File No. 101253 Committee Item No. _____
Board Item No. 41

COMMITTEE/BOARD OF SUPERVISORS

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Board of Supervisors Meeting **Date: October 5, 2010**

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

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Completed by: Annette Lonich **Date** **September 30, 2010**
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

FILE NO. 101253 RESOLUTION NO.

[Grant Application - Department of Public Health - Ryan White HIV Emergency Relief Program - $36,118,233]

Resolution authorizing the San Francisco Department of Public Health to submit an application to continue to receive funding for the "HIV/AIDS Emergency Relief Grant Programs (Ryan White Programs, Part A)" Grant from the Health Resources Services Administration, requesting $36,118,233 in HIV Emergency Relief Program funding for the San Francisco Eligible Metropolitan Area from March 1, 2011, through February 28, 2012.

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, DPH is currently a recipient of the "HIV Emergency Relief Grant Program" grant in the amount of approximately $26,009,568 from the HRSA for fiscal year 2010; and,

WHEREAS, For this round of funding, DPH was instructed by HRSA to submit an application request in the amount of $36,118,233; and,

WHEREAS, DPH uses these funds to cover a multitude of health services to HIV positive persons residing in the three counties within the San Francisco Eligible Metropolitan Areas (EMA); 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, HRSA released the application announcement on August 30, 2010 with a due date of October 18, 2010 allowing just 32 days for the entire process; and,

WHEREAS, in the interest of timeliness, DPH is making this request for approval by submitting its most recent draft of the grant application, also including supporting documents

as required, all of which are on file with the Clerk of the Board of Supervisors in File No. 101253, 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 DPH's application submission to HRSA for the "HIV Emergency Relief Grant Program (Ryan White Programs, Part A)" grant for the funding period of March 1, 2011 through February 28, 2012, to be submitted no later than October 18, 2010.

RECOMMENDED:

Mitchell H. Katz, M.D.

Director of Health

City and County of San Francisco **Department of Public Health**

Mitchell H. Katz, MD
Director of Health

August 31, 2010

Angela Cavillo, 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 HIV Emergency Relief Grant Program (Ryan White Programs, Part A).

Dear Ms. Cavillo:

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 for the Ryan White Act HIV/AIDS Emergency Relief Grant Program (Ryan White Programs, Part A) to the Health Resources Services Administration (HRSA). This application is required to receive continued funding for the period of March 1, 2011 to February 28, 2012. This application represents approximately $36,118,233 in funding for the San Francisco Eligible Metropolitan Area (EMA). The San Francisco EMA includes the City and County of San Francisco, Marin County and San Mateo County. The funding supports a multitude of health services to HIV positive persons residing in these three counties.

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 HRSA the application guidance on August 30, 2010. The application deadline is October 18, 2010.

I hope that the Board will support this resolution. If you have any questions regarding the County Plan or this resolution, please contact Bill Blum, Chief Operating Officer, Community Oriented Primary Care & Interim Director of HIV Health Services at 554-9002.

Sincerely,

Mitchell H. Katz, M.D.
Director of Health

Enclosures

cc: Bill Blum, SFDPH Chief Operating Officer, Community Oriented Primary Care & Interim Director of HIV Health Services
Sajid Shaikh, Grants Coordinator, SFDPH AIDS Office

Ryan White HIV Emergency Relief Grant Program
(CARE Part A)

Funding Criteria

The San Francisco Department of Public Health (SFDPH) is currently a recipient of the Ryan White HIV/AIDS HIV Emergency Relief Grant Program (Ryan White Programs, Part A) in the amount of $26,009,568 from the Health Resources Services Administration (HRSA). The Part A grant is awarded to the San Francisco Eligible Metropolitan Area which is comprised of the City and County of San Francisco, Marin County, and San Mateo County.

Eligible Metropolitan Areas (EMA) include communities with populations of 500,000 or more that have reported to the Centers of Disease Control and Prevention a total of more than 2,000 cases of AIDS in the most recent five calendar years.

Department's Most Recent Draft of Grant Applications Materials

Please see Attachment A for the SFDPH's most recent draft of application materials. SFDPH's most recent application was submitted to HRSA on October 29, 2009 for the funding period of March 1, 2010 to February 28, 2011. We have received the application guidance from HRSA for the March 1, 2011 to February 28, 2012 funding period on August 30, 2010 with an application due date of October 18, 2010.

Anticipated Funding Categories

The Part A funds are awarded to SFDPH on an annual basis to cover a multitude of health services to HIV positive persons residing in the three counties within the San Francisco EMA. Of the total award amount, only 10% can be utilized to pay administrative costs and 90% is distributed to Community Based Organizations (CBOs) and Public Health Programs throughout the three county EMA,to provide direct services to clients.

Please see Attachment B for an example of the FY2010 Planned Service Mode Allocations for the San Francisco EMA. The service modes are defined by HRSA. The San Francisco HIV Health Services Planning Council, a citizen advisory board, is responsible for determining the priorities and the allocation of funds within each HRSA service mode for the San Francisco EMA.

Comments from Relevant Citizen Advisory Board

The San Francisco HIV Health Services Planning Council, a citizen advisory board, is responsible for determining the priorities and the allocation of CARE Part A funds. A list of the members of the HIV Health Services Planning Council is included in Attachment C.

SAVING LIVES IN A TIME OF CRISIS: SAN FRANCISCO EMA FY 2010 RYAN WHITE PART A COMPETING CONTINUATION APPLICATION NARRATIVE

1. DEMONSTRATED NEED

Introduction to the San Francisco EMA

Located along the western edge of the San Francisco Bay in Northern California, the San Francisco Eligible Metropolitan Area (EMA) is a unique, diverse, and highly complex region in terms of both geography and the nature and distribution of its people. Encompassing three contiguous counties - **Marin County** to the north, **San Francisco County** in the center, and **San Mateo County** to the south - the EMA has a total land area of **1,016** square miles, an area roughly the size of Rhode Island. In geographic terms, the EMA is very narrow, stretching more than 75 miles from its northern to southern end, but less than 20 miles at its widest point from east to west. This complicates transportation and service access in the region, especially for those in Marin and San Mateo Counties. In San Mateo County, a mountain range marking the western boundary of the San Andreas Fault bisects the region from north to south, creating further challenges for those attempting to move between the county's eastern and western sides.

The San Francisco (SF) EMA is also unusual in part because of the dramatic difference in the size of its three member counties. While Marin and San Mateo Counties have a land area of **520** and **449** square miles, respectively, San Francisco County covers a land area of only **46.7** square miles, making it **by far the smallest county in California** geographically, and the **sixth smallest county in the US** in terms of total land area. San Francisco is also one of only three major cities in the US (the others are Denver and Washington, DC) in which the city's borders are identical to those of the county in which it is located. The unification of city and county governments under a single mayor and Board of Supervisors allows for a streamlined service planning and delivery process.

The total 2006 population of the San Francisco EMA was estimated by the US Census Bureau at **1,698,282**.[1] This includes a population of **248,742** in Marin County, **744,041** in San Francisco County, and **705,499** in San Mateo County, with widely varying population densities within the three regions. For example, while the population density of Marin County is **479** persons per square mile, , the density of San Francisco County is a stunning **15,936 persons per square mile** - the highest population density of any county in the nation outside of New York City. While San Mateo County lies between these two extremes, its density of **1,571** persons per square mile is still ten times lower than its neighbor county to the north. These differences necessitate widely varying approaches to HIV care within the three counties of the EMA.

The geographic diversity of the San Francisco EMA is reflected in the diversity of the people who call the area home. Just under **50%** of the EMA's residents are persons of color, including Asian/Pacific Islander (**23.3%**), Latino (**16.9%**), African American (**5.3%**), and Native American (**0.4%**) populations. In San Francisco, Asian residents make up over **30%** of the city's total population The nation's largest population of Chinese Americans lives in the City of San Francisco, joined by a diverse range of Asian immigrants, including large numbers of Japanese, Vietnamese, Laotian, and Cambodian residents;. A large number of Latino immigrants also reside in the EMA, including native residents of Mexico, Guatemala, El Salvador, and Nicaragua. EMA-wide, over **40%** of residents speak a language other than English at home - including **46%** of San Francisco residents[2] - with over **100** separate Asian dialects alone spoken

in the city. Only **half** of the high school students in the City of San Francisco were born in the United States, and almost **one-quarter** have been in the country six years or less.[3] A total of over **20,000** new immigrants join the EMA's population each year, not including as many as **75,000** permanent and semi-permanent undocumented residents.[4]

The San Francisco EMA – along with jurisdictions throughout California – is currently reeling from a massive set of budget cuts enacted by Governor Arnold Schwarzenegger in July 2009. This includes cuts of **over $2 billion** from California's health care system, primarily in the form of reductions or elimination in services for low-income patients and providers, community clinics, children, rural residents, communities of color, and domestic violence programs. The Governor specifically cut **$59.1 million** in support for HIV/AIDS programs administered by the California Office of AIDS, including virtual elimination of most HIV education and prevention programs and severe cuts to HIV counseling and testing, therapeutic monitoring, housing, and home and community-based care. The Governor also eliminated dental and other benefits for **over 2 million** adults with Medicaid coverage, and eliminated insurance for **900,000** children than had been made possible through the Healthy Families Program. While the EMA is still absorbing the consequences of these dramatic and unexpected reductions, they are certain to increase pressures on the EMA's Ryan White system to support greater numbers of low-income patients who have seen their Medicaid benefits cut – numbers that have already swelled dramatically over the past 12 months due to the ongoing economic crisis.

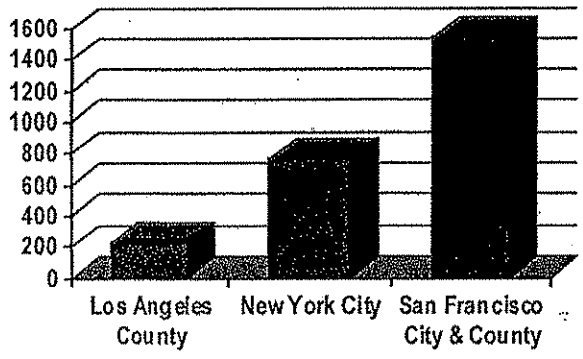
a) HIV/AIDS Epidemiology

a.1) HIV/AIDS Epidemiology Table - See Table in Attachment 3

a.2) HIV/AIDS Epidemiology Narrative

Description of Current HIV/AIDS Cases: **More than a quarter century into the HIV epidemic, the three counties of the San Francisco EMA continue to be devastated by the HIV – a continuing tragedy that has exacted an incalculable human and financial toll on our region.** According to the State of California, as of July 31, 2008, a total of **31,849** cumulative AIDS cases had been diagnosed in the EMA, representing **21%** of all AIDS cases ever diagnosed in the state of California (n=**152,138**).[5] Over **21,000** persons have already died of AIDS in the EMA.[6] Combined data for the EMA's three counties indicates that **11,507** persons were living with AIDS as of December 31, 2008, while another **12,658** individuals were estimated to be living with HIV, for a total of **24,165** persons estimated to be living with HIV infection in the three-county region as of the end of 2008 (see Table in Attachment 3).[7] This represents an EMA-wide HIV infection incidence of **1,422.9** cases per 100,000 persons, meaning that **more than 1 in every 70 residents of the San Francisco EMA is now living with HIV.** A total of **926** new cases of AIDS were diagnosed in the EMA

Figure 1. People Living with AIDS Per 100,000 Population as of 12/31/08 - Selected US Metropolitan Areas

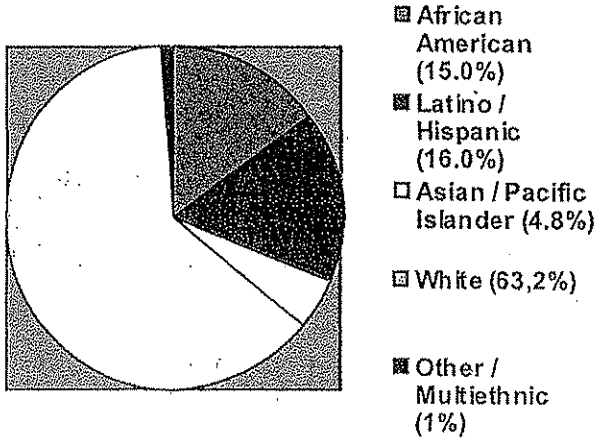


between January 1, 2007 and December 31, 2008 alone, representing **8.0%** of all persons living with AIDS at the end of 2008.

At the epicenter of this continuing crisis lies the city and county of San Francisco, the city hardest-hit during the initial years of the AIDS epidemic. **Today, the city of San Francisco continues to have the nation's highest per capita prevalence of cumulative AIDS cases,[8] and AIDS remains the leading cause of death among male residents age 25-54.**[9] The number of persons living with AIDS in San Francisco has increased by **43%** over the last decade alone - a percentage that does include more rapidly escalating non-AIDS HIV cases.[10] Through December 31, 2008, a cumulative total of **28,114** cases of AIDS have been diagnosed in San Francisco, accounting for nearly **3%** of all AIDS cases ever identified in the US (n=**992,865**) and nearly **20%** of all AIDS cases diagnosed in California (n=**147,821**), despite the fact that San Francisco County contains only **2%** of the state's population.[11] As of the end of 2008, an estimated **20,966** San Franciscans were living with AIDS or HIV, representing **86.8%** of all persons living with HIV/AIDS in the EMA, for a staggering citywide prevalence of **2,818** cases of HIV per 100,000. **This means that 1 in every 36 San Francisco residents is now living with HIV disease - an astonishing concentration of HIV infection in a city with a population of only 744,000.** As of December 2008, the incidence of persons living with AIDS per 100,000 in San Francisco County (**1,546.6**per 100,000) was over **five times** that of Los Angeles County (**229** per 100,000) and **nearly double** that of New York City (**771.1** per 100,000) (see Figure 1).[12] The following sections provide information on the demographic of the local epidemic.

Race / Ethnicity: Reflecting the ethnic diversity of our EMA, the region's HIV/AIDS caseload is distributed among a wide range of ethnic groups. The majority of persons living with HIV and AIDS in the EMA is white (**62.7%**), with an additional **14.8%** of cases among African Americans; **15.5%** among Latinos; and **4.8%** among Asian / Pacific Islander groups (see Figure 2). A total of **4,240** persons of color were living with AIDS in the San Francisco EMA as of December 31, 2008, representing **36.8%** of all PLWA, while another **4,792** persons of color were estimated to be living with HIV as of the same date (**37.8%** of all PLWHA), for a total of **9,032** persons of color living with HIV/AIDS. **However, the percentage of new AIDS cases among persons of color is increasing rapidly.** While **36.8%** of all people living with AIDS as of December 31, 2008 were persons of color (n=**4,240**), **45.6%** of new AIDS cases diagnosed between January 1, 2007 and December 31, 2008 were among persons of color (n=**423**). The disproportionate representation of HIV infection among African Americans is most dramatic among **women**, with African American women making up **40.7%** of all women living with HIV/AIDS in the EMA. In San Francisco alone, African American women make up **43.6%** of all women

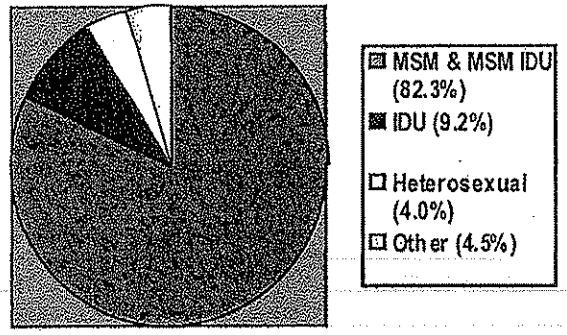
Figure 2. Ethnicity of People Living with AIDS in the San Francisco EMA as of December 31, 2008



living with AIDS and **50.8%** of all women newly diagnosed with AIDS between January 1, 2006 and December 31, 2007, while constituting only **8%** of the city's total female population.

Transmission Categories: **The most important distinguishing characteristic of the HIV epidemic in the San Francisco EMA involves the fact that HIV remains primarily a disease of men who have sex with men (MSM).** In other regions of the US, the proportionate impact on MSM has declined over time as other populations such as injection drug users and heterosexuals have been increasingly affected by the epidemic. While these groups have been severely impacted in our region as well, their representation as a proportion of total persons living with HIV and AIDS (PLWHA) has not been as high. Through December 31, 2008, fully **82.3%** of the population of persons living with HIV/AIDS in our region were MSM (**19,885**), including **16,994** men infected with HIV through MSM contact only (**70.3%** of all PLWHA) and **2,891** MSM who also injected drugs (**12.3%** of all PLWHA) (see Figure 3). By comparison, only **30.3%** of PLWHA in New York City as of June 30, 2007 were listed as infected through MSM contact.[13] Factors underlying this difference include the high proportion of gay and bisexual men living in our EMA, and the fact that many gay and bisexual men move to San Francisco to receive HIV care and treatment. Other significant local transmission categories include injection drug users (**9.2%** of PLWHA) and non-IDU heterosexuals (**4.0%**). There are signs that this latter population may be increasingly rapidly, however, with **8.0%** of new AIDS cases diagnosed between January 1, 2007 and December 31, 2008 occurring among non-drug-using heterosexuals (n=74).

Figure 3. HIV Transmission Categories of San Francisco EMA Combined PLWA / PLWH Population as of December 31, 2008

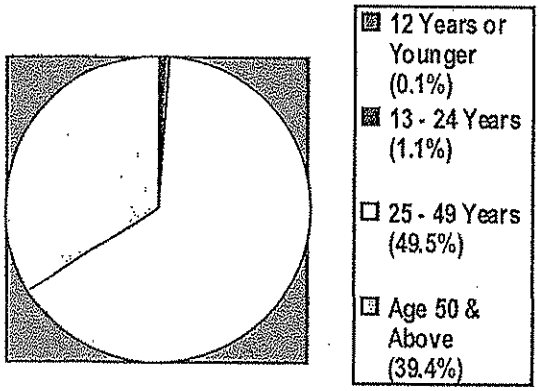


Gender: Reflecting the high prevalence of HIV/AIDS among men who have sex with men, the vast majority of those living with HIV and AIDS in the San Francisco EMA (**91.2%**) are men. **6.8%** of all PLWHA in the region are women - over **two-thirds** of them (**67.3%**) of them women of color. However, the proportion of women with AIDS in the EMA is steadily increasing, constituting **8.6%** of new AIDS cases diagnosed among women between January 1, 2007 and December 31, 2008. Because of their high representation within the San Francisco population, **transgender persons** also make up a significant percentage of PLWHA, with at least **481** transgender individuals - the vast majority of them male-to-female – estimated to be living with HIV or AIDS in the EMA as of December 31, 2007, a figure representing **2.0%** of the region's PLWHA caseload.[14]

Current Age:[15] **An increasingly high proportion of persons living with HIV and AIDS in our region are age 50 and above.** This is attributable both to the long history of the HIV/AIDS epidemic in our EMA, resulting in a large proportion of long-term survivors, and our region's hard-fought success in bringing persons with HIV into care and helping them remain on medications, a success that has significantly lengthened the lifespan of many persons with HIV.

Among the EMA's combined PLWHA population as of December 31, 2008, **well over one-third (39.4%)** are age 50 or older, including at least **376** PLWHA **age 70 and older** (see Figure 4). Among persons living with AIDS, the percentage of persons 50 and older is even higher, at a dramatic **47.2%**, meaning that **nearly half of the persons living with AIDS in our EMA are age 50 or older.** Between December 2007 and December 2008 alone, the number of persons 50 and over living with AIDS increased by **7.9%** within the EMA, while the overall number of PLWA increased by only **2.2.%**. This growing aging population creates new and specific challenges for the HIV service system, including the need to develop systems to coordinate and integrate HIV and geriatric care. The largest proportion of persons living with HIV and AIDS in the EMA remain between the ages of 25 and 49, who make up **49.5%** of the combined PLWHA population, and **75.2%** of new AIDS diagnoses between January 1, 2007 and December 31, 2008. A total of **264** young people between the ages of 13-24 are estimated to be living with HIV/AIDS, constituting **1.1%** of the EMA's PLWHA population. Only **16** children age 12 and under are estimated to be living with HIV or AIDS in the EMA, and **no** new AIDS cases were diagnosed among this group between January 1, 2006 and December 31, 2008.

Figure 4. Age of San Francisco EMA Combined PLWA / PLWH Population as of December 31, 2008



Disproportionate Impact: In terms of ethnic minority representation, both African American and Caucasian populations are **disproportionately affected** by HIV in relation to the overall EMA population, while Latino and Asian/Pacific Islander are **underrepresented** in relation to the general population. Certainly the most dramatic over-representation occurs among **African Americans.** While only **5.3%** of EMA residents are African American, **14.8%** of combined PLWHA populations in the San Francisco EMA are African American, meaning that **nearly three times** the percentage of African Americans are infected with HIV as their proportion in the general population. And while **62.7%** of all PLWHA are white, only **51.2%** of EMA residents are white. By contrast, Asian/Pacific Islanders make up **23.3%** of the EMA's total population, but make up **4.8%** of PLWHA cases while Latinos constitute **15.5%** of PLWA/PLWHA cases but make up **16.9%** of EMA residents. However, new HIV cases will soon create a disproportionate impact among Latinos as well – between January 1, 2007 and December 31, 2008, **17.9%** of newly diagnosed AIDS cases occurred among Hispanics.

Homeless and **formerly incarcerated individuals** are significantly over-represented among persons living with HIV and AIDS in our region. While the combined annual EMA-Wide Homelessness Rate is estimated at **1,571** per 100,000, including an estimated **13,500** chronic homeless and another **13,140** individuals who become homeless at some point each year,[16] the combined annual EMA-Wide homelessness rate among persons living with HIV and AIDS is estimated at **7,000** per 100,000[17] - a rate **more than four times** the rate of homeless among the general population. Meanwhile, according to the California Department of Corrections, an average total of **5,134** persons were being held in jail settings **each day** in the San Francisco EMA during 2005,[18] while a minimum of **65,000** bookings took place in the three-county region

in 2005.[19] While available reports do not reveal how many of these arrested are among **unduplicated** persons, a conservative estimate based on prevailing recidivism rates would be **17,500** unduplicated individuals arrested and incarcerated each year in the EMA, for an estimated total of **50,000** individuals spending time in incarceration facilities over the past three years - a rate of **3,091** per 100,000. According to data supplied for this application by the **Forensic AIDS Project** – our local Center of Excellence serving incarcerated persons - a total of at least **1,023** individuals receiving Ryan White services were HIV-positive upon their release from jail in San Francisco between January 1, 2006 and December 31, 2008 alone, representing **17.9%** of the city's total Ryan White caseload of approximately **5,700** clients as of December 31, 2008, for a three-year incarceration rate of **17,947** per 100,000 – a rate **nearly five times** that of the general population.

The epidemic's most disproportionate impact remains among gay and bisexual men. Approximately **63,577** gay-identified MSM live in the San Francisco EMA,[20] and an estimated **19,885** of them were HIV infected as of December 31, 2008. **This means that a startling 31% of all gay-identified MSM in the San Francisco EMA are already HIV-infected, setting the stage for a continuing health crisis that will impact the future of our region for decades to come.** By contrast, less than **0.4%** of heterosexual men are estimated to be HIV-infected in the San Francisco EMA.

Underrepresented Populations in the Ryan White System: Compared to their proportion of HIV/AIDS cases, **women, persons of color, heterosexuals,** and **transgender people** are **over-represented** in the local Ryan White-funded system, while **Caucasians** and **men** are **underrepresented** in the system of Ryan White-funded services, almost certainly because of higher incomes and higher rates of private insurance among the latter two groups. Possibly for the same reason, MSM are underrepresented among Ryan White clients, although they are still the vast majority of clients served at **71.6%**. Ryan White clinics provide primary medical care to a population that is disproportionately made up of persons of color, women, persons with low incomes, the homeless, heterosexuals, and injection drug users. Additionally, Part D programs operated by Larkin Street Youth Services and the Family Service Network primarily serve young people and women, while Part C programs operated by the San Francisco Clinic Consortium and Tenderloin Health serve the full spectrum of clients, including the homeless, persons of color, women, and gay/bisexual men. **Twenty-one percent** of Ryan White clients in the San Francisco EMA are African American as compared to **15.0%** of all persons with HIV/AIDS in the EMA, while San Francisco's seven **Centers of Excellence** – focusing on reaching underserved and hard-to-reach populations – serve a population that is **30.6%** African American.[21] Women are well served by Ryan White, with **12.3%** of Ryan White and **21.7%** of Centers of Excellence clients being women, despite representing **6.2%** of the PLWHA population. Heterosexuals represent **13.6%** of Ryan White clients but only **2.9%** of non-IDU HIV cases. Transgendered people make up an estimated **3.6%** of persons served through the Ryan White system and **5.4%** of persons served through Centers of Excellence while making up **1.8%** of all persons living with HIV and AIDS in the EMA. **All of these statistics highlight the progress our EMA has made over the past three years in reaching and bringing into consistent care the most impoverished and highly underserved HIV-infected residents of our region.**

EMA Service Gaps: According to the recently completed 2008 Unmet Need Framework (see Section 1.g below), a total of **5,205** HIV-aware individuals in the San Francisco EMA are currently **not** receiving HIV primary care, representing **23%** of the region's total estimated HIV-

aware population. At least another **1,911** persons with HIV or AIDS are believed to be **unaware** of their status, and are therefore also not receiving HIV care. This means that an estimated **7,116** persons living with HIV/AIDS - roughly **29.5%** of the EMA's combined PLWHA population - are out of care. During the previous 2007-2008 Part A contract period, at least **6,571** individuals were receiving Ryan White-funded services in the EMA, representing **38.5%** of the region's combined PLWHA population in care, and **27.7%** of the overall PLWHA population.

In 2008, the San Francisco EMA commissioned and completed a new **HIV Health Services Needs Assessment**, which included in-depth client surveys completed by **248** PLWHA in all three counties and a series of **4** population-specific focus groups involving monolingual Spanish-speaking persons; persons age 55 and older; Marin County residents; and formerly incarcerated individuals.[22] The Needs Assessment was instrumental in guiding FY 2010 prioritization and funding allocation decisions by the San Francisco HIV Health Services Planning Council. **The Needs Assessment revealed that the local system of care was extremely successful in meeting HRSA core service needs among HIV-infected persons who have low incomes, with fully 95% of survey respondents reporting that their last health care visit for HIV/AIDS had been within the past six months.** While the majority of needs assessment respondents stated that they were able to access needed care services, challenges and barriers to health and supportive services that respondents "always" or "sometimes" experience included: a) **transportation** (**12.7%** always / **30.5%** sometimes); b) **service hours** (**6.8%** always / **35.0%** sometimes); c) **cultural sensitivity** (**3.8%** always / **15.3%** sometimes); and d) **language** (**3.0%** always / **9.7%** sometimes). In regard to housing, **21%** of survey respondents met the criteria for being **homeless** - including **4%** living on the streets or in a car - while **12%** of respondents do not have health coverage of any kind.

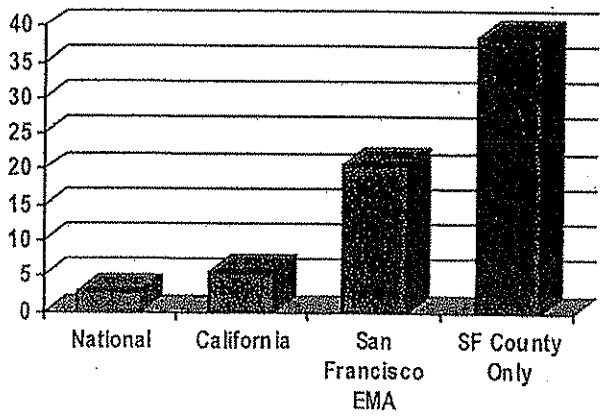
b) Impact of Co-Morbidities and Medicaid Funding on the Cost and Complexity of Providing Care

b.i) Quantitative Evidence on Co-Morbidities - See Table in Attachment 4

b.ii) Narrative on Cost and Complexity of Providing Care

Sexually Transmitted Infection (STI) Rates: While San Francisco's per capita HIV infection rates continue to rise, the growing crisis of **sexually transmitted infections** - with San Francisco County frequently having what are by far the highest rates of syphilis and gonorrhea of any county in California - provides an ominous marker for the future of the HIV epidemic in our region.. In terms of **syphilis,** for example, the San Francisco EMA continues to confront a highly publicized epidemic that has been escalating for the past half decade, **rising more than 500% since 2000.** The total of 355 new primary and secondary syphilis cases diagnosed in the EMA in

Figure 5. 2008 New Primary & Secondary Syphilis Cases Per 100,000 Population



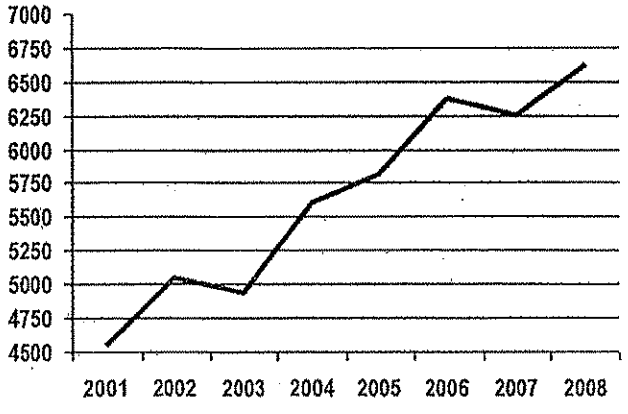
2008 represents a dramatic increase over the 229 cases reported in 2007 and a return to levels near the **364** cases reported in 2004, attesting to a resurgence of the crisis in our region and the difficulty involved in managing it.[23] Within the City of San Francisco alone, a total of **326** new syphilis cases were reported in 2008, **124 more cases than the 202 cases diagnosed in 2007**, for a **61.4%** increase.[24] 2008 syphilis incidence rates of **20.9** cases per 100,000 for the EMA as a whole and **38.7** cases per 100,000 in San Francisco were nearly **4 times** and over **6 times higher**, respectively, than the 2008 statewide rate of **5.7** cases per 100,000, and more than **6 times** and **13 times higher,** respectively, than the national syphilis rate of **3.0** cases per 100,000 in 2005 (see Figure 5), suggesting continued increases in new HIV infections in the EMA for the foreseeable future.[25] San Francisco County has by far the largest rate of syphilis infections of any county in California, nearly **five times** that of Los Angeles County (**8.0** per 100,000); more than **three and a half times** the rate of San Diego County (**10.9** per 100,000); and more than **seventeen times** the rate of Santa Clara County (**2.2** per 100,000).[26]

The EMA is also experiencing a gonorrhea epidemic.. A total of **2,319** new gonorrhea cases were identified in the San Francisco EMA in 2008, representing an increase of **11.3%** over the **2,084** cases diagnosed in 2003.[27] A total of **2,004,** or **86%** of the EMA's 2008 gonorrhea cases occurred in the City of San Francisco. The EMA-wide incidence of **136.5** cases per 100,000 is almost **20% higher** than the 2005 national rate of **115.6** cases per 100,000 and **over 65% higher** the 2007 California rate of **82.6** cases per 100,000.[28] San Francisco's 2008 incidence of **237.8** cases per 100,000 is **more than double** the national rate and is **250% higher** than the statewide rate, and is again by far the highest rate of any county in California, with the next highest county – Alameda County - having a case rate **nearly 95% lower** than San Francisco's (**122.3** per 100,000).[29] Many of the EMA's new gonorrhea cases are occurring among **young women aged 15 – 24,** who accounted for **209** cases in 2008. The gonorrhea rate of **456.7** per 100,000 15-24-year-old women in San Francisco is **71% higher** than the statewide rate of **266.8** per 100,000.[30]

The San Francisco EMA's **Chlamydia** epidemic also continues to rise precipitously, although rates in EMA are much more comparable to national and statewide averages. A total of **6,627** new cases of Chlamydia were diagnosed in the San Francisco EMA in 2008. This represents a **6.2%** increase over the **6,242** new Chlamydia cases identified in 2007, and also represents a **13.9% increase** over the **5,816** cases diagnosed in 2005 and a stunning approximately **45%** increase since 2001 (see Figure 6).[31] The 2008 EMA-wide Chlamydia incidence stood at **390.2** per 100,000, while the rate for the City of San Francisco was at **486.7** cases per 100,000.[32] By comparison, the 2008 incidence for California was **390.8** cases per 100,000 while the 2005 federal level was **332.5** per 100,000.[33]

The cost of treating STIs adds significantly to the cost of HIV care in the San Francisco EMA.

Figure 6. Annual Reported Chlamydia Cases - San Francisco EMA - 2001-2008



According to a recent study which estimated the direct medical cost of STIs among American youth (Chesson, et al., 2004), the total cost of the **9 million** new STI cases occurring among 15-24 year olds totaled **$6.5 billion** in the year 2000 alone, at a per capita cost of **$7,220 per person.**[34] Lissovoy, et al. (1995) estimated 1990 US national medical expenditures for congenital syphilis for the first year following diagnosis at between **$6.2 million** and **$47 million** for **4,400** cases, or as high as **$10,682** per case.[35] A 2003 study published in the *American Journal of Public Health* estimated that in 2000, a total of **545** new cases of HIV infection among African Americans could be attributed to the **facilitative effects of infectious syphilis**, at a cost of about **$113 million**, or a per capita cost of **$20,730.**[36] Such studies suggest that the total cost of treating new STIs in the SF EMA may be as high as **$12.0 million** per year, including an estimated **$2.97 million** to treat STIs among persons with HIV, with another **$75 million** in costs potentially resulting from the need to treat persons infected with HIV as a result of transmission facilitated through other STIs.[37]

Figure 7.
Top 10 Least Affordable Counties in the U.S. in Terms of Housing Costs[38]

County	Hourly Wage Needed to Rent a Two-Bedroom Apartment at HUD Fair Market Rent
Marin County, CA	$ 29.54
San Francisco County, CA	$ 29.54
San Mateo County, CA	$ 29.54
Ventura County, CA	$ 28.12
Orange County, CA	$ 26.77
Santa Cruz County, CA	$ 25.83
Alameda County, CA	$ 25.75
Contra Costa County, CA	$ 25.75
Nantucket County, MA	$ 25.62
Westchester County, NY	$ 25.31

Housing and Homelessness: Housing is an indispensable link in the chain of care for persons with HIV. Without adequate, stable housing it is virtually impossible for individuals to access primary care; begin and maintain combination therapy; and preserve overall health and wellness. These issues are even more critical for persons with co-morbidities such as substance addiction or mental illness, since maintaining sobriety and medication adherence is much more difficult without stable housing. Homelessness is also a critical risk factor for HIV itself, with one national study reporting one or more HIV risk factors among **69%** of homeless persons.[39]

Because of the prohibitively high cost of housing in the San Francisco EMA and the shortage of safe and affordable rental units, the problem of homelessness has reached crisis proportions, creating formidable challenges for organizations seeking to serve HIV-infected populations – challenges that have significantly increased since housing's elimination as a funded category under the Ryan White HIV/AIDS Treatment Modernization Act of 2006. According to the National Low Income Housing Coalition's authoritative *Out of Reach 2005* report, for example, Marin, San Francisco, and San Mateo Counties – the three counties that make up the San Francisco EMA – are, incredibly, **tied with one another** as the **three least affordable counties in the nation** in terms of the hourly wage needed to rent a two-bedroom apartment, which currently stands at **$29.54 per hour** (see Figure 7).[40] The San Francisco metropolitan region also ranks as the **most expensive metropolitan region in the US** in terms of the same statistic.[41] Meanwhile, the San Francisco Metropolitan Area has the **highest HUD-**

established Fair Market Rental rate in the nation, representing the amount needed to "pay the gross rent (shelter plus utilities) of privately owned, decent, and safe rental housing of a modest (non-luxury) nature with suitable amenities".[42]

On January 27, 2009, the City of San Francisco conducted its bi-annual 24-hour homeless count which identified a total of **6,514** homeless men and women living on the streets or in jails, shelters, rehabilitation centers, or other emergency facilities, an increase of **2%** over the 2007 total of **6,377**.[43] San Francisco also copes with an additional **3,000 - 7,000** temporarily homeless individuals per year, which means that - with anywhere from **11,640** to **15,640** homeless per year - the city has the **second highest per capita homelessness rate of any city in the U.S.**[44] A recent study by the University of California San Francisco found that the city's chronic homeless population has also continued to age, with a current median age among these groups estimated at **50** - up from **37** years of age when population studies first began in 1990.[45] Aging contributes to chronic diseases related to homelessness, including high rates of diabetes and hypertension, and complicates the problem of providing care to these groups. Combining the data for San Francisco, Marin, and San Mateo counties, we estimate that **26,640** individuals experience homelessness at some point during the year, including an estimated **13,500** chronically homeless individuals and **13,140** temporarily homeless persons.

Homelessness has a distinct and well-established link to HIV disease. HIV prevalence studies among homeless adults in San Francisco have produced estimates ranging from a **9%** HIV prevalence rate among the general homeless adult population[46] to an astounding **41%** among marginally housed adult MSM.[47] Among the hundreds and possibly thousands of homeless youth in San Francisco - a city which still serves as a Mecca for runaway and low-income youth - estimated HIV prevalence ranges from **29%** among young homeless gay and bisexual males[48] to **68%** among gay and bisexual male teens who enter homeless youth centers.[49] HIV diagnosis itself also frequently **results** in homelessness, with the percentage of persons who were homeless at the time of AIDS diagnosis increasing in the City of San Francisco from **3%** in 1992 to **9%** in 2007, although this percentage has declined significantly from a high of **14%** in the year 2000.[50]

The burden of **costs** that homelessness places on the local system of care is difficult to calculate, but adds significantly to the price of HIV/AIDS care. A study by the San Francisco Department of Public Health Housing and Urban Health Division found that the annual cost of medical care for homeless men and women averaged **$21,000** for inpatient, emergency department, and skilled nursing facility care, a figure which decreased to an average **$4,000** per year for individuals placed in permanent subsidized housing.[51] Meanwhile, a two-year University of Texas survey of homeless individuals found that the public cost of caring for the homeless averaged **$14,480** per person per year, primarily for overnight jail stays.[52] Overall, we estimate that the total costs of homelessness add at least an additional **$16.9 million** to the cost of care for HIV-positive individuals within the EMA – costs that do not take into account the higher rates of HIV infection among homeless populations.[53]

Insurance Coverage: Based on findings of the 2005 California Health Interview Survey conducted by the UCLA Center for Health Policy Research – the most recent version available - an estimated **14.3%** of San Francisco EMA residents under the age of 65 are believed to be without **any** form of insurance coverage - including Medicaid - for a total of **214,995** uninsured individuals under 65 in our region (persons 65 and older are excluded as they become eligible for age-based Medicare).[54] This includes an estimated **15.5%** uninsured in San Francisco; **14.2%** uninsured in San Mateo County; and **11.0%** uninsured in Marin County.[55] **The lack of health**

insurance is a significant barrier to care, placing extreme financial burden on the system, particularly in the San Francisco EMA, which has extremely high medical costs. In addition, because of the current financial crisis, the numbers of persons who have lost private insurance as a result of unemployment or benefits cuts has dramatically increased the number of uninsured persons in the state in 2009. According to Reggie data, **49.5%** of San Francisco Ryan White system clients are covered by Medicaid, but **25.1%** lack **any** form of insurance coverage. At the same time, among those persons with HIV who are not in care or are unaware of their HIV status, the uninsured rate is believed to be much higher than the general population as many HIV-infected people in the EMA are disproportionately poor, not in care, and/or have not yet applied for Medicaid. We estimate that the **cost** to the system of serving uninsured and indigent populations living with HIV is at least **$85.6 million** annually, based on an average **25.1%** uninsured rate among persons living with HIV/AIDS in care (n=**4,279**) at an estimated annual average cost of **$20,000** per person for HIV treatment and medications. However, the overall picture for the uninsured in San Francisco has begun to change. The city is currently engaged in the nationally recognized initiative **Healthy San Francisco**, designed to ensure universal health care access to the city's estimated **82,000** uninsured. The EMA will continue to track the ongoing impact of this program on both access and quality of care for PLWHA in our region.

Poverty: The problem of homelessness is closely tied to that of **poverty**, and presents another daunting challenge to the HIV care system. Using poverty data from the 2000 Census updated to 2006 population estimates, we project that **810,420** individuals in the San Francisco EMA are living at or below 300% of Federal Poverty Level, which translates to **47.7%** of the overall EMA population lacking resources to cover all but the most basic expenses.[56] **However, because of the high cost of living in the San Francisco Bay Area, persons at 300% of poverty or below have a much more difficult time surviving in our area than those living at these income levels in other parts of the U.S.** Analyzing data from Reggie, the San Francisco HIV client-level data system, we estimate that at least **62.1%** of all persons living with HIV/AIDS in the San Francisco EMA (n=**14,786**) are living at or below 300% of the 2008 Federal Poverty Level (FPL) including persons in impoverished households.**100%** of Ryan White-funded clients live at or below 300% of poverty.[57] Reggie data reveals that **40%** of active Ryan White clients in San Francisco are currently living on incomes of **less than $10,000 per year**, and **17%** are surviving on incomes of less than $5,000 per year. HIV-infected persons in poverty clearly have a higher need for subsidized medical and supportive services, accounting for at least **$108 million** in Part A and non-Part A HIV-related expenditures in the San Francisco EMA each year.[58]

b.iii) Impact of Recently Incarcerated Individuals

The San Francisco EMA HIV service system incorporates a large number of formerly incarcerated individuals who pose additional significant challenges to the provision of effective HIV services in our region. As noted above, the California Department of Corrections reports that an average total of **5,134** persons were being held in jail settings **each day** in the San Francisco EMA during 2005,[59] while a minimum of **65,000** bookings took place in the three-county region.[60] Data from Forensic AIDS Project shows that a total of at least **1,023** formerly incarcerated individuals received Ryan White services at the agency over the three-year period between January 1, 2006 and December 31, 2008, representing approximately **18.6%** of the city's total Ryan White-funded caseload of approximately **5,500** persons. This represents a three-year past incarceration rate of **18,600** per 100,000 – a rate **more than four times** that of the

general population. Incarceration can greatly impact an individual's ability to access and remain stable in HIV care and treatment, and to stabilize life circumstances that promote wellness.

The San Francisco EMA is also home to **San Quentin State Prison**, California's oldest and largest prison.. Opened in July 1852, the prison houses an average daily population of **5,222** inmates in facilities originally designed to house 3,317 individuals. The prison also serves as the identification point for a large number of persons with HIV, many of whom are paroled to the San Francisco Bay Area and seek HIV services following release. Over the three calendar years from January 1, 2004 to December 31, 2006 a total of **51** persons were diagnosed with HIV at San Quentin Prison, including **46** male and **5** transgender individuals. Nearly **one-third** of these (**29%**) were infected through injection drug use alone, as compared to **9%** of all persons living with HIV/AIDS in the EMA. **African Americans** are highly overrepresented among the San Quentin HIV-diagnosed population, representing **45%** of all HIV cases diagnosed in the facility from 2004 to 2006.

An analysis of epidemiological and client data reveal a range of demographic and economic factors that indicate vastly increased levels of cost and complexity of care for formerly incarcerated populations with HIV in our region. For example, of the **1,023** individuals served by Forensic AIDS Project who had been diagnosed with or received HIV care in San Francisco jails and were released in the three years through December 31, 2008, fully **13.6%** were women – **double** the percentage of women living with HIV/AIDS in the EMA as of that date (**6.8%**). Additionally, **5.4%** of those diagnosed with or receiving care for HIV in San Francisco jails were **transgender persons – more than three times** their representation among the EMA's total PLWHA population (**2.0%**). Reflecting significantly higher rates of injection drug use among incarcerated populations, **31.9%** of persons with HIV in the San Francisco jail system had been infected through injection drug use alone, as compared to **9.2%** of the overall PLWHA population, while MSM / IDU cases accounted for **15.4%** of jail populations, versus **12.0%** for this group within the total PLWHA population (see Figure 8). These findings are reflected in a recent study of young injectors under age 30 in San Francisco, which found that **86%** had a lifetime history of incarceration; **56%** had been incarcerated in the past year; and **42%** were infected with hepatitis C – a critical marker of potential HIV infection.[61] Equally alarming is the high over-representation by **African Americans** among formerly incarcerated persons with HIV in San Francisco, who account for **43.8%** of all PLWHA diagnosed with HIV or provided with HIV care in San Francisco jails, despite making up **14.8%** of the total PLWHA population of the San Francisco EMA.

The crisis of HIV among incarcerated and formerly incarcerated populations has long been acknowledged within our EMA, and has consistently been responded to with specific and focused responses to meet the needs of these populations. Objective # 4.4 of the EMA's new 2009-2012 Comprehensive Plan specifically calls on the local system to "continue to develop systems and partnerships that ensure that persons who are in prison or incarcerated are fully linked to care upon their release from the jail and prison systems." When the EMA created its nationally recognized **Centers of HIV Excellence** program in November 2005, one of the seven new centers funded was **Forensic AIDS Project** – a one-stop-shop comprehensive care center coordinated by the San Francisco Health Department, providing jail-based health services and post-release treatment and care linkage services to incarcerated persons with HIV. Forensic AIDS Project today offers screening, support, and medical case management services for the majority of known HIV-infected individuals leaving the San Francisco jail system, and ensures a smooth transition in terms of both medical care and social services.

Figure 15. Summary of FY 2010 Core & Non-Core Funding Allocations		
Allocations Categories	FY 2010 Ryan White Grant Request	
	Amount	Percent
1. Core Medical Services Subtotal		
a. Outpatient /Ambulatory Health Services	$ 14,836,866	40.97%
b. AIDS Drug Assistance Program (ADAP) Treatments		
c. AIDS Pharmaceutical Assistance (local)	$ 8,175	0.02%
d. Oral Health Care	$ 1,175,491	3.25 %
e. Early Intervention Services	$ 251,721	0.70 %
f. Health Insurance Premium & Cost Sharing Assistance		
g. Home Health Care	$ 952,042	2.63 %
h. Home and Community-based Health Services	$ 49,731	0.14 %
i. Hospice Services	$ 1,350,912	3.73 %
j. Mental Health Services	$ 4,065,338	11.22 %
k. Medical Nutrition Therapy		
l. Medical Case Management (including Treatment Adherence)	$ 3,631,725	10.03 %
m. Substance Abuse Services - outpatient	$ 158,730	0.44 %
2. Support Services Subtotal		
a. Case Management (non-Medical)	$ 1,321,959	3.65 %
b. Child Care Services		
c. Emergency Financial Assistance	$ 1,546,770	4.27 %
d. Food Bank/Home-Delivered Meals	$ 1,027,320	2.84 %
e. Health Education/Risk Reduction		
f. Housing Services	$ 1,974,252	5.45 %
g. Legal Services	426,801	1.18 %
h. Linguistics Services		
i. Medical Transportation Services	$ 5,450	0.02 %
j. Outreach Services	$ 162,477	0.45 %
k. Psychosocial Support Services	$ 350,842	0.97 %
l. Referral for Health Care/Supportive Services	$ 120,581	0.33 %
m. Rehabilitation Services		
n. Respite Care		
o. Substance Abuse Services - residential	$ 645,140	1.78 %
p. Treatment Adherence Counseling		
3. Total Service Dollars	$ 34,062,321	94.0 %
4. Clinical Quality Management Activities	$ 350,000	1.0 %
5. Grantee Administration	$ 1,805,912	5.0 %
6. Total Allocations	$ 36,218,233	100.0 %

Council Membership - Roster

As of: August 31, 2010

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4.	Byers	Jeff	(916) 449-5951-		jbyers1@cdph.ca.gov	State Office of AIDS
5.	Chandler	Aaron Ulysses	(415) 286-2229-		aaron.u.chandler@gmail.com	
6.	Cooper	Billie J.		(415) 424-1721	msbilliecooper@yahoo.com	
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8.	Flores	Wade	(415) 867-5644-	(415) 462-0551	walksinwater@netzero.net	
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10.	Geltmaker	Matt	(650) 573-2077-	(415) 816-6651	mgeltmaker@co.sanmateo.ca.us	San Mateo County Health Department
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31.	Siron	Charles	(415) 515-8663-	(415) 928-3960	robles94102@aol.com	
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35.	Sutter	Eric	(415) 674-4754-	(510) 593-7076	esutter@shanti.org	Shanti
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