File No. 130889 Committee Item No. 10
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date:** 10/02/2013

Board of Supervisors Meeting **Date:** _____

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OTHER **(Use back side if additional space is needed)**

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Completed by: Victor Young **Date** September 27, 2013
Completed by: Victor Young **Date** _____

FILE NO. 130889 RESOLUTION NO.

[Application Approval - Comprehensive HIV Prevention Programs - $8,001,007]

Resolution authorizing the San Francisco Department of Public Health to submit a one-year application for calendar year 2014 to continue to receive funding for the Comprehensive HIV Prevention Programs Grant from the Centers for Disease Control and Prevention, requesting $8,001,007 in HIV prevention funding for San Francisco; from January 1, 2014, through December 31, 2014.

WHEREAS, Section 10.170.(b) of the San Francisco Administrative Code requires Board review of proposed annual or otherwise recurring grant applications of $5,000,000 or more prior to their submission; and

WHEREAS, San Francisco Department of Public Health (SFDPH) is currently a recipient of the "Comprehensive HIV Prevention Programs" grant in the amount of approximately $ 8,830,090 from the Centers for Disease Control and Prevention (CDC) for calendar year 2013; and

WHEREAS, For this round of funding, SFDPH was instructed by the CDC to submit a one-year application request, with a budget for 2013 that is identical to last year's budget, with the budget for 2014 to be determined and sent next year when the CDC sends additional instruction to counties; and

WHEREAS, SFDPH uses these funds to cover a multitude of HIV prevention programs for San Francisco residents, which includes planning, evaluation, community engagement, coordination of programs, and contract management and the remaining funds subcontracted to qualified contractors selected through Request For Proposals to provide direct services to clients; and

WHEREAS, The funds to qualified contractors are established in the categories of HIV Testing, Health Education and Risk Reduction to Address Drivers, Prevention with Positives, and Special Projects to Address HIV-Related Disparities; and

WHEREAS, Ordinance No. 265-05 requires that City Departments submit applications for approval at least 60 days prior to the grant deadline for review and approval; and

WHEREAS, The CDC released the application announcement on July 10, 2013 with a due date of September 16, 2013 allowing just 68 days for the entire process; and

WHEREAS, In the interest of timeliness, SFDPH is making this request for approval by submitting last year's application for the Comprehensive HIV Prevention Programs grant funding from the CDC, also including supporting documents as required, all of which are on file with the Clerk of the Board of Supervisors in File No. 130889, which is hereby declared to be part of the Resolution as if set forth fully herein; and, now, therefore, be it

RESOLVED, That the Board of Supervisors hereby approves SFDPH application submission to the CDC for the "Comprehensive HIV Prevention Programs" grant for funding in 2014, to be submitted no later than September 16, 2013.

RECOMMENDED:

Barbara A. Garcia, MPA
Director of Health

Department of Health & Human Services
Centers for Disease Control and Prevention (CDC)
Comprehensive HIV Prevention Programs for Health Departments Grant

REQUIRED INFORMATION, PER SF ADIMINSTRATIVE CODE SEC. 10.170(B)

Funding Source's Grant Criteria

The San Francisco Department of Public Health is currently a recipient of the HIV Prevention Project grant in the amount of $8,830,090 from the Centers for Disease Control and Prevention (CDC), Department of Health & Human Services. The grant is awarded to the City and County of San Francisco.

Applications may be submitted by state, local and territorial health departments or their Bona Fide Agents. This includes the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau. Also eligible are the local (county or city) health departments serving the 10 specific Metropolitan Statistical Areas (MSAs) or specified Metropolitan Divisions (MDs) that have the highest unadjusted number of persons living with a diagnosis of HIV infection as of year-end 2008.

Department's Most Recent Draft of Grant Application Materials

Year 2014 application announcement for the CDC Comprehensive HIV Prevention Programs for Health Departments grant has been issued to the Department on July 10, 2013 and due on September 16, 2013. Thus please see Attachment A for the latest HIV Prevention Project application materials dated September 28, 2012 for calendar year 2013.

Anticipated Funding Categories That The Department Will Establish In The Subsequent Request For Proposals (RFPs) Process

The funds are awarded to the Department on an annual basis to cover a multitude of HIV prevention programs for San Francisco residents. The funds are utilized to support direct services (both those provided by the Department, as well as those subcontracted to qualified contractors selected through RFP), planning, evaluation, community engagement, coordination of programs, and contract management.

The funds to qualified contractors are established in the categories of HIV Testing, Health Education and Risk Reduction to Address Drivers, Prevention with Positives, and Special Projects to Address HIV-Related Disparities for the following behavioral risk population groups:

Behavioral Risk Population (BRP) Definitions Table

Behavioral Risk Populations (BRPs)	
BRP #	BRP Definition
BRP 1	Males Who Have Sex With Males, Males Who Have Sex With Males and Females, and Transmales who have sex with males.
BRP 2	Injection Drug Users
BRP 3	Transfemales who have sex with males

Comments From Any Relevant Citizen Advisory Body

The HIV Prevention Planning Council (HPPC) writes the HIV Prevention Plan, upon which the application for funding is based and all RFPs are based. A list of the HPPC members is included in Attachment B.

Attachment B

San Francisco Department of Public Health - HIV Prevention Section

HIV Prevention Planning Council Membership List - Year 2013

	YEAR 2013 HPPC Member List			
	Non-Appointed Seats			
1	HPPC Member	Ms	Erin	Armstrong
2	HPPC Member	Mr	Richard	Bargetto
3	HPPC Member	Mr	Jackson	Bowman
4	HPPC Member	Ms	Claudia	Cabrera-Lara
5	HPPC Member	Ms	Chadwick	Campbell
6	HPPC Member	Mr	Ed	Chitty
7	HPPC Member	Mr	Michael	Discepola
8	HPPC Member	Mr	David	Gonzalez
9	HPPC Member	Mr	Jose Luis	Guzman
10	HPPC Member	Mr	Paul	Harkin
11	HPPC Member	Mr	Andrew	Lopez
12	HPPC Member	Mr	Aja	Monet
13	HPPC Member	Ms	Jessie	Murphy
14	HPPC Member	Ms	Gwen	Smith
	Appointed Seats			
15	DPH Co-Chair	Ms	Tracey	Packer
16	CBHS	Ms	Nan	O'Connor
	CBHS (Alternate)	Ms	Susan	Esposito
17	Community-Oriented Primary Care	Mr	Bill	Blum
	Community-Oriented Primary Care (Alternate)			To be hired
18	HIV Health Services Planning Council	Ms	Laura	Thomas
	HIV Health Services Planning Council (Alt)	~~Mr~~	~~Michael~~	~~Scarce~~
19	Housing	Mr	Bruce	Ito
	Housing (Alternate)	Mr	Brian	Cheu
20	Jail Health Services	Ms	Kate	Monico Klein
	Jail Health Services (Alt)	Mr	David	Leiva
21	STD Prevention & Control	Mr	Frank	Strona
	STD Prevention & Control (Alternate)	Mr	Charles	Fann
	Non-Voting Seats			
	Marin County	Ms	Chris	Santini
	Marin County (Alt)	Ms	Cicily	Emerson
	San Mateo	Ms	Darryl	Lampkin
	San Mateo (Alt)	Mr	Eduardo	Moreira-Orantes

San Francisco Division
Interim Progress Report
Catalog of Federal Domestic Assistance (CFDA) Number: **93.940**
Funding Opportunity Announcement (FOA) Number: **CDC-RFA-PS12-120102CONT13**

PS12-1201, Comprehensive HIV Prevention Programs for Health Departments, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)

Introduction

The San Francisco Division (San Francisco, San Mateo, and Marin counties) has made great strides in the implementation of high-impact prevention in the first 6 months of 2012. This IPR describes our activities (with supporting data), highlights our successes and challenges, and identifies lessons learned.

It is important to note the following context when reading this IPR:

- The report is divided into three separate sections: one for San Francisco City and County (Categories A, B, and C), one for Marin County (Category A only), and one for San Mateo County (Category A only). The three counties have a strong collaboration and similar approach to HIV prevention, but different levels of resources and different activities, thus the need for separate report sections.
- San Francisco city and county has multiple HIV prevention and care funding sources in addition to PS12-1201 (CDC ECHPP, San Francisco General Fund, SAMHSA set-aside, SAMHSA MAI-TCE, and HRSA Ryan White). The Department of Public Health (SFDPH) has leveraged these resources to create an integrated system of prevention, care, and treatment in line with National HIV/AIDS Strategy and CDC goals. Therefore, it is difficult to identify precisely which funding source supports activities that represent integrated systems (such as HIV testing and linkage to care). San Francisco (SF) city's portion of the IPR therefore describes, in broad strokes, the activities being conducted and also highlights the specific efforts that are clearly funded under PS12-1201. However, the data provided in the tables is inclusive of all CDC, SAMHSA, and General Fund-supported services, unless otherwise stated.

Part 1: SAN FRANCISCO CITY AND COUNTY

SECTION I: CATEGORY A: Required Core HIV Prevention Program

(HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, Policy Initiatives)

HIV Testing Activities Funded Under Category A

Please review the national performance standards specified in the FOA for Category A

1. Describe your HIV testing program to include testing efforts in healthcare settings.

   N/A – Part A does not fund any testing in health care settings.

2. Describe your HIV testing program to include testing efforts in non-healthcare settings.

   SF's community-based HIV testing efforts are targeted to males who have sex with males (MSM), injection drug users (IDU), and transfemales who have sex with males (TFSM). SFDPH now recommends that these populations receive a test at least every 6 months. To promote status awareness, SFDPH has contracted with community-based testing providers to provide a total of 30,000 tests annually to these populations, which represents a tripling from the number of tests provided in the past.

   To reach the goal of 30,000, SFDPH supports three citywide testing programs for these populations (San Francisco AIDS Foundation [Magnet], UCSF Alliance Health Project, and SFDPH City Clinic, as well as holistic health projects that include HIV testing services for African American MSM (San Francisco AIDS Foundation), Latino MSM (AGUILAS and Instituto Familiar de la Raza), MSM overall (San Francisco AIDS Foundation), and TFSM (Asian & Pacific Islander Wellness Center).

3. Describe activities conducted or programs/policies in place to promote routine, early HIV screening for all pregnant women.

   SFDPH follows California law, which requires that all pregnant women be offered an HIV test and advised that they have the right to accept or refuse the test. Agreement to test must be documented in the medical record. In addition, SF General Hospital adheres to the following: "Protocol for Rapid HIV Testing on Labor and Delivery at SFGH."

4. Does the health department support the use of client incentives (i.e., monetary and/or non-monetary)? If yes, do you have written protocols in place for the use of incentives?

   Yes, see policy below:

   "HIV Prevention Section (HPS) Policy on the Use of Incentives

   HPS-funded programs may provide incentives when they are critical for engaging the population of focus and can be justified. HPS will coordinate incentives across programs to help prevent inappropriate use. HPS reserves the right to discontinue funding for incentives at any time. Examples of incentives include, but are not limited to: food, vouchers, clothing, free prevention supplies such as condoms or syringes, and (if appropriate) cash."

   Source: *Request for Proposals No. 21-2010: "HIV Prevention Programs for Communities Highly Affected by HIV"*

5. Does the health department distribute free supplemental HIV test kits (e.g., OraQuick/OraSure, etc.) to local health department or other providers? If yes, please specify the agency type, quantity distributed, and frequency in which the test kits are provided.

SFDPH distributes free HIV test kits to our funded community-based organizations as well as SFDPH City Clinic. Distribution is normally done on a monthly basis and the range of kits given can be from 100-400 per month depending on the need.

6. Please provide the information below for HIV Testing in healthcare and non-healthcare settings for the reporting period.

Note that additional tests are funded through other sources. Thus the 8,654 tests reported below reflect only a portion of SF's progress toward 30,000 tests.

Test Events, Positive Tests, and Outcomes in Healthcare and Non-Healthcare Settings, San Francisco, January – June 2012

Healthcare Settings*

Number of Test Events	Newly-diagnosed Positives					Previously-diagnosed Positives
	Number of New Positives	Results Received	Linked to Medical Care and Attend 1st Appointment	Referred and Linked to Partner Services	Received or Referred for Prevention Services	

Non-Healthcare Settings

Number of Test Events	Newly-diagnosed Positives					Previously-diagnosed Positives
	Number of New Positives	Results Received	Linked to Medical Care and Attend 1st Appointment	Referred and Linked to Partner Services	Received or Referred for Prevention Services	
8654	104	100	70	97	Not tracked	8

Test Events, Positive Tests, and Outcomes in Healthcare and Non-Healthcare Settings, San Francisco, January – June 2012						
Total (Healthcare + Non-Healthcare Settings)						
	Newly-diagnosed Positives					
Total Number of Test Events	Number of New Positives	Results Received	Linked to Medical Care and Attend 1st Appointment	Referred and Linked to Partner Services	Received or Referred for Prevention Services	Previously-diagnosed Positives
8654	104	100	70	97	Not tracked	8

*Testing in health care settings is not currently funded under Category A. In the future, testing at SF City Clinic (SF's municipal STD clinic) may be supported under PS12-1201 Category A.

7. Describe the healthcare and non-healthcare site types (venues) where HIV testing was conducted during the reporting period (e.g., mobile unit, bars, agency, etc.).

Test Events and Positive Tests in Healthcare and Non-Healthcare Settings, by Site Type, San Francisco, January – June 2012				
	Number of Participating Sites	**Number of HIV Test Events**	**Newly-Diagnosed Positives**	**Previously-Diagnosed Positives**
Healthcare Sites				
Emergency Departments				
Urgent Care Clinics				
Inpatient Units				
Community Health Centers				
Other Primary Care Clinics*				
Pharmacy-based Clinics				
STD Clinics**				

Test Events and Positive Tests in Healthcare and Non-Healthcare Settings, by Site Type, San Francisco, January – June 2012				
	Number of Participating Sites	**Number of HIV Test Events**	**Newly-Diagnosed Positives**	**Previously-Diagnosed Positives**
TB Clinics				
Other Public Health Clinics				
Dental Clinics				
Correctional Facility Clinics				
Substance Abuse Treatment Facilities				
Other Healthcare Settings				
Non-Healthcare Sites				
CBOs and Other Service Organizations	5 agencies administering 7 programs	8654	104	8
Other Non-healthcare Settings				
Total	5	8654	104	8

*Includes hospital-based or free-standing primary care clinics, health maintenance organizations, family planning and reproductive health clinics, college and university student health clinics, and retail-based clinics.

**Not funded under PS12-1201.

8. Describe your target priority population in healthcare and non-healthcare settings for HIV testing during this reporting period (e.g., gender, race/ethnicity, MSM, IDU, high-risk heterosexual, MSM/IDU, etc.).

Test Events and Positive Tests in Healthcare and Non-Healthcare Settings, by Gender, Race/Ethnicity, and HIV Risk Category, San Francisco, January – June 2012

		Healthcare Sites			Non-Healthcare Sites		
		Test Events	Newly-Diagnosed Positives	Previously-Diagnosed Positives	Test Events	Newly-Diagnosed Positives	Previously-Diagnosed Positives
Gender							
Male					7714	99	7
Female					734	1	0
Transgender					194	4	0
Unknown Gender					12	0	1
Total					8654	104	8
Race/Ethnicity							
Hispanic					1808	33	1
Non-Hispanic	American Indian/Alaskan Native				127	0	0
	Asian				1015	7	3
	Black/African American				817	6	1
	Native Hawaiian/Pacific Islander				174	4	0
	White				4185	51	2
	Multi-race				210	1	0
Unknown Race/Ethnicity					318	2	1
Total					8654	104	8
HIV Risk Category							
MSM		[redacted]			5945	87	6
IDU					51	0	0
High-risk Heterosexual					1572	8	1
MSM/IDU					151	7	0
Other Risk Category					935*	2*	1*

Test Events and Positive Tests in Healthcare and Non-Healthcare Settings, by Gender, Race/Ethnicity, and HIV Risk Category, San Francisco, January – June 2012						
	Healthcare Sites			Non-Healthcare Sites		
	Test Events	Newly-Diagnosed Positives	Previously-Diagnosed Positives	Test Events	Newly-Diagnosed Positives	Previously-Diagnosed Positives
Unknown Risk Category	[redacted]					
Total				8654	104	8

*Includes Other and Unknown combined.

9. Describe the type of testing technology used for HIV testing in healthcare and non-healthcare settings during the reporting period (e.g., OraQuick Advance, OraSure, conventional, etc.). Please indicate if any of the funded healthcare settings/providers within the jurisdiction were able to utilize 3rd party reimbursement and/or bill for HIV testing.

   StatPak and OraQuick are used for HIV testing in non-healthcare settings. We use a two-rapid testing algorithm. Three sites (UCSF Alliance Health Project, San Francisco AIDS Foundation [Magnet], and SFDPH City Clinic) also do pooled RNA testing.

10. Briefly describe your process or protocol in place for HIV testing, linkage and referral, and re-engagement into care in the healthcare and non-healthcare settings for HIV-positive individuals. If a written protocol is not in place, provide a detailed timeline describing when protocols will be developed.

    SFDPH's LINCS Program (Linkage Integration Navigation Comprehensive Services) is responsible for linkage to/re-engagement in care for all individuals diagnosed with HIV in community-based settings. LINCS is a collaboration between SFDPH's STD Prevention and Control Section and the HIV Prevention Section. SFDPH staff are "embedded" at two high-volume test sites (San Francisco AIDS Foundation [Magnet] and UCSF Alliance Health Project) and are responsible for providing linkage and partner

services to all individuals testing HIV-positive at those sites. A "roving" SFDPH staff person serves the lower volume testing programs. Individuals who test positive but are identified as previously diagnosed are also re-engaged by the LINCS team. Written protocols for the LINCS Program are in place in the form of Standard Operating Procedures. The LINCS Program also serves individuals testing HIV-positive in health care settings (see Category B narrative for more detail.)

11. Briefly describe your process or protocol in place for linking and referring high-risk negative individuals to appropriate prevention and support services. If a written protocol is not in place, provide a detailed timeline describing when protocols will be developed.

    The HIV Prevention Section's "Policies and Operations Manual for HIV Testing Services in Community-Based Settings," Policy 10.02 states:

    "Sites must maintain an updated list of HIV prevention and social service resources so staff members can actively link clients within the agency or to other agencies providing HIV prevention services (e.g., Prevention With Positives, Syringe Access & Disposal, Health Education & Risk Reduction Services)."

    Written protocols differ by site. For example, at SFDPH City Clinic the written protocol at SFDPH City Clinic states that anyone identified as high risk with possible mental health and/or substance use issues should be referred to the City Clinic Behavioral Health Specialist, who is funded under SF's MAI-TCE grant from SAMHSA.

12. Describe the successes/lessons learned, barriers, and challenges experienced with implementing your HIV Testing program in healthcare and non-healthcare settings during the reporting period.

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	Please Check Yes or No
a. Achieving your targets for number of test events to be conducted or HIV-positive test yield?	☑ Yes ☐ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings: N/A	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: One of our providers (San Francisco AIDS Foundation's Magnet) is a success on many levels. They have well surpassed their testing goal/number of test events during this reporting period. They also reach high-risk MSM and have a high positivity rate. This community-based organization was developed by MSM for MSM and is located in the Castro District which has a high proportion of our target population.	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings: N/A	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: Not all of our funded providers have been as successful as Magnet. Some have been slow to adapt to the paradigm shift in HIV prevention, resulting in no increase in the volume of clients tested and ineffective targeting of high-risk populations as evidenced by a lower positivity rate. Corrective action is in process.	
b. Providing test results to clients?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings:	
c. Linking clients testing HIV-positive to medical care and tracking attendance at first appointment?	☑ Yes ☐ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: The model of "embedding" SFDPH staff trained in linkage and partner services within community-based testing programs (as part of the LINCS program) has shown early promise. Community-based sites have expressed a high level of satisfaction with their services, despite initial skepticism about this model.	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: Challenges have included delays in hiring, and challenges related to finding the most efficient and effective approach to tracking linkage to care data in the context of this new model.	

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	Please Check Yes or No
d. Referring and linking clients testing HIV-positive to partner services?	☑ Yes ☐ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: Having the embedded staff at community-based sites has allowed a direct offer of partner services to be made at the time of HIV-positive test.	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: Stigma regarding partner services remains, and it is still unclear whether this "embedded" model will result in greater utilization of partner services.	
e. Providing or referring clients testing HIV-positive to prevention services?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-	

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**
healthcare settings:	
f. Data collection and reporting?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings:	
g. Monitoring and evaluation?	☑ Yes ☐ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: The HPS Community-Based Prevention Unit Program Liaisons have been working closely with our funded testing agencies to ensure that they are meeting their contracted goals and objectives. As a result, the expectations are clear, as are the consequences for inability to achieve objectives. HPS anticipates that some adjustments to funding may be made in Year 2 as a result of this focused approach to monitoring.	

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: N/A	
h. Obtaining reimbursement for testing from 3rd party payers – in healthcare settings only?	☑ N/A
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
i. For Category A, achieving at least a 1% rate of newly-identified HIV-positive tests in non-healthcare settings and taking corrective action if this rate is not achieved?	☑ Yes ☐ No
For Category B, achieving at least a 2% rate of newly-identified HIV-positive tests in non-healthcare settings and taking corrective action if this rate is not achieved?	☑ N/A
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: See (a) above regarding Magnet.	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: See (a) above regarding sites not adapting to new HIV prevention paradigm.	

Did You Encounter any Successes/Lessons Learned, Barriers and Challenges in:	Please Check Yes or No
j. Ensuring that clients who test HIV-negative, but are at high risk for becoming infected, receive prevention services – in non-healthcare settings only?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings:	
k. Other?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings:	

13. Describe any anticipated changes for HIV Testing in healthcare and non-healthcare settings for Year 2.

Anticipated Changes	Please Check Yes or No

Are there any anticipated changes being made for HIV testing in healthcare and non-healthcare settings for Year 2?	☑ Yes ☐ No
If yes, please describe the anticipated changes being made:	
Healthcare Setting(s):	N/A
Non-healthcare Setting(s) (if applicable):	• HPS negotiated service levels at 80% of target for the first year of services (9/1/11 – 8/31/12) to account for program start-up. Deliverables are expected to increase to 100% of planned in Year 2. • The HIV Prevention Section may change the subcontractors and/or the funding amounts for each subcontractor on PS12-1201 funding in order to address for budget cuts, changes in funding due to agency performance, or other factors. Note that the City and County of San Francisco has allocated some General Fund support through July of 2013 to backfill cuts in PS10-1001 and PS12-1201 funding, and therefore there will be fewer cuts to services than originally anticipated.

Comprehensive Prevention with Positives

1. Describe the Comprehensive Prevention with Positives (PWP) activities (including programmatic efforts, marketing/recruitment strategies, and written protocols) taking place within the jurisdiction:

   In 2010, SF's HIV Prevention Planning Council adopted a new definition of PWP that goes beyond supporting individuals living with HIV to reduce sexual risk behavior. They established a recommendation, which the HIV Prevention Section adopted, that all PWP programs include the following components:

   - Treatment adherence
   - Engagement in HIV care
   - Disclosure assistance

- Health education/risk reduction to address HIV risk behavior
- Linkage to ancillary services (to meet client needs and address barriers to adherence, engagement, and risk reduction)
- Sexually transmitted infection (STI), viral hepatitis, and tuberculosis screening and treatment.

In 2010, SFDPH released two requests for proposals soliciting: 1) community-based PWP programs, and 2) PWP programs within SF's Ryan White-funded Centers of Excellence (which are one-stop-shops/medical homes for Ryan White-eligible people living with HIV). Within the first category, there are two types of services: programs where PWP is the only focus of the program, and programs where PWP is included as a component in holistic special projects for specific populations.

Finally, the SFDPH LINCS Program provides linkage, partner services, and navigation/re-engagement.

The narrative below focuses on those elements of our PWP efforts that are funded through PS12-1201.

1a. Linkage to care and treatment, and prevention services for those persons testing HIV-positive

1b. Retention and re-engagement in care

1c. Referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons

Community-based PWP, where PWP is the only focus: The San Francisco AIDS Foundation (SFAF) STOP AIDS Program provides community-based PWP. This program's recruitment strategies rely on strong relationships with other providers, doctors, clinics, and community members for referrals into the program, as well as late night venue-based outreach efforts to locate HIV-positive MSM who have not accessed

care or have fallen out of care. Once a client is identified, the program offers adherence support services.

The program offers services in two rubrics: Adherence Support Services and Wellness Support Services. Adherence Support Services has three components: 1) Prevention Case Management based on a CDC-approved modification of RESPECT, a structured intervention with a focus on medication adherence and secondarily on sexual behavior change; 2) Medication Adherence Groups are co-facilitated by an Adherence Specialist and an HIV specialist physician; and 3) the PLUS Seminar, a two-day retreat to meet the treatment, educational and psychosocial needs of HIV-positive individuals, particularly individuals who are newly-diagnosed and/or newly-dealing HIV. Wellness Support Services include Treatment Adherence Educational Events, Social Support Services, and Condom Distribution.

The San Francisco AIDS Foundation has multiple well supported programs in HIV prevention and care and clients can travel between these programs

Community-based PWP within holistic special projects: These programs take a holistic approach to HIV prevention, using a combination of services designed to meet the specific needs of this group. Program goals include:

- Supporting initial linkage to primary care, partner services, and ancillary services for clients testing newly HIV-positive; and
- Supporting the people living with HIV to fully engage in their care.

Two Special Projects are funded through PS12-1201: 1) the SFAF-STOP AIDS Program African American G/MSM HIV Prevention Initiative; and 2) Tenderloin Health's Special Projects to Address HIV-Related Health Disparities Among MSM, with a Focus on Gay Males:

The SFAF-STOP AIDS Program African American G/MSM HIV Prevention Initiative has two components. Black Brothers Esteem has clients generally in their late 30s through late 50s who belong to lower socioeconomic brackets that live and socialize in lower income neighborhoods. Our Love's client base includes relatively younger more affluent clients who are more likely to socialize in the Castro.

The PWP elements of this holistic program are linked to the activities that SFAF-STOP AIDS conducts as part of their PWP program, described above.

All San Francisco Department of Health contracts with Tenderloin Health terminated on April 6th, 2012 and the agency stopped providing services to clients on March 30th 2012. See B-5 for additional detail.

Question 1d: Partner Services (PS)

SFDPH's LINCS Program is responsible for providing partner services to all clients newly diagnosed in community-based settings, in conjunction with linkage to care. LINCS is a collaboration between SFDPH's STD Prevention and Control Section and the HIV Prevention Section. SFDPH staff are "embedded" at two high-volume test sites (San Francisco AIDS Foundation [Magnet] and UCSF Alliance Health Project) and are responsible for providing linkage and partner services to all individuals testing HIV-positive at those sites. A "roving" SFDPH staff person serves the lower volume testing programs. (LINCS is not funded under Category A.)

Question 1e: Interventions and treatment for the prevention of perinatal transmission for HIV-positive pregnant women, where appropriate

The Bay Area Perinatal AIDS Center (BAPAC) at SFGH provides preconception counseling, psychosocial services, and ART for HIV-infected women in San Francisco. BAPAC provides pre-natal care to approximately 25-30 HIV-infected women annually and preconception counseling to approximately 200 HIV-infected women annually.

Currently, BAPAC reports a 99.7% success rate in preventing perinatal transmission. There have been no babies born with HIV in SF since 2004. (BAPAC is not funded under PS12-1201).

Question 1f: Behavioral and clinical risk screenings

Because both behavioral interventions and STI, hepatitis, and tuberculosis screening and treatment are required components of all PWP programs, behavioral and clinical risk screenings are implemented in order to identify clients in need of intervention/treatment.

Question 1g: Behavioral, biomedical, and/or structural interventions

SFDPH has worked hard to increase structural supports for ensuring that prevention becomes integrated into the work of service providers who serve HIV-positive individuals. Examples have already been described. The requirement that all HPS-funded providers link HIV-positive clients to STI screening and treatment represents a structural shift. The LINCS Program in itself represents several structural changes—for example, linkage to care and partner services are now offered directly to newly diagnosed individuals by SFDPH staff who are accountable to HPS and STD Prevention and Control.

Question 1h: Reporting of CD4 and viral load results

Under California law, all CD4 and viral load test results must be reported to the Local Health Jurisdiction (LHJ)'s HIV surveillance unit unless the laboratory can demonstrate that the test result is not related to a diagnosed case of HIV infection.

Question 1i: Provision of antiretroviral therapy (ART)

SFDPH has a "universal offer of treatment policy." In January 2010, the SFDPH issued new guidelines arguing "in favor of early ART initiation for all motivated patients regardless of CD4 count or HIV viral load… in general all patients should be offered ART unless there is a reason to defer therapy."

2. Provide the following information for HIV-positive individuals.

Total # of HIV+ linked and referred to services	Total # of previously diagnosed HIV+ linked to/re-engaged into and accessed care and treatment services	Total # of HIV+ linked to and accessed CD4 cell count and viral load testing	Total # of HIV+ linked to and accessed treatment adherence services	Total # of HIV+ referred to PS	Total # of HIV+ that accessed (interviewed for) PS	Total number of partners of HIV+ elicited for PS
112	8*	70**	***	112	32	24

*Known, previous positive test clients in the community are verified as linked to care using Surveillance data. Due to time lag this data is not yet available.

** Surveillance data not yet available to verify linkage to care rate.

*** San Francisco is in the process of creating a system for tracking data for adherence services for positives testing clients.

3. Does the health department support the use of client incentives (i.e., monetary and/or non-monetary) to recruit and retain HIV-positive individuals? If yes, do you have written protocols in place for the use of incentives?

Yes, see policy below:

"HIV Prevention Section (HPS) Policy on the Use of Incentives

HPS-funded programs may provide incentives when they are critical for engaging the population of focus and can be justified. HPS will coordinate incentives across programs to help prevent inappropriate use. HPS reserves the right to discontinue funding for incentives at any time. Examples of incentives include, but are not limited to: food, vouchers, clothing, free prevention supplies such as condoms or syringes, and (if appropriate) cash."

Source: *Request for Proposals No. 21-2010: "HIV Prevention Programs for Communities Highly Affected by HIV"*

4. Describe the successes/lessons learned, barriers, and challenges experienced with implementing your Prevention with Positives activities in healthcare and non-healthcare settings during the reporting period.

Did You Encounter Any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**
Implementing your prevention with positives activities?	☑ Yes ☐ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings: N/A	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings: • Joint Health Department and community efforts: A PWP Provider network has been established and has monthly meetings. A subgroup of the PWP Provider network meets with HPS Community-Based Prevention Unit staff to plan the meetings and choose topic areas for discussion. The group has been in the process of developing a "Citywide Prevention and Care with Positives Logic Model." • STOP AIDS/SFAF Merger: On November 1, 2011, STOP AIDS merged with the SFAF, a larger organization with a broad range of services. This merger was advantageous in that STOP AIDS had an innovative PWP program that required much attention during its nascent	

Did You Encounter Any Successes/Lessons Learned, Barriers and Challenges in:	Please Check Yes or No
implementation phase; in particular, this program required much more focus on provider outreach which the SFAF infrastructure was better able to support.	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings: N/A	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings: • Mergers and closures: The closing of Tenderloin Health was a time and energy consuming process. Many hours that could have been providing services to clients were spent working with the agencies to transition them to new services. The process was emotionally difficult for clients who had allegiances to Tenderloin Health as well as for other service providers who understood the pain of financial difficulties in recent years.	

5. Describe any anticipated changes for Prevention with Positives activities in healthcare and non-healthcare settings for Year 2.

Anticipated Changes		Please Check Yes or No
Are there any anticipated changes being made for your prevention with positives program in healthcare and non-healthcare settings for Year 2?		☑ Yes ☐ No
If yes, please describe the anticipated changes being made:		
Healthcare Setting(s):	N/A	
Non-healthcare Setting(s) (if applicable):	• HPS negotiated service levels at 80% of target for the first year of services (9/1/11–8/31/12) to account for program start-up. Deliverables are expected to increase to 100% of planned in Year 2. • The HIV Prevention Section may change the subcontractors and/or the funding amounts for each subcontractor on PS12-1201 funding in	

	order to address for budget cuts, changes in funding due to agency performance, or other factors. Note that the City and County of San Francisco has allocated some General Fund support through July of 2013 to backfill cuts in PS10-1001 and PS12-1201 funding, and therefore there will be fewer cuts to services than originally anticipated.

Condom Distribution

1. Describe your condom distribution program, to include strategies to reach target populations, partners/collaborators, reach of effort(s), etc. Indicate if written protocols/procedures and guidelines are in place.

   The HIV Prevention Section's condom distribution program has two components:

   - Condom distribution for HIV-positive and high-risk populations (MSM, IDU, and TFSM)
   - Condom distribution for HIV-negative and unknown status populations

   In addition, SFDPH STD Prevention & Control distributes female condoms throughout San Francisco (not funded by PS12-1201).

   Condom distribution for HIV-positive and high-risk populations (MSM, IDU, and TFSM)

   San Francisco AIDS Foundation's STOP AIDS Project distributes more than 50,000 condoms a month to 65 venues. Condoms are distributed in bars, shops and restaurants, particularly in the Castro neighborhood of San Francisco, a neighborhood with a substantial MSM population and MSM-oriented nightlife. Condoms are also made available through street-based distribution and street fairs.

In addition, all HIV Prevention Section-funded and Ryan White Centers of Excellence are required to make condoms available to their program participants.

Finally, condoms are available at the front desk in the HIV Prevention Section administrative offices, where many high-risk populations check in for participation in research studies.

Condom distribution for HIV-negative and unknown status populations

Currently, the SFDPH HIV Prevention Section distributes approximately 850,000 condoms annually to approximately 200 venues, including high schools, funded agencies, and other community-based organizations).

During this reporting period, HPS began the process of expanding the existing condom access program to reach neighborhoods and communities that don't currently have easy access to free condoms. The goal is to double the number of condoms distributed in San Francisco. Condoms will be distributed via dispensers and fishbowls at a network of bars, shops and other venues. This expanded condom access program will more effectively reach at-risk populations that live outside of the Castro neighborhood. Specifically, we plan to increase free condom distribution in the Tenderloin, Polk Street, 6th Street, Bayview and Mission neighborhoods of San Francisco. HPS has contracted with a community-based research firm to conduct focus groups with at-risk populations (MSM, IDU, TFSM, and adolescents of color) and businesses in these neighborhoods to determine the best distribution strategy.

Additionally, a partner organization in the Bayview neighborhood is surveying youth of color to determine how best to improve their access to condoms.

Additional surveys have been conducted with participants in the Tenderloin and Mission neighborhoods, and online. The data collected is guiding our efforts to ensure we make

condoms accessible in venues appropriate for our target populations and that we address any barriers to access that exist.

2. Provide information for the following Condom Distribution activities.

Organization	Target Population	Venues/ Locations	Total # of condoms distributed to high risk negative individuals or individuals of unknown status	Total # of condoms distributed to HIV positive individuals	Total # of condoms distributed overall
SFDPH HIV Prevention Section Condom Access Program	HIV-negative and unknown status	Bars, shops, community-based organizations	441,107*	Not tracked	441,107*
SFAF STOP AIDS Project	MSM	Bars, shops, restaurants, street, street fairs in places where MSM congregate	Not tracked	Not tracked	450,000

*Includes Condom Access Program orders as well as condoms distributed to high schools.

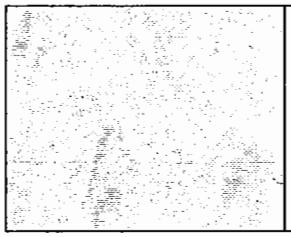
3. Describe the successes/lessons learned, barriers, and challenges experienced with implementing your condom distribution program during the reporting period.

Did You Encounter Any Successes/Lessons Learned, Barriers and Challenges in:	Please Check Yes or No

Did You Encounter Any Successes/Lessons Learned, Barriers and Challenges in:	**Please Check Yes or No**
Implementing your condom distribution program?	☐ Yes ☑ No
If you answered yes to the question above, briefly describe the successes/lessons learned in healthcare settings:	
If you answered yes to the question above, briefly describe the successes/lessons learned in non-healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in healthcare settings:	
If you answered yes to the question above, briefly describe the barriers and challenges in non-healthcare settings:	

4. Describe any anticipated changes to your condom distribution program for Year 2.

Anticipated Changes	**Please Check Yes or No**
Are there any anticipated changes being made for your condom distribution program in healthcare and non-healthcare settings for Year 2?	☑ Yes ☐ No
If yes, please describe the anticipated changes being made:	
Healthcare Setting(s):	• N/A
Non-healthcare Setting(s) (if applicable):	• Identify and develop partnerships with non-traditional venues (barber shops, corner stores, SROs, bars, etc.) that are willing to distribute condoms in neighborhoods that currently have less access to free condoms. • Double the amount of condoms distributed to community-based

	organizations and non-healthcare settings (from 850,000 to 1,700,000). • Develop a campaign associated with the launch of the new condom distribution program to increase interest in free condom access in San Francisco.

City and County of San Fra sco partment of Public Health

Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

July 19, 2013

Angela Calvillo, Clerk of the Board of Supervisors
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

RE: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to apply for the Comprehensive HIV Prevention Programs for Health Departments grant from the Centers for Disease Control and Prevention (CDC).

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for the approval of the Board of Supervisors, which authorizes the San Francisco Department of Public Health (SFDPH) to submit an application to the Centers for Disease Control and Prevention (CDC) required to receive continued funding for the Comprehensive HIV Prevention Programs grant. This application represents approximately $8,001,077 in HIV prevention funding for San Francisco for calendar year 2014.

This resolution is required by Ordinance No. 265-05, which amends Section 10-170 of the Administrative Code to require Board of Supervisors review of recurring grant applications of $5,000,000 or more prior to their submission. SFDPH received from CDC the application guidance on July 10, 2013. The application deadline is September 16, 2013.

I hope that the Board will support this resolution. If you have any questions regarding the City and County Plan or this resolution, please contact Tracey Packer, Director of Community Health Promotion.

Sincerely,

Barbara Garcia
Director of Health

Enclosures

cc: Tomas Aragon, Director of the Population Health Division
Christine Siador, Deputy Director of the Population Health Division
Tracey Packer, Director of Community Health Promotion