender Health and Racism and Homophobia. Each section identifies core activities and future efforts for each county individually and for the jurisdiction overall.

This is the second update to the 2012 Jurisdictional Plan and highlights successes to date, provides current progress on new initiatives outlined in the 2014 Update and sets the stage for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) “Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011.”

2. How are you using the most current epidemiologic and surveillance data for program planning, implementation, and evaluation purposes during the reporting period (i.e., data to care)? Include the types of data used. How are you disseminating your program monitoring and evaluation data and providing feedback to your healthcare and non-healthcare providers and other community partners? If the surveillance team is receiving updated information (e.g., updated risk, residence, contact, or linkage status information) from program staff, please explain what data and how it helps surveillance (e.g., surveillance data are more up to date and accurate).

Epidemiologic and surveillance data informs the development of the Jurisdictional HIV Prevention Plan, and will continue to guide discussions about programmatic shifts in the future. Specifically National HIV Behavioral Surveillance data on undiagnosed infection rates, as well as data on the “spectrum of engagement” for those newly diagnosed, is signaling a need to consider some programmatic shifts (e.g., such as increased focused on HIV testing for IDUs and retention in care for African Americans). In 2015, the HIV Prevention Planning Council will update the Jurisdictional Plan based on the latest surveillance data.

The LINC program continues to coordinate closely with HIV surveillance to identify patients to prioritize for public health action (e.g., partner services).

Marin County currently uses surveillance data to evaluate where the health department needs to focus resources for outreach and testing. Based on current data received from the county’s Surveillance program, it is possible to identify where new infections are being diagnosed and develop plans, outreach and testing sites in those areas. This data is shared with partners at Marin AIDS Project to collaborate in program design to identify and serve the same groups.

Additionally, the program has been using epidemiological data to systematically identify and make contact with individuals who are reported as HIV positive through medical records but are not currently engaged in care. In 2015, the Surveillance Coordinator has developed a new tracking system that includes information about linkage and continuation in care and also offers Partner Services on a case by case basis. The HIV Program staff works closely with the HIV Surveillance Coordinator on monitoring out of care individuals.

3. Describe **anticipated changes** to your program planning, monitoring and evaluation, and quality assurance activities for Year 5?

As previously mentioned, in anticipation of the HIV Prevention Planning Council (HPPC) and the HIV Health Services Planning Council (HHSPC) merger, the Joint Leadership Work Group is preparing for and defining the scope of work of the merged council. The Joint Leadership Work Group is scheduled to meet from May through December of 2015 and will operate as a joint work group between HHSPC and the HPPC. We will have an update at the next reporting period.

In addition, updates in the Jurisdictional Plan include information for the planning of the joint Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) “Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinates Statement of Need, CY 2017-2011.” Information will be provided in future reports as details become more concrete.

Note: *HIV prevention grantees should comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention’s (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented for HIV prevention grantees funded by FOA PS12-1201, unless otherwise justified. A separate memorandum of understanding (MOU) and rules of behavior (ROB) for data security and confidentiality will no longer need to be submitted for 2015. Instead, a “Certification of Compliance” (i.e., Appendix D on page 57 of the Guidelines) must be signed by an overall responsible party or parties (OPR) and submitted annually to the PPB Project Officer at the same time the APR is submitted to PGO. For information on the new data security guidelines, please refer to <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>.*