



HRSA/HAB
ENDING THE HIV EPIDEMIC
SFDPH HIV HEALTH SERVICES FUNDING

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ETE PLAN FOR HIV



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



This **10-year initiative** beginning **FY 2020** seeks to achieve the important goal of **reducing new HIV infections** in the United States to **less than 3,000 per year by 2030**.

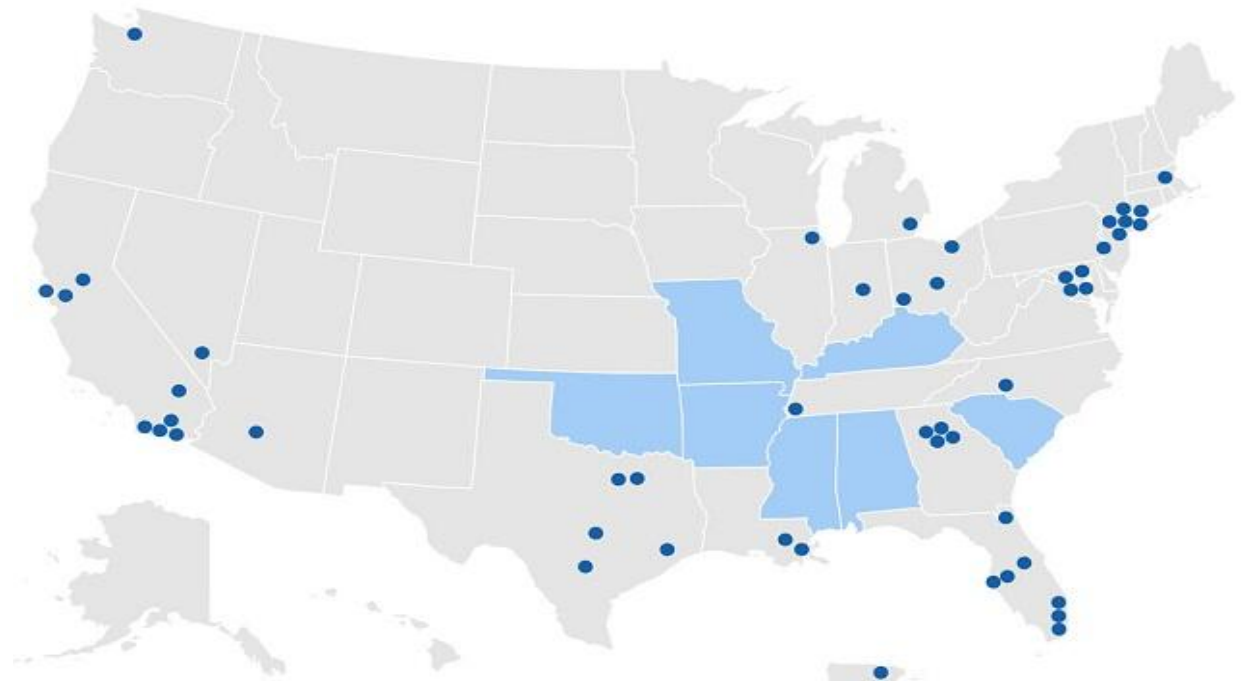
GOAL:

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

ETE FUNDING AND IMPLEMENTATION

\$291M FY-2020 ETHE Funding	\$170M Additional Other HIV Funding beyond ETHE
CDC – \$140M	HRSA MAI - \$54M
<i>HRSA HAB Ryan White - \$70M</i>	SAMHSA MAI - \$116M
HRSA Health Clinics - \$50M	
Indian Health - \$25M	
NIH - \$6M	

The **first phase** of the **initiative** will focus on **48 counties, Washington DC, San Juan, Puerto Rico, and 7 states** with a substantial **rural HIV burden**



LONG TERM GOALS OF ETE FUNDING

Activities funded by RWHAP focus on addressing these **FOUR GOALS**:

- 1) Reduce new HIV infections
- 2) Increase access to care and improve health outcomes for people with HIV
- 3) Reduce HIV-related health disparities and health inequities
- 4) Achieve a more coordinated national response.

HIV Health Services in conjunction with the HIV Community Planning Council has identified the following priority target populations for this special grant funding based on health disparities and barriers to HIV Care:

- *Persons who have experienced homelessness or have been marginalized housed*
- *Trans Women (particularly Trans Women of Color)*
- *Persons Who Inject Drugs*
- *Persons with a History of Incarceration*
- *African-Americans*
- *Latinx (particularly Latino MSM)*

ETE KEY STRATEGIES



Expanding access to HIV care and treatment in the focus jurisdictions for people with HIV, both those who are newly diagnosed and those who are not engaged in care, and/or not virally suppressed; and addressing unmet needs and improving client-level health outcomes.

DPH HIV HEALTH SERVICES (HHS) IS PRIMARILY FOCUSED ON THE “TREAT” STRATEGY: **TREAT**

THE END GOAL OF **TREAT** IS VIRAL SUPPRESSION

DIAGNOSE PREVENT RESPOND HHS IS WORKING WITH CDC-FUNDED CHEP* TOWARDS THE OTHER GOALS

BUILDING ON THE WORK THAT'S ALREADY BEEN DONE



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



San Francisco
Department of Public Health
BLACK & AFRICAN AMERICAN HEALTH
INITIATIVE

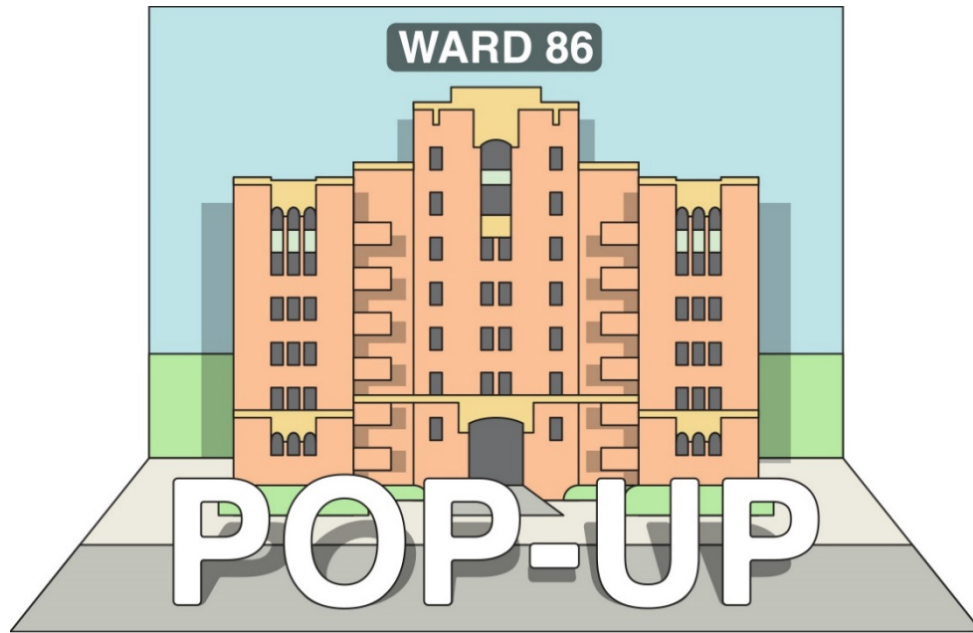


SAN FRANCISCO APPLICATION

ADDITIONAL AREAS IDENTIFIED IF EXPANDED ETE FUNDING BECOMES AVAILABLE

Expanded services for people experiencing homelessness	Enhanced psychiatric consultation	Expanded CoE & Non-CoE community-based services
Expanded mental health services	Expanded administrative support for HIV Health Services	Augmented post-incarceration navigation
Enhanced and expanded Intensive Case Management (ICM) programs	Expanded housing case management	Innovative status-neutral access points
Innovative Black & African American service delivery programs	Expansion of Primary Medical Care during off hours and weekends	Expanded street-based services
Tele-psychiatry support	LINCS (Linkage, Integration, Navigation Comprehensive Services)	Expansion of peer to peer support
Peer support to HIV-positive Trans Women	Long-term injectable ART	Additional stabilization rooms

FUNDED PROJECTS (1 of 2)



In 2019, Ward 86 launched POP-UP (Positive-health Onsite Program for Unstably-housed Populations), a new medical program that provides flexible, comprehensive, and patient-centered care.

POP-UP specifically aims to reduce health disparities among homeless and unstably housed individuals living with HIV in San Francisco.

77%

HOUSED PERSONS WITH HIV IN SAN FRANCISCO ARE VIRALLY SUPPRESSED

33%

HOMELESS PERSONS WITH HIV IN SAN FRANCISCO ARE VIRALLY SUPPRESSED

FUNDED PROJECTS (2 of 2)

HHOME (HIV Homeless Outreach Mobility & Engagement) deploys a mobile multidisciplinary, multi-agency team that serves the hardest to serve HIV-positive homeless individuals in San Francisco to help link and retain them to care.

Trans Access Program provides medical and behavioral support services within an integrated community-based transgender services program.

Status-Neutral Services: HIV Health Services and CHEP will jointly fund navigators and other services and an expanded street medicine outreach team. This will enable status-neutral services to be provided to both clients living with or at risk for HIV, HCV and STI.

COMMENTS & QUESTIONS

