

**San Francisco Department of Public Health  
HIV Prevention Section  
PS12-1201 Comprehensive HIV Prevention Project for Health Depts.  
INTERIM PROGRESS REPORT (Project Narrative)**

**Directions:** Please answer the following questions for your Interim Progress Report (IPR). Attach the Project Narrative to the application through the "Mandatory Documents" section of the "Submit Application Page" on [www.Grants.gov](http://www.Grants.gov). Select "Project Narrative Attachment Form" and attach the document as a PDF file.

The Interim Progress Report requires the grantee to report on progress made during the current reporting period, **January 1, 2013 - June 30, 2013** and to report on proposed programmatic activity for the new budget period (Year 3) **January 1, 2014 - December 31, 2014**. *Unless otherwise noted, responses to the questions in this guidance should accurately reflect program activities conducted during the reporting period of January 1, 2013 - June 30, 2013.*

The following questions are core questions to be used for programmatic and data reporting (these standard questions will be included in EvaluationWeb®). *Please note that most templates will be automatically populated in EvaluationWeb®.*

**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. Have you made any **substantial changes** to your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period? If yes, please describe the changes made and specify the program component.

A. In keeping with our 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) invested in expanded mobile testing efforts to reach the highest risk populations (men who have sex with men [MSM], injection drug users [IDU] and transgender females who have sex with males [TFSM]).

Although the bulk of its testing is not funded by 12-1201, the San Francisco AIDS Foundation did receive an additional \$75,000 of 12-1201 funds to increase mobile testing.

UCSF Alliance Health Project (funded partially by 12-1201 in 2013) successfully advocated for independent un-restricted funding to purchase a mobile testing van and is seeing this strategy result in an increasing share of the agency's test volume.

**This Substantial Change** applies to HIV Testing.

B. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFDPH implemented a new provider/business collaboration entitled "Get a Test, Get a Discount" in May 2013. Funded HIV testing sites provide testers a packet which includes a "Healthy Penis" squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

This project is implemented by 12-1201-funded staff.

**This Substantial Change** applies to HIV Testing, and Condom Distribution.

C. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY

Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

This **Substantial Change** applies to HIV Testing, Comprehensive Prevention with Positives, and Condom Distribution.

- D. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), a separate section of the Health Department 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 and many of these programs provide HIV testing. The HIV Prevention Section successfully worked with the program staff within CBHS as well as at the funded agencies to align the goals and objectives in the contracts with San Francisco's HIV testing efforts and overall San Francisco HIV Prevention Strategy. CBHS has transferred oversight of these programs to the HIV Prevention Section.

This **Substantial Change** applies to HIV Testing, and Policy Initiatives.

- E. The San Francisco AIDS Foundation-STOP AIDS Project's Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally

intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

This **Substantial Change** applies to HIV Testing, and Comprehensive Prevention with Positives.

2. Describe the **successes** experienced with implementing your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period. Please specify the program component associated with the successes.

- A. Faced with increasing cuts from Federal funding sources, the community has advocated for sustained HIV prevention funding with uniform support from the San Francisco Board of Supervisors and the Mayor. The SFDPH received local General Fund dollars to “backfill” reductions and maintain current service and funding levels.

This **Success** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- B. San Francisco has fully operationalized its Linkage Integration Navigation and Comprehensive Services (LINCS) program to provide services to people testing HIV-positive at funded 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 sites have expressed satisfaction with the process and outcomes of the services LINCS provides. Community norms and acceptability around naming partners is shifting and SFDPH staff members are welcomed.

Successful implementation of LINCS will help 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.

- C. San Francisco continues its success in meeting its HIV testing goals, increasing test numbers in the first 6 months of 2013 in comparison to 2012, and is on track to meet or exceed the overall testing goal of 26,000 in 2013 while maintaining an HIV positivity rate well over 1% (see table A-1 for detail).

This Success applies to HIV Testing.

- D. RNA testing funded by The STOP Study identifies 10-20% of new HIV infections in San Francisco. These clients receive the same linkages and partner services as other individuals who are HIV-positive.

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

- E. The Health Department Program Liaisons continue to review HIV testing data (from Evaluation Web) with the HIV Testing Data Manager on a monthly basis, and provide feedback to HIV testing programs as needed to review performance and identify and problem-solve slow data and reporting inconsistencies. This monthly review now includes examination of linkage-to-care and partner services data which ensures that follow-up with agencies and with the LINCS team.

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

- F. During the reporting period, the SFDPH worked with the Police Department and community groups which serve sex workers to discuss changes to policies

surrounding the use of condoms as evidence in solicitation cases. This resulted in the proposal of a new policy that prohibits condoms being used as evidence and will ultimately increase access to free condoms among sex workers.

Implementation and evaluation of this policy is ongoing.

This Success applies to Condom Distribution and Policy Initiatives.

- G. SFPDPH has increased access to free condoms by establishing sustainable Female condom (FC2) access in SF. Funding from the MAC AIDS Foundation will support the costs of FC2s for the next two years to provide access to agencies and local businesses that are interested in providing them to their clientele. SFPDPH established an online training program to inform consumers how to use them correctly. SFPDPH has also incorporated the FC2 into the longstanding community Condom Distribution program. HIV service providers are also advised to include FC2s as a line item within their budget.

This Success applies to Condom Distribution.

- H. During this reporting period, San Mateo County (SMC) ramped up implementation of its strategy utilizing an internet/mobile application-based intervention to refer MSM for HIV testing and education. SMC developed and conducted two training sessions to build staff capacity: 1) Introduction to *Grindr* (a social network geolocating application)—which provided background on the application, discussed the rationale for use of this application to conduct outreach to MSM, reviewed functionality of smart phone technology as it relates to this application, introduced methods for documenting encounters, and provided skills building on the basics of performing outreach utilizing the application; and 2) *Grindr 2.0*—which provided an opportunity to review staff experiences utilizing the application to conduct and document outreach encounters, reviewed new features of the application, explored ways to build comfort with the environment and set boundaries with participants, and developed strategies to enhance the quality of outreach engagement.

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

- I. Marin County has been successful in testing high risk populations in Marin, i.e., MSM, IDU, MSM/IDU, as well as first time Latino or African American testers. Marin collaborated with a youth center and wellness center, and tested at locations in the Latino and the African American communities as well as in the jail. The program continues to collaborate with community agencies to distribute condoms along with testing information.

In health-care settings Marin County offered back up services or adjunct services to clients for whom clinic-based HIV testing is not feasible or appropriate. Marin has a system in place for clinics to contact counselors who will meet clients for testing and provide test results. Since these clinics have become more familiar with these services, they have been contacting Marin for linkages to primary care when clients test HIV positive in clinical settings.

The Marin Public Health Department collaborated with Detention Nursing services to do a month-long pilot during which individuals being booked were offered an HIV test. 120 of the 490 individuals being booked opted for an HIV test.

This **Success** applies to Comprehensive Prevention with Positives, and Policy Initiatives.

- J. 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 Initiatives.

- K. San Francisco has a number of successes on its policy front including access to condoms and syringes; see Policy Initiatives for details.

This **Success** applies to Condom Distribution, and Policy Initiatives.

- L. SFDPH has coordinated or maintained a strong presence in multiple community groups and collective efforts to address the needs of high-risk negative MSM, IDU and TFSM.

Staff members participate in bi-monthly TFSM program meetings at Asian Pacific Islander Wellness Center. (A comprehensive program not funded by 12-1201).

SFDPH convened and facilitated 10 Transgender Advisory Group (TAG)

meetings during the reporting period with several key goals and objectives outlined in a TAG Logic Model. SFDPH also participated in nine syringe providers' network meetings during this reporting period. (not funded by 12-1201)

This **Success** applies to Policy Initiatives.

3. Describe the **challenges** experienced with implementing your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) during the reporting period. Please specify the program component associated with the challenges.

- A. Two HIV testing sites, UCSF-Alliance Health Project (AHP) (partially funded by 12-1201) one of the large community-based HIV testing sites, and Mission Neighborhood Health Center (MNHC), a site funded to test Latino MSM (not funded by 12-1201) continue to struggle to meet target numbers of clients for HIV testing. SFDPH has met with both agencies multiple times and are very involved with planning and strategizing activities for correction. In the case of AHP, both SFDPH and the AHP acknowledged capacity issues and reduced funding for 2013; this option is still available if improvement is not noted and funds will be redirected (see anticipated changes). MNHC has had staffing challenges, with a key position unfilled. MNHC has been actively recruiting and has access to the target population so testing performance is expected to improve.

This **Challenge** applies to HIV Testing,

- B. Two Programs, AHP and AGUILAS (both receiving 12-1201 funds) have had challenges completing their Program Plans. The Health Department is working closely with AHP to increase service delivery levels. The original service delivery target has proven to be beyond the capacity of the agency, the Program Plan is in development to reflect the services appropriately.

AGUILAS is a smaller agency that is very lean on administrative staff so completion of the Program Plan was a challenge given the agency was negotiating services as well as modifying contracts due to funding shifts. SFDPH is



scheduled to provide technical assistance to AGUILAS as a measure to assure the development of their 2013 and 2014 Program Plans.

**This Challenge** applies to HIV Testing, Comprehensive Prevention with Positives,

- C. San Mateo County's strategy to offer intensive risk reduction individual/drop-in therapy sessions for highest-risk negatives and HIV-positives through a subcontract with Harm Reduction Therapy Center (HRTC) encountered some challenges during this reporting period. The role of mobile prevention staff was to identify clients with repeated risks for HIV and link them with the HRTC therapist for telephone, in-person, or group sessions. Unfortunately, this strategy was impeded by clients' lack of availability and resistance to schedule a separate appointment with the therapist or attend a pre-scheduled group session. Furthermore, clients for whom this strategy is most appropriate are often better candidates for "point of care" engagement in the field. Plans are for mobile prevention staff to utilize a "case management" model to identify a core group of highest-risk negatives with whom mobile prevention staff already have established rapport, then devise a schedule for the HRTC therapist to participate in "ride-alongs" on the mobile van to conduct the intensive risk reduction session at the clients' next HIV testing encounter out in the field.

**This Challenge** applies to Comprehensive Prevention with Positives,

- D. Marin had difficulty funding condom distribution in most healthcare settings, and in the jail setting, condoms were not distributed due to policy.

**This Challenge** applies to Condom Distribution,

- E. Several fiscal and administrative challenges diverted Health Department staff and contractor efforts away from program oversight.

Due to funding decreases from CDC and backfill from local funds, SFDPH has spent significant time on administration and re-budgeting of contracts. This included efforts to manage the sequester reductions. HIV service providers have also felt the impact and have been required to revise contracts to reflect the change in funding. This has resulted in time being diverted from programmatic efforts.

SFDPH and its community partners are preparing for health care reform/Affordable Care Act (ACA). In California, ACA has already affected people living with HIV who had to be transferred to the Low-Income Health Program (LIHP) from Ryan White-funded services. This change inspired effort to create a plan and recommendations which required significant effort and time being directed away from programmatic efforts. In addition, a focus in community education and readiness for ACA has drawn on personnel resources. Contracts between SFDPH and community-based agencies are formally monitored after a full year of service; this monitoring process is performed by a different section of the Health Department, the Business Office of Contract Compliance (BOCC). This was the first monitoring period where full year contracts were monitored under this structure and extra time and effort was spent on educating BOCC colleagues and funded contractors, as well as time spent participating in the monitoring.

Availability of staff time has delayed San Francisco's implementation of a citywide dispenser program accompanied by a campaign to promote condoms. An implementation plan has been developed and the Health Department anticipates this program to be fully implemented by the end of the year.

This **Challenge** applies to HIV Testing, Comprehensive Prevention with Positives, and Condom Distribution.

- F. Staffing at SMC was a challenge during this reporting period; one of SMC's more experienced HIV prevention outreach workers was relocated to another unit, and in accordance with civil service procedure a new outreach worker was placed with the HIV prevention unit. However this person had no previous HIV prevention experience.

In addition the HIV disease investigator resigned. SMC has developed an alternative staffing plan.

This **Challenge** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

4. Describe any **anticipated changes** to your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention

with Positives; Condom Distribution; and Policy Initiatives) for Year 3 (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).

- A. SFDPH anticipates that testing targets and funding levels for agencies conducting HIV testing will be adjusted to account for demonstrated capacity and performance. Some agencies will receive increased funding and targets, and others will receive decreases.

This **Anticipated Change** applies to HIV Testing.

- B. San Francisco anticipates a change to the locally required HIV testing algorithm based on the emergence of new HIV early detection technologies and the results of the STOP Study. The goal is to identify new HIV cases as close as possible to the time of infection, and to do so in a cost-effective manner. The new algorithm will likely be implemented in 2014.

This **Anticipated Change** applies to HIV Testing.

- C. The SFDPH Population Health Division's reorganization takes effect on July 1, 2103. The functions of the former HIV Prevention Section will be distributed across several new Branches. The new Community Health Equity and Promotion Branch will oversee PS12-1201 grant administration and community-based prevention activities. The Disease Prevention and Control branch will take the lead on clinical HIV prevention activities, and the Applied Research, Community Health Epidemiology and Surveillance (ARCHES) branch will be responsible for HIV prevention data.

This **Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- D. San Mateo County will not rehire an open HIV disease investigator position but instead hire a community outreach worker in order to increase the impact of outreach strategies to reach individuals at highest risk of infection for HIV. This change will be reflected in the budget for Year 3.

This **Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, Condom Distribution, and Policy Initiatives.

- E. By January 1, 2014, SFDPH, SMC, and Marin County will submit all data (HIV testing, partner services, and non-testing non-partner services data) into EvaluationWeb. Currently, only HIV testing data is submitted.

This **Anticipated Change** applies to Comprehensive Prevention with Positives.

- F. Marin County will no longer be doing testing at Centerpoint drug treatment center as the testing there will now be funded by Substance Abuse Prevention and Treatment funds and conducted by another service provider.

Marin County will begin offering HCV rapid testing and will train all counselors on HCV education and rapid testing procedures. It is hoped that offering HCV tests as an additional service will attract IDU and MSM-IDU for HIV testing and prevention services.

This **Anticipated Change** applies to HIV Testing.

- G. In 2014, SFDPH, SMC, and Marin County will integrate their Comprehensive Plans to create a unified set of goals and objectives for the jurisdiction and establish an ongoing quality improvement process, using data to evaluate successes and identify programmatic changes that are needed.

This **Anticipated Change** applies to HIV Testing, Comprehensive Prevention with Positives, and Policy Initiatives.

### **HIV Testing and Comprehensive Prevention with Positives**

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

1. Provide the following information for HIV testing in both healthcare and non-healthcare settings for the reporting period. **See Appendix A: Tables A-1 and A-2 for sample templates.**

#### **HIV Testing in Healthcare and Non-Healthcare Settings**

- A. Newly diagnosed positive HIV test events
  - i. Number of test events
  - ii. Number of newly diagnosed positive test events
  - iii. Number of newly diagnosed positive test events with client linked to HIV medical care\*\*
  - iv. Number of newly diagnosed confirmed positive test events

- v. Number of newly diagnosed confirmed positive test events with client interviewed for Partner Services
- vi. Number of newly diagnosed confirmed positive test events with client referred to prevention services

B. Previously diagnosed positive HIV test events

- i. Number of test events
- ii. Number of previously diagnosed positive test events
- iii. Number of previously diagnosed positive test events with client engaged in HIV medical care
- iv. Number of previously diagnosed confirmed positive test events
- v. Number of previously diagnosed confirmed positive test events with client interviewed for Partner Services
- vi. Number of previously diagnosed confirmed positive test events with client referred to prevention services

2. Provide information on the healthcare and non-healthcare site types (venues) where HIV testing was conducted during the reporting period (e.g., mobile unit, bars, agency, etc.). **See Appendix A: Table A-3 for sample template.**
3. Describe the populations reached in healthcare and non-healthcare settings through HIV testing during this reporting period (e.g., gender, race/ethnicity, MSM, IDU, high-risk heterosexual, MSM/IDU, etc.). **See Appendix A: Table A-4 for sample template.**
4. If applicable, provide information on indirect tests during the reporting period. *Indirect tests are not paid for by the health department but can be included here as a result of the health department having provided training or technical assistance on routine HIV testing to a clinic, hospital, or other health care facility.* **See Appendix A: Table A-5 for sample template.**

**Condom Distribution**

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

1,561,456

**Policy Initiatives**

1. What policy initiatives did you focus on during this 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 this reporting period, please explain.

- SFDPH held two meetings with the San Francisco Shelter Monitoring Committee to develop a plan to prevent program participants from having their program supplies confiscated from their property if arrested or when using shelter services. Impact: Local. Stage: Planning.
- SFDPH is in the process of setting up a meeting with the Sheriff's Department to develop a plan so that syringe program participants do not have their program supplies confiscated from their property upon arrest. Impact: Local. Stage: Planning.
- In March of 2013, two syringe disposal boxes were placed in an area frequented by injection drug users in order to provide 24-hour access to safe syringe disposal. Since the disposal boxes have been placed there have been no discarded syringes found in the area. Impact: Local. Stage: Evaluation.
- SFDPH worked with other city agencies to establish a new policy as of March 2013 that prohibits condoms from being used as evidence of solicitation and prevents condoms from being confiscated. SFDPH is working with community experts to develop a communication strategy for informing the public about this new policy. The community experts will also provide input into the best mechanism for evaluating the effectiveness of the communication strategy and the effectiveness of the new policy. Impact: Local. Stage: Evaluation.
- The SF HIV Prevention Planning Council and HIV Health Services Planning Council formed a Collaborative Planning Work Group to develop a plan for integrated HIV prevention and care planning. SFDPH retained a consultant to facilitate the work group, which met six times during the reporting period. The Work Group developed a preliminary recommendation for integrated planning. One additional meeting is scheduled for September 18th. Impact: Local/Health Department. Stage: Planning.
- SFDPH HIV prevention and Jail Health Services staff worked together to incorporate overdose and hepatitis C prevention activities, including naloxone

prescription for inmates upon release, into HIV prevention services for substance users at the San Francisco County Jail. A pilot project began in March 2013, in which SFDPH Jail Health Services, HIV Services staff working in the San Francisco County Jails provide overdose prevention education to inmates and dispense overdose prevention kits that include naloxone. The overdose prevention kits are placed in the inmate's property once they have completed the training with HIV Services staff, so they are in possession of them when released from jail. HIV Services staff provides overdose prevention education in conjunction with HIV, STD and viral hepatitis education and linkage to HIV, STD and hepatitis B and C testing. Impact: Local. Stage: Implementation.

- SFDPH has begun work to promote the latest state-of-the-science HIV testing guidelines and integrated disease screening guidelines. A plan was developed in April 2013 and will be implemented after July 1. As part of the plan, an SFDPH Viral Hepatitis Coordinator was appointed. Impact: Health Department. Stage: Implementation.
- SFDPH has begun work to plan for activities to promote the SFDPH HIV treatment guidelines. Preliminary data show very high rates of viral suppression among active SFDPH HIV-positive patients, suggesting that there has already been substantial uptake of the guidelines. SFDPH requested to use ECHPP funds to support key stakeholder engagement to explore any remaining barriers to uptake of the guidelines. Impact: Local. Stage: Planning.
- SFDPH is in the process of revising the local "Prevention with Positives Best Practices Guide." A first draft was completed and approved by the SFDPH Joint Vision for HIV Prevention and Care work group. Writing of the full document is in progress. Impact: Local. Stage: Planning.

#### **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
  
- ✓ Pre-exposure prophylaxis (PrEP)
  
- ✓ Non-occupational post-exposure prophylaxis (nPEP) Services

*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 any **substantial changes** to your HIV prevention program for the recommended components funded Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period? If yes, please describe the changes made and specify the program component.

- A. Changes to agencies based on fluctuating funding continue to be an issue in San Francisco. At the end of 2012, two programs funded by close-out 10-1001 funds - - Native American AIDS Project (NAAP) and Bay Area Young Positives (BAY Positives) -- were no longer supported. Funded by alternative resources, BAY Positives, an agency serving HIV positive youth continues to be engaged with HIV prevention services and community input. NAAP, an agency providing services to HIV-negative and HIV-positive Native Americans with an additional subcontract to serve TFSM, experienced multiple funding losses which it could not withstand, and closed its doors in December 2012. Both agencies provided Health Education and Risk Reduction (HE/RR) and Prevention with Positives (PWP) services.

Because of NAAP's advocacy, funds were allocated by the Board of Supervisors to reach Native American MSM. Another agency, Native American Health Center received funding from San Francisco General Funds. This program is funded to provide PWP services, HIV testing, and condom distribution to Native American MSM.

**This Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.



- B. The HIV Prevention Section worked to integrate and standardize services by increasing collaboration with Community Behavioral Health Services (CBHS), a separate section of the Health Department 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 and many of these programs provide HIV testing. The HIV Prevention Section successfully worked with the program staff within CBHS as well as at the funded agencies to align the goals and objectives in the contracts with San Francisco’s HIV testing efforts and overall San Francisco HIV Prevention Strategy. CBHS has transferred oversight of these programs to the HIV Prevention Section.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- C. The San Francisco AIDS Foundation-STOP AIDS Project’s Our Love program serving African American gay, bi, and trans (GBT) men was re-tooled and renamed, based on program data demonstrating that the community needs had shifted and changing demographics in San Francisco. The program was originally intended to reach GBT-identified Black men of middle/upper socioeconomic status, a shrinking population that demonstrated low demand for the services. The program has now shifted focus to provide comprehensive services, including HIV testing, prevention with positives, and HE/RR for young Black MSM. After a rigorous discovery phase (generously funded by the Levi Strauss Foundation) the DREAAM Project was designed to specifically meet the needs of young Black MSM. Those needs included housing, substance use and mental health treatment, linkage to and retention in care, adherence support, education and employment support, and community building. DREAAM provides intensive case management that works with each client around their specific set of needs, making referrals as needed, and working with other providers to generate wrap-around services while also building community through a weekly drop-in group and monthly social events.

This **Substantial Change** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- D. To help meet the outcome of increasing the percentage of MSM and IDU who report getting an HIV test in the last 6 months to 75%, the SFPDPH implemented a new provider/business collaboration entitled “Get a Test, Get a Discount” in May 2013. Funded HIV testing sites provide testers a packet which includes a “Healthy Penis” squeeze toy, condoms, and a coupon for a discount at any one of 30 vendors located in the Castro district. Vendor and community-based testing agency responses have been enthusiastic, resulting in coverage in a local gay focused newspaper.

This project is implemented by 12-1201-funded staff.

This **Substantial Change** applies to Social Marketing, Media and Mobilization.

2. Describe the **successes** experienced with implementing your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period. Please specify the program component associated with the successes.

- A. HPS contracted with the Kaiser Family Foundation to bring their “Greater Than AIDS” campaign to San Francisco and tailor it to local needs. This campaign was designed to increase HIV testing and reduce stigma in the behavioral risk populations affected by HIV in the city. It includes outdoor, radio and internet content, including videos

This **Success** applies to Social Marketing, Media and Mobilization.

- B. The HIV Prevention Section continued to support the PEP program at SFPDPH City Clinic. PEP services are funded under 12-1201, but the HIV medications are not. See description of our PEP program in Additional Questions Section - Category A.

This **Success** applies to Non-occupational post-exposure prophylaxis (nPEP) Services.

3. Describe the **challenges** experienced with implementing your HIV prevention program for the recommended components funded under Category A (Evidence-based HIV

Prevention Interventions for High-Risk Negative Individuals; Social Marketing, Media, and Mobilization; and PrEP and nPEP) during the reporting period. Please specify the program component associated with the challenges.

- A. Contracts between SFDPH and community-based agencies are formally monitored after a full year of service; this monitoring process is performed by a different section of the Health Department, the Business Office of Contract Compliance (BOCC). This was the first monitoring period where full year contracts were monitored under this structure and extra time and effort was spent on educating BOCC colleagues and funded contractors, as well as time spent participating in the monitoring.

This **Challenge** applies to Evidence-based HIV Prevention Interventions for High-Risk Negative Individuals.

- 4. Describe any **anticipated changes** to your HIV prevention program for the four required core components funded under Category A (HIV Testing; Comprehensive Prevention with Positives; Condom Distribution; and Policy Initiatives) for Year 3 (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).

- A. HPS subcontracted with Better World Advertising to develop a brochure and poster to increase routine HIV testing specifically in SFDPH primary care clinics with an anticipated launch date of fall 2013. This campaign will target patients in waiting rooms and is aimed at increasing general population HIV testing, as opposed to targeting high risk groups, in accordance with the SFDPH HIV testing guidelines.

This **Anticipated Change** applies to Social Marketing, Media and Mobilization.

- B. With carryover funds, SF will continue the Kaiser Family Foundation Greater Than AIDS campaign. The campaign will use local community members in campaigns that serve to increase the frequency of testing among gay men.

This **Anticipated Change** applies to Social Marketing, Media and Mobilization.

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