

# **SAN FRANCISCO GETTING TO ZERO CONSORTIUM STRATEGIC PLAN**

## **EXECUTIVE SUMMARY**

San Francisco is on the path to become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “*Getting to Zero*”: *Zero new HIV infections, Zero HIV deaths and Zero HIV stigma*. From the very beginning and throughout the HIV epidemic, the City has led the way in responding to the enormous challenge of HIV and setting standards for prevention, care and treatment recognized around the world. In 2014, we established the San Francisco Getting to Zero Consortium—a multi-sector independent consortium operating under the principles of collective impact. Our short term goal is to reduce both HIV infections and HIV deaths by 90% from their current levels by 2020. Our strategic plan describes a comprehensive approach that continues funding for successful efforts and calls for 3 signature initiatives to start – PrEP expansion, RAPID ART (antiretroviral therapy) and ART Retention -- that focus on eliminating new HIV infections, preventing HIV-related disease complications and reducing the health disparities for HIV infected and affected populations in San Francisco. Our approach calls for investment and participation by public health, university, private foundation, health system, pharmaceutical industry, and business sector partners to achieve our goal. We will coordinate efforts around the city and leverage existing resources to maximize return on investment, working under the umbrella of the City of San Francisco.

## **BACKGROUND AND OBJECTIVES**

The San Francisco Department of Public Health reports that there were 15,901 persons living with HIV in the City at the end of 2013: 92% are male: and 55% are 50 years of age or older. There were 359 new HIV diagnoses in 2013, fewer than half the number in 2002. In 2013, 182 people died of AIDS, and HIV-infected younger people (under 40) and those who were homeless were least likely to be fully virally suppressed.

**What is working:** The City has a robust HIV surveillance system, widespread HIV testing services, syringe access programs, comprehensive HIV care in the public and private sector, and strong linkages between internationally renowned community organizations and scientists. The City’s San Francisco General Hospital was the first in the country to recommend treatment for all persons living with HIV, a policy which has since been adapted nationwide. The City was among the first to conduct implementation programs for PrEP. As a result of all these activities, HIV prevention and treatment become more successful each year – now, 94% of HIV infected San Franciscans are aware of their infections, 89% are linked to medical care within 90 days of their diagnosis, and approximately 85% of all HIV infected San Franciscans are receiving antiretroviral treatment. Support for these programs must continue.

**Where San Francisco needs to go:** To reach our goals—we need to ensure that all San Franciscans, including youth, are knowledgeable about HIV, know how to protect themselves, and have skills to support HIV-infected friends. All San Franciscans need easy access to medical, mental health, and substance use services. We need efforts to mitigate and measure

stigma, because even today, persons living with HIV still face stigma from family, friends, and community that hampers access to prevention and care. It will take a broad coalition of community members, schools, businesses, government agencies, and HIV providers to work together to achieve this vision. Only by increasing knowledge and access to prevention strategies, increasing services for HIV-infected people not in care, and providing support and services for substance use, housing instability, and mental health promotion, can we get all the way to zero.

This calls for a 3-pronged, comprehensive program that includes advocacy for unfettered access to quality, affordable health care for all:

#### **A. Stigma**

1. Community strengthening, health literacy, and mobilization to combat stigma for persons accessing PrEP and persons living with HIV
2. Cultural humility training for all types of HIV prevention and treatment providers
3. Comprehensive measurement and tracking of HIV-associated stigma, including HIV positive and negative persons

#### **B. HIV prevention programming**

1. Continue existing effective HIV prevention programs
2. HIV testing with particular outreach to heavily impacted populations based on age, race/ethnicity, geography, and potential for HIV exposure
3. STI screening, treatment, and prevention
4. Post-exposure prophylaxis (PEP) education (potential users and providers) with implementation of mechanisms for rapid initiation after potential HIV exposures
5. Pre-exposure prophylaxis (PrEP) (as described in initiative below)
6. Condom promotion and access for persons able and willing to use them
7. Syringe exchange access
8. Support services to address barriers to preventive strategies; including substance use, mental health, unstable housing, affordability, access, violence/trauma prevention and treatment, and food insecurity

#### **C. HIV treatment programming**

1. Continue existing effective HIV care programs
2. Rapid linkage to care and services through navigators (as described in initiative below)
3. Retention program to maintain HIV positive persons in care, re-connect persons who have fallen out of care
4. Address barriers to access and retention for comprehensive HIV care and viral load suppression, including substance use, mental health, unstable housing, affordability, access, violence and trauma prevention and treatment, food insecurity
5. Address needs of aging HIV infected population
6. Comprehensive city-wide navigator program

**How we will get there:** Our strategic plan builds upon and leverages existing successful programs. **In addition to ongoing funding for existing successful programs, we begin with**

**3 signature initiatives—1) PrEP expansion, 2) RAPID ART initiation, and 3) Retention in care.** Our plan calls to launch these initiatives in the coming year and to coordinate and respond to other needs with similar initiatives over time. We will hold ourselves accountable through progress reports at annual Town Hall meetings on World AIDS Day.

## Objectives

We aim to reduce the number of new HIV infections, reduce HIV transmission and preserve health through early treatment and supporting retention in care through the 3 initiatives below:

**1. PrEP expansion-** Pre-exposure prophylaxis (PrEP),-- taking a daily anti-HIV medication (Truvada<sup>®</sup>) --reduces the risk of HIV infection, potentially by more than 90%, in men who have sex with men, heterosexual men and women, and people who inject drugs. Truvada<sup>®</sup> is FDA approved for PrEP and recommended by the US Centers for Disease Control and Prevention for people at risk of HIV infection. We propose to expand PrEP access in San Francisco through: a) training of primary care providers to screen and provide PrEP to their patients at risk for HIV infection, b) creating systems to link at-risk persons to prevention services, c) supporting HIV prevention clinics throughout the city that can assist patients with obtaining PrEP cost coverage, d) providing easy access to information for clients interested in or using PrEP, and e) monitoring uptake and impact of PrEP, including emerging concerns regarding stigma associated with PrEP use.

**2. RAPID ART-** Early HIV diagnosis and treatment prevents further transmission during the highest-risk period, when a newly infected person is most contagious but unaware of their infection. Treatment of HIV infection protects the health of the infected individual and reduces the HIV ‘reservoir’ in blood lymphocytes. The Consortium will support expansion of the UCSF-based RAPID program which aims to facilitate same day ART initiation and counseling for newly diagnosed persons and facilitate transition to sustainable long-term care available to the client. This program addresses two goals of Getting to Zero—reduction in new HIV infections, and reduction in HIV-associated deaths. These services will link existing testing facilities to care facilities for RAPID ART initiation inclusive of patients who have fallen out of HIV care or with advanced HIV disease.

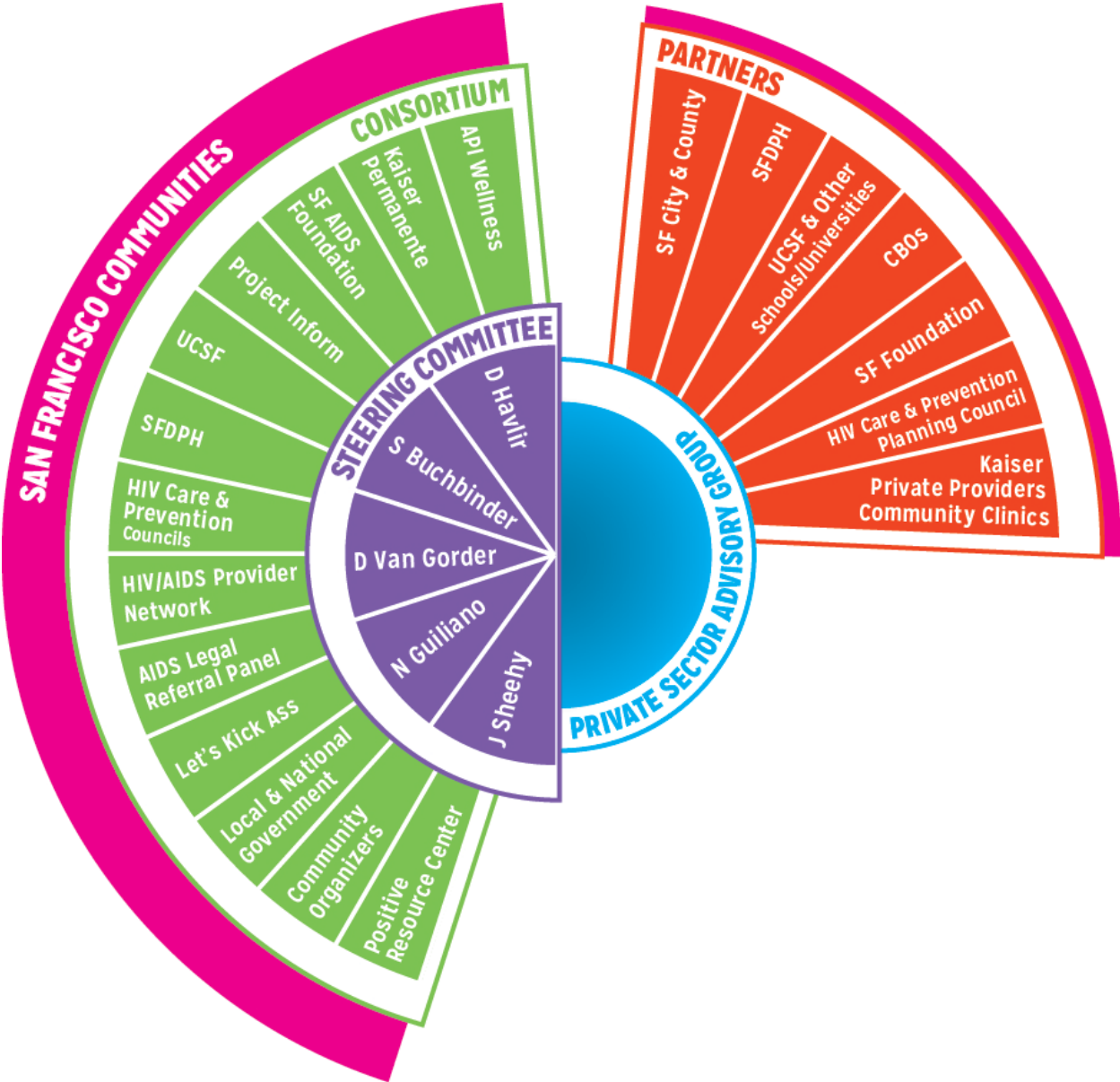
**3. Retention in HIV Care.** Ensuring uninterrupted participation in medical care is critical to Getting to Zero. Vulnerable populations, those with mental and substance abuse and unstable housing, face the greatest challenges in retention in care; however, the rapidly evolving and complex health insurance landscape can produce disruptions in care for many others. The consortium will convene HIV providers, service organizations, community advocates and government to identify gaps and coordinate new outreach efforts to maximize efficiency and effectiveness in order to maintain HIV-infected persons in primary medical care.

# OPERATION AND PLANNED SERVICES

Our strategic plan for 2015-2016 aims to augment existing services where needed while leveraging currently funded, ongoing programs.

## Central Operations of Getting to Zero Consortium

The Getting to Zero Consortium is comprised of representatives from the SF Department of Public Health, UCSF, many San Francisco-based CBOs, activists, government representatives, and other interested members. Under the direction of a Steering Committee and with broad partnerships with community organizations and a private sector advisory group, the Consortium is working with the broad San Francisco community to achieve the Getting to Zero goals.



## PrEP

The PrEP initiative has 3 core components focused on providers, users, and measuring impact. A PrEP steering committee will oversee efforts in these 3 areas:

### a. Improved user knowledge and access

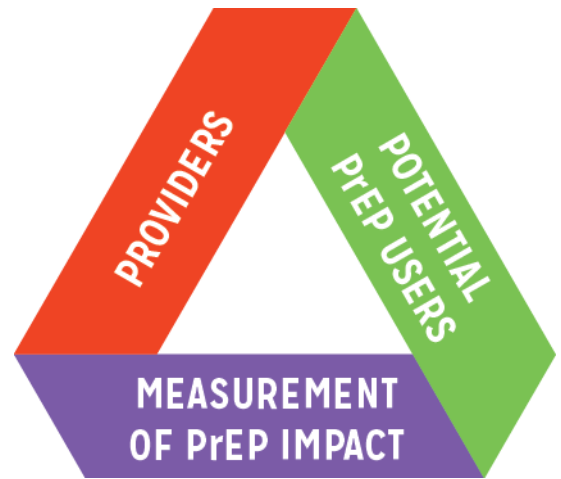
- Broad-based education campaign to reach into heavily impacted communities
- User hotline for information, resources
- Website as “one-stop shop” of local and national resources and information
- Affordability program including navigators to assist potential users with insurance and provider choice, access to co-pay/deductible/payment assistance
- Speakers bureau of PrEP users
- Programs to support PrEP adherence

### b. Increased provider capacity

- Support for public-access PrEP clinics
- Training, resources for providers in diverse fields (primary care, Ob/Gyn, pediatrics, psychiatry)
- Warm line for providers
- Online tools
- Cultural humility training for providers

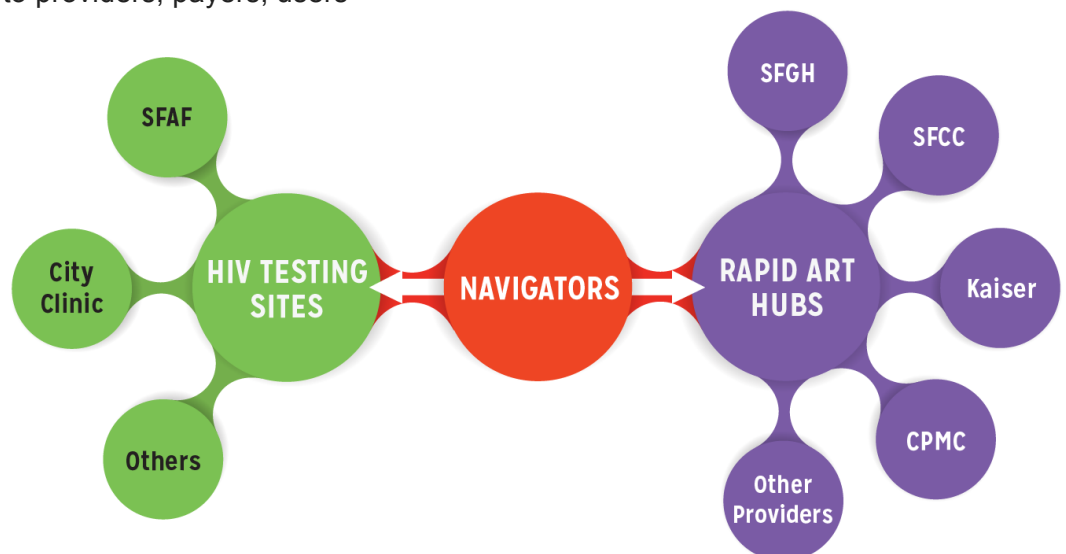
### c. Tracking PrEP uptake and impact

- Measure PrEP use city-wide (including demographics and behavior of PrEP users, duration of use, type of PrEP)
- Track potential negative consequences (e.g., breakthrough infections, resistance, social harms, STIs, difficulty with accessing PrEP)
- Track potential benefit (e.g., impact on HIV incidence, access to comprehensive health services for PrEP users)
- Track sexual and injection behaviors over time
- Track PrEP- and HIV-associated stigma
- Measure cost to providers, payers, users



## RAPID

The overall goal of the RAPID program will be to create a set of “hubs” around the city where persons newly diagnosed with HIV (or out of care) can rapidly access ART



and have a smooth transition to their continuity care clinic. In order to accomplish this goal, a RAPID steering committee will oversee 1) establish hub locations, 2) SOP for ART start, and 3) SOP for transition to continuity care. The committee would work with SFDPH surveillance (now “ARCHES”) to track the uptake and outcomes of persons participating in the program over the first year. We propose building on the existing LINC programs at SFDPH to create hubs for rapid initiation of ART to individuals:

Within 48 hours:

- with acute/early infection (recent negative Ab test, RNA+/Ab- or recent symptoms of acute retroviral syndrome) OR
- with evidence of advanced infection (opportunistic infection or a CD4 count of less than 200)

Within 5 days:

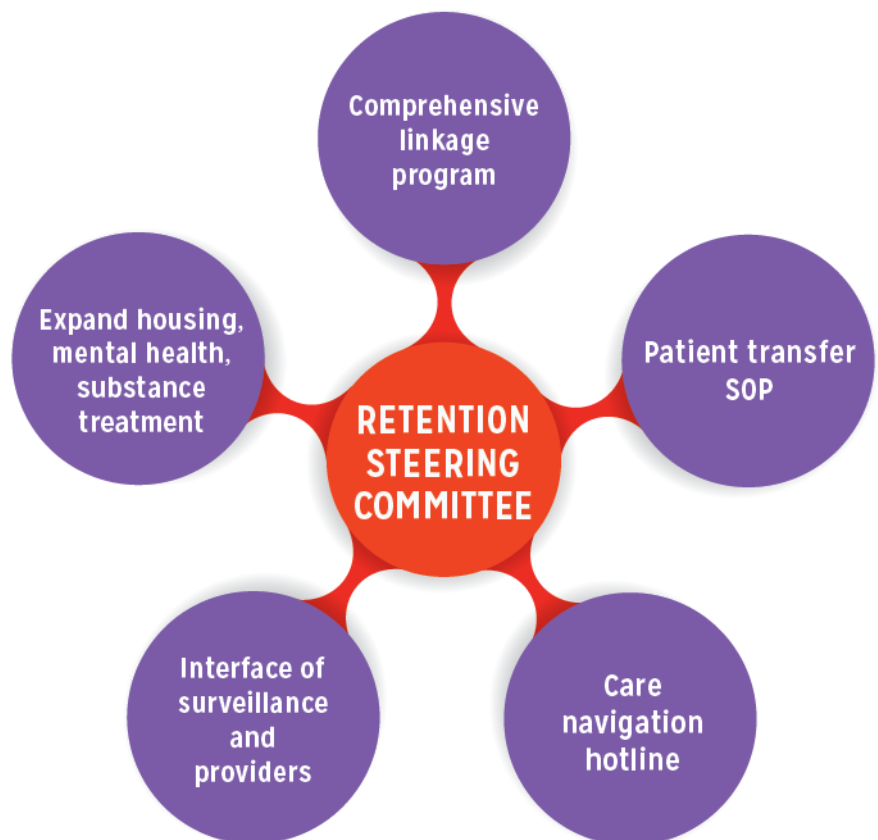
- all other newly HIV diagnosed

The program would provide ART for up to 5 days for these cases until they are transitioned into their continuity clinic.

## **RETENTION**

The goal of this initiative is to develop systems and programs to increase retention and re-engagement in care, and viral suppression among HIV positive people in San Francisco. Given our local HIV epidemic, we believe that the following individuals should be a focus of RRS efforts:

- Individuals with co-occurring conditions such as homelessness, mental health and substance use issues that may challenge their ability to consistently engage in HIV care and treatment
- Youth, African American and Latino men and women, transgendered persons and the uninsured
- Individuals with a pattern of missed appointments or who begin to miss appointments
- Individuals who are not virally suppressed, with a priority on people with low CD4s and other co-morbidities



Under the leadership and coordination of a steering group, this work will be achieved by:

1. Implementing standards of care for effective retention by providers: (e.g., routine update of patient contact information, appointment reminder phone calls, follow-up for missed appointments, check-in call for high-risk patients, communication with SFDPH surveillance to identify if patients have transferred care or left jurisdiction)
2. Assuring that Case Managers are playing an active role in assuring medical appointment attendance of their clients, and assuring access by Case Managers to appointment databases.
3. Creating a comprehensive, city-wide linkage program to identify patients falling out of care as early as possible and conduct early follow-up
4. Developing a system for better provider-to-provider communication as patients transfer care between clinics and systems of care (public and private)
5. Creating a care navigation hotline to provide assistance to out-of-care clients
6. Coordinating surveillance data and medical records systems to better support providers and clinics to accurately identify and outreach to out of care patients
7. Expanding housing, mental health and substance abuse treatment to support linkage, retention and re-engagement of patients. Conducting program evaluation research to identify successful strategies for retention.