

# “Getting to Zero” in San Francisco Consortium

*Zero new HIV infections*

*Zero HIV deaths*

*Zero stigma and discrimination*



# Agenda

1. Overview & Welcome
2. CROI update
3. Committee updates
  - Ending Stigma
  - Retention & Re-engagement
  - RAPID
  - PrEP
4. Panel Discussion: Youth & PrEP

# Getting to Zero SF: What are we?

- Multi-sector independent consortium– operates under principles of collective impact:  
*“Commitment of groups from different sectors to a common agenda to solve a specific problem.”*
- Vision
  - Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of “*Getting to Zero*”

# Strategic Plan: Signature Initiatives

1. City wide coordinated PrEP rollout
2. Rapid ART start with treatment hubs
3. Patient centered linkage, engagement, retention in care

Committee for each initiative + cross cutting ending stigma committee has action plan, metrics and milestones.

# Strategic priorities

- Improve HIV for persons living with disease and at risk in San Francisco
  - Maintain funding for existing efforts
  - Achieve success in signature initiatives
  - Prioritize health equity
- Secure funding and broad city/private sector support
- Create innovative programs
- Exchange best practices with other cities

# GTZ reach since last meeting

## Government

- Ongoing conversations with Barbara Garcia & Mayor's Office on 2016-17 budget
- Getting to Zero MA launch
- West Hollywood consult
- Florida State Health Department
- Detroit

- Conferences- Community and Scientific
  - CDC Prevention Conference
  - CROI

## • Collaborations

- UNAIDS/ IAPAC Fast Track Cities Initiative
- Working with Alameda County
- French ANRS

## • Media

- SF Chronicle: Women & trauma, Long Term Survivors
- POZ Magazine

# Roadmap

- 2013-4: Multisector, volunteer, community based organization, developed strategic plan and action committees for Getting To Zero
- 2015: Launch of Getting to Zero- Investment of City and private sector; SFDPH Annual Report
- 2015-2020 - Committee led initiatives (action), evaluation and coordination; collaboration locally and globally, broader engagement
- 2020– 90% reduction in new HIV infections and deaths

# GETTING TO ZERO REPORTBACK

## CROI REPORTBACK

Conference on Retroviruses and  
Opportunistic Infections

February 22-25, 2016, Boston

[www.croiconference.org](http://www.croiconference.org)



# GETTING TO ZERO REPORTBACK

## CROI CONTENT TONIGHT

- **HIV biomedical prevention**
  - Transmitted resistant strain of HIV while on PrEP
  - Data on 2 studies of dapivirine vaginal rings
  - PrEP rollout in young black MSM
  - Additional studies
- **HIV medications, experimental and approved**
  - Long-acting, injected maintenance regimen
  - TAF/FTC as effective as TDF/FTC
  - BMS-663068 for treatment experienced
  - Raltegravir as once-a-day dosing
- **HIV health care**
  - Streamlining HIV care improves ARV initiation and suppression
  - RapIT study shows improves time between dx and ARV start
  - HPV vaccine and cancer prevention in older HIV+ people

# GETTING TO ZERO REPORTBACK

## HIV BIOMEDICAL PREVENTION

### **Case of drug-resistant HIV strain transmission while on PrEP.**

- Toronto, 43yo male, PrEP 2 yrs (Apr 2013-15), atypical acute HIV symptoms Apr 2015 (severe pain, inflamed colon)
- Ab test neg, p24 pos, baseline VL 28,000
- Appears to have good adherence based on pharmacy refills, pt adamant about adherence
- Blood samples not saved, indirect Dried Blood Spot 16 days post dx showed 47% higher than avg. Plus, Ab test sample showed TDF/FTC.
- No resist to PIs, one mutation NVP, complete resist to FTC, extensive to first-gen NRTIs, but no K65R. Plus 2 resist to INIs. Stribild?
- Started on DTG, RPV and b/DRV, suppressed 3 wks later.

DC Knox, et al. "HIV-1 Infection with Multiclass Resistance despite Pre-exposure Prophylaxis (PrEP)".

# GETTING TO ZERO REPORTBACK

## HIV BIOMEDICAL PREVENTION

### **ASPIRE, Ring Study show moderate efficacy, not in young.**

- 4,588 women (2,629/1,959), monthly rings w half NNRTI dapivirine and half placebo, age 26yo/25yo.
  - AS/RS: regular blood levels first yr; AS: returned ring levels after 1 yr
  - **RESULTS:**
    - 168 infect AS: 71 DPV/97 PBO (1:1), 27%/37%. >21yo 56%, >25yo 61%. DPV 82% blood levels, 84% returned rings. Adherence incr over time, pregnancy 4 /100 women.
    - 133 infect RS: 77 DPV/56 PBO (2:1), 31%. >21yo 37%, >25yo 56%.
- Ring to open-label study, perhaps ASPIRE.
- Women: pliable, thinner rings, be able to remove & clean & for sex.

JM Baeten, et al. "A Phase III Trial of the Dapivirine Vaginal Ring for HIV-1 Prevention in Women".

A Nel, et al. "Safety and Efficacy of Dapivirine Vaginal Ring for HIV-1 Prevention in African Women".

# GETTING TO ZERO REPORTBACK

## HIV BIOMEDICAL PREVENTION

### **C4 intervention may guide PrEP rollout in young black MSM.**

- **HPTN 073:** 226 black men, 40% <25yo, unemployed 27%, uninsured 31%, in LA, WDC and Chapel Hill.
- Client-centered care coordination: supports PrEP use/adherence; provides linkage/follow-up for unmet psychosocial needs; provides referrals to practical services. Followed for 12 months.
- **RESULTS:**
  - 79% started PrEP, 68% still on at 26 weeks.
  - 85% self-report adherence >50% at wk 4; 78% at wk 26.
  - On PrEP had avg 6 C4 sessions vs. 4 not on PrEP.
  - Blood level adherence data will be reported later.
  - 5 infections on PrEP (2 D/C) vs. 3 infections not on PrEP.

# GETTING TO ZERO REPORTBACK

## HIV BIOMEDICAL PREVENTION

### **LA cabotegravir injection tolerable, dose adjustment needed.**

- ÉCLAIR Ph2, 126 ppl, 5:1 CAB vs. saline, self-assessments, site pain common, WD uncommon, 4/5 would continue, 3 mos to 2 mos.

MI Murray, et al. "Tolerability and Acceptability of Cabotegravir LA Injection: Results From ECLAIR Study".  
M Markowitz, et al. "ÉCLAIR: Phase 2A Safety and PK Study of Cabotegravir LA in HIV-Uninfected Men".

### **NEXT-PrEP reports highlight potential role of maraviroc.**

- 594 ppl (399 MSM, 7 TGW, 188 CGW), 1:1:1 of MVC, MVC/FTC, MVC/TDF, 48 wks, adherence: 83% (w24), 77% (w48), 4 infections in MVC and 1 in MVC/TDF but 2 no drug blood levels, likely MVC needs to be taken with 2nd drug.

RM Gulick, et al. "HPTN 069/ACTG 5305: Ph II Study of Maraviroc-Based Regimens for HIV PrEP in MSM".  
I McGowan, et al. "PrEP Impact on T-Cell Activation, Explant Infection: HPTN 069/ACTG 5305 Substudy".

# GETTING TO ZERO REPORTBACK

## HIV BIOMEDICAL PREVENTION

### **Condom use in the IPERGAY study.**

- >50% high levels PrEP use but rarely used condoms.
- ~25% high levels of both PrEP and condom use.
- ~1 in 6 low levels of PrEP and condom use, and small number PrEP use declined.
- Open-label phase showed condom use declined slightly among men who reported bottoming.

LS Teyssier, et al. "PrEP and Condom Use in High Risk MSM in the ANRS IPERGAY Trial".

J-M Molina, et al. "On Demand PrEP with Oral TDF-FTC in Open-Label Phase of the ANRS IPERGAY Trial".

# GETTING TO ZERO REPORTBACK

## HIV MEDICATIONS, EXPERIMENTAL

### **LATTE-2 mx regimen of cabotegravir + rilpivirine advances.**

- 96 wks, 243 tx-naïve, age 35yo, CD4 489, VL 80,000 (~20% >100,000)
- All started oral CBV + EPZ or TRV 20 wks, those <50 copies switched NRTIs for oral RPV. At wk 24, those <50 (91%) moved onto loading dose CBV+RPV or stayed on oral. 2/5 switched to CBV 400mg + RPV 600mg 1x/4 wk; 2/5 CBV 600mg + RPV 900mg 1x/8 wk; 1/5 all oral.
- **RESULTS:**
  - At wk 32, 95% @ 8 wks, 94% @ 4 wks and 91% oral <50 copies.
  - No resistance seen.
  - AEs mostly ISRs: 9/10 reported one ISR, 67% pain, 7% swelling, 6% nodules, mild to moderate, lasting avg 3 days but some up to 1 wk.
  - Flu-like 20%, headaches 14%, diarrhea 12%, fever 3%, fatigue 3%.

# GETTING TO ZERO REPORTBACK

## HIV MEDICATIONS, EXPERIMENTAL

### Early results show doravirine as effective as efavirenz.

- Doravirine effective over common NNRTI resistance in earlier study
- 216 tx naïve, age 36, 93% men, 79% white, CD4 ~440, VL ~40,000, 35% >100,000 VL
- DOR and EFV taken w/wo food, QD + Truvada
- **RESULTS:**
  - 77.8% DOR vs 78.7% EFV <40 copies at 48 wk. No data on CD4s.
  - Overall SEs: DOR (31.5%) vs. EFV (56.5%).
  - Common SEs: diarrhea (0.9% DOR, 6.5% EFV), nausea (7.4%, 5.6%), dizziness (6.5%, 25.9%), abnormal dreams (5.6%, 14.8%), insomnia (6.5%, 2.8%), and nightmares (5.6%, 8.3%).



# GETTING TO ZERO REPORTBACK

## HIV MEDICATIONS, EXPERIMENTAL

### **New attachment inhibitor holds promise for tx experienced.**

- BMS-663068 binds to gp120. 96-wk results from 2b AI438011 study.
- 254 ppl tx experienced, age 39, 60% male, 38% white, CD4 230 (38% <200), VL ~65,000 (43% >100,000)
- 068 vs. ATV/r + tenofovir + raltegravir. 7 day lead-in. 48 wk dose ranging (separate data presented). Then everyone 068 1,200mg.
- **RESULTS:**
  - 67% completed 96 weeks. Incr. 219 CD4 on 068 vs. incr. 250 on ATZ.
  - mITT: 61% on 068 vs. 53% on ATZ <50 copies.
  - Observed: 90% on 068 vs. 90% on ATZ <50 copies.
  - <100,000: 87% vs. 95%. >100,000: 94% vs. 80%.
  - 068 well tolerated w no D/C from AEs.

E Dejesus, et al, "Attachment Inhibitor Prodrug BMS-663068 in ARV-Experienced: Week 96 Analysis".

# GETTING TO ZERO REPORTBACK

## HIV MEDICATIONS, APPROVED

### **ONCEMRK may provide simpler dosing of raltegravir.**

- Press release ahead of CROI, not presented at CROI
- Reformulated raltegravir tablet vs. approved tablet over 96 weeks
- 2 RGV 600mg qd (1,200mg) vs. 1 RGV 400mg bid (800mg) + Truvada
- **RESULTS:**
  - At wk 48, once-a-day dosing showed non-inferior suppression.
  - No other info was detailed.

“Merck Announces Isentress Phase 3 Met Primary Efficacy Endpoint in HIV-1”.

# GETTING TO ZERO REPORTBACK

## HIV HEALTH CARE

### **Streamlining HIV care increases same-day start nearly 400%.**

- 20 clinics, 12,024 pts, CD4: 310; ~60% under 35yo; ~60% women
- New poc CD4 test w/ same-day results; educating frontline workers of tx benefits; and pairing adherence throughout visit (PRECEDE)
- Compare PRECEDE vs. standard: assessed for starting treatment on day 1; for starting treatment by 14 days; and for viral load at 1 year
- **RESULTS:**
  - Day 1: 70.8% PRECEDE had started vs. 18.3% standard
  - Day 14: 79.6% PRECEDE had started vs. 37.7% standard
  - Year 1: 86.2% PRECEDE <200 copies vs. 70.6% standard (437 ppl)
  - Consistent with data from RapIT study at CROI.

# GETTING TO ZERO REPORTBACK

## HIV HEALTH CARE

### **RapIT study shows decreased loss between dx and tx.**

- 2 public SA clinics, 172/181 adult non-preg pts receiving Ab+ or 1st CD4 count immediately started medical care and offered ARVs.
- If CD4 count indicated tx, received rapid TB, blood work, exam, counseling, ARVs, implemented by nurses/counselors comparable to clinic staff. Standard arm 3-4 visits over 3-4 weeks.
- **RESULTS:**
  - Rapid: 97% <1 mo (73% same day, 19% <1 wk), 97% <3 mos, 91% UVL <6 mos. 85% attended first FU post-ARV start. Avg 2.8 hrs to tx.
  - Standard: 57% <1 mo, 73% <3 mos, 77% UVL <6 mos. 86% attended first FU post-ARV start.

# GETTING TO ZERO REPORTBACK

## HIV HEALTH CARE

### **Current HPV vaccine does not prevent anal cancer in HIV+.**

- 575 ppl, must be 27yo+, no previous HPV cancer, all men reported RAI, age 47yo, men ~80%, CD4 602, 83% UVL
- Screened for oral/anal lesions at 0, 6 mos, every 6 mos over 3 years
- 13-32% had at least one of 6, 11, 16, 18; 33% HSIL; 64% any grade
- **RESULTS:**
  - Study stopped due to futility.
  - At week 24, 99% showed HPV 16 Abs vs. 48% at study entry.
  - At study end, no significant differences for presence of HPV strains from visit to visit or for persistent anal infection throughout study.
  - However, there was a difference for oral infection.

# Retention & Re-engagement Committee

- Adam Taylor/sup. wiener's office
- Amanda Newstetter/bay area aetc
- Andy Scheer/sfdph sf city clinic (co-chair)
- Austin Padilla /ucsf
- Bill Hirsh/alrp + hapn
- Chuan Teng/prc
- Courtney Mulhern-Pearson /sfaf
- Dana Van Gorder/project inform
- Darpun Sachdev/sfdph lincs navigation
- Dave Jordan/shanti + hhspn
- Dean Goodwin/sfdph hhs
- Edwin Charlebois/ucsf caps (co-chair)
- Ellen Hammerle /cc
- Erin Antunez/sfdph lincs navigation
- Eva Mureithi/ucsf w86
- Jen Hecht/sfaf
- Joe Ramirez-Forcier/prc
- Judy Cavasos/instituto familiar de la raza
- Kat Christopoulos/ucsf w86
- Kate Darling/ucsf
- Kate Franza/api wellness
- Lisa Dazols/ucsf 360 pcc
- Lori Thoemmes/ucsf alliance health project
- Monica Gandhi/ucsf w86
- Michael Scarce
- Rebecca Cantor/ucsf ari
- Ryan Barrett/poh
- Susan Scheer/sfdph surveillance
- Tracey Packer/sfdph chep



## *Progress since 12.01.15 meeting*

- **MAC AIDS Fund Demonstration Project**
  - LINCS Progress
  - Retention & Re-Engagement Practices Survey
  - Qualitative Study
- **Housing/Mental Health/Sub Use Update**
- **Live Resource Guide**
- **Retention & Re-engagement Guidance**
- **Community Forum Planning**

# MAC AIDS Fund – Demonstration Project

- **LINCS Navigation**

- 3 DPH HIV Navigators embedded at 3 DPH clinics
- 1 Contact Specialist who finds and tracks patients

- **Interim Analysis**

- From October-December 2015, 117 referrals
  - 74 patients located and enrolled into Navigation
  - 14 (12%) were unable to locate
  - 10 (8.5%) had move out of SF
  - 11 (9.4%) were already enrolled in long-term case management services
  - 5 (4.2%) returned to care independently
  - 2 (1.7%) refused
- Outcomes
  - To date, 42% re-linked to primary care



# Retention & Re-Engagement Survey

**Goal:** *Survey of current practices and policies for retention and re-engagement covering the spectrum of San Francisco HIV providers and a needs assessment to implement the G2Z retention and re-engagement package in San Francisco.*

- **UCSF IRB Approval**
- **Raad Noor – GHS Qualitative Interviewer**
- **Draft Survey Complete**
- **List of 110 SF HIV Care Sites (sample N=40)**
- **Survey start last week of March/April 1<sup>st</sup>**

# Retention & Re-Engagement Qualitative Study

**Goal:** *Qualitative Analysis of Linkage, Churn, Re-engagement and Navigation to identify barriers and facilitators of successful engagement or re-engagement.*

## **Kate Darling - UCSF**

- 2+ follow-up interviews with Lost to Follow-up patients
- 2 navigation participants with ‘success stories’
- 2 navigation participants who experienced challenges
- 2 “out-of-care” and did not participate in navigation
- 4 embedded navigators:
  - 2 Observations and Interviews at Ward 86;
  - 2 In-depth interviews at Castro Mission and Tom Waddell.

# Housing/MH/SubUse Services

- **Reduce % of homeless PLWH to 5% of the overall population of PLWH w/i the next five years (NHAS & AIDS Housing Plan goals)**
- **Mental Health and Substance Use services increase**
- Met with DPH Director Barbara Garcia to advance joint GTZ/HAPN Budget request
- Met with Mayor's Budget Director Kate Howard to advance joint GTZ/HAPN Budget request
- Met with Sup. Wiener to discuss HIV Budget request and specifically address the issues of HIV & Aging and Housing

# Live Resource Guide

- **Pursuing partnership w/ 1deg.org (web-based, live resource guide)**
- **Web-based 1deg.org presentation forthcoming**
- **2016 HIV Resource Guide now available thanks to DPH HHS and HHSPC efforts (Hardcopies and Electronic versions)**

# Community Forum Planning

- **Positive Resource Center sponsoring**
- **Tentative June/July forum date**
  - Target audiences under consideration:
    - *Community providers and patients*
    - *Wider community & services*
  - Content:
    - Define what “retention + re-engagement” means for service providers in different professional roles
    - Share patient stories about retention and re-engagement challenges

# Retention & Re-engagement Guidance

## Progress

- East Bay Warm Hand-off Protocol introduced by Sophy Wong, MD (January R&R committee meeting)
- R&R Guidance Working Group formed & actively meeting (next: 3/28, 9:00 to 11:00)
- Initial draft of R&R Guidance near completion
- Stakeholder engagement meetings ongoing (HIV Navigators Network; SF HIV Frontline Workers on May 18<sup>th</sup>)

# Retention & Re-engagement Guidance

## R&R Guidance Working Group Membership

- Amanda Newstetter – Bay Area & North Coast AETC
- Andy Scheer – SF City Clinic
- Lori Thoemmes – Alliance Health Project
- Ramon Matos – Alliance Health Project
- Erin Antunez – SFDPH LINCS Navigation
- Darpun Sachdev – SFDPH LINCS Navigation
- Oliver Bacon – W86 & CLI
- Beth Mazie – Positive Resource Center
- Joe Ramirez-Forcier – Positive Resource Center
- Katerina Christopoulos – W86
- Helen Lin – W86
- Julie Lifshay – SF AIDS Foundation
- Jorge Vieta - Glide

# G2Z RAPID Committee

Tim Patriarca, Oliver Bacon, Diane Havlir,  
Diane Jones, Virginia Cafaro, Stephanie  
Cohen, Chris Pilcher, Janet Grochowski,  
Marc Solomon





# Rapid Committee Goals

## Patients

On day of diagnosis

- Disclosure
- Counseling
- Medical evaluation
- Baseline testing
- Offer immediate ART
- Benefits navigation and enrollment
- Linkage to HIV 1<sup>o</sup> care

## RAPID Providers

- Needs Assessment
- Outreach and detailing as needed
- Establish Rapid Referral Pathways
  - Medical
  - Clinic Workflow
- Protocol/SOP
- Case Reviews
- Provider concerns

## Evaluation

- Mapping the Landscape
- Interviews w Patients
- Collection of performance data
  - % Accepted
  - Time to ART start
  - Regimens used
  - % to linkage
  - Sites of care
  - Retention
  - Time to viral suppression
  - % Suppressed
- Process Improvement

## Testing sites

AHP/Magnet  
/Glide/DPH  
(CHN+  
Consortium)  
(37%)

Private/UC  
SF/StM/CP  
MC (22%)

SF City  
Clinic (14%)

SFGH  
(13%)

Kaiser  
(9%)

Other (5%)



## RAPID PROCESS (same day as HIV+ if possible)

Disclosure  
Counseling  
Partner Services  
Medical Evaluation  
Benefits/Insurance Navigation and Rapid Enrollment  
Linkage to HIV Primary Care within 5 Days  
Immediate ART (Starter Pack or Prescription)



## HIV Primary Care Sites

Private/UC  
SF/StM  
(32%)

SFGH  
(26%)

Kaiser  
(14%)

SFCC/DPH  
(12%)

Other/AHP/VA/  
OOJ/Jail  
(9%)

???(7%)

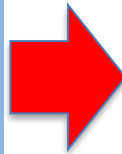
Evaluation



# RAPID outreach to Testing/Linkage/Navigation Sites

## Sites (% of new HIV+)

- SFGH/PHAST(13%)
- SFCC (14%)/LINCS
- SFAF/Community Sites (37%)
- Privates/non-KP HCOs (22%)
- Kaiser (9%)

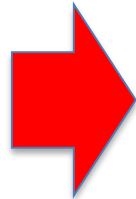


- Familiarize sites with RAPID protocol (Version 2 in process)
- Update with new RAPID provider sites as they come on-line
- Learn from difficult cases

# Outreach to HIV 1<sup>o</sup> Care Sites

## Strategy

1. Outreach to Clinic Leadership
2. All-staff discussion/In-service
3. Individual provider detailing
4. Follow-up



## Implementing RAPID

- Positive Health Program (W86)
- Kaiser SF
- San Francisco City Clinic

## In-Process

### DPH/COPC

- Castro Mission
- Southeast
- Tom Waddell
- Family Health Center
- Larkin Street

## On the List

- Private Practices
- UCSF
- St Mary's
- SFVAMC
- One Medical
- Community Consortium Clinics

# Evaluation Goals

- Working with Surveillance to refine citywide RAPID Metrics: for new outpatient HIV diagnoses
    - ❑ Days from diagnosis to first care visit
    - ❑ Days from first care visit to ART start
    - ❑ Days from ART start to virologic suppression
    - ❑ % with ART start within 1, 3, 5, 7 days of diagnosis
    - ❑ 6, 12 month retention
  - Patient experience of RAPID
  - Provider experience of RAPID
- } Qualitative Interviews

# RAPID Protocol Dissemination

- CDC
- HRSA
- NIAID
- State of Florida
- California Office of AIDS
- Toronto
- Sydney
- Fulton Cty., GA (Atlanta)
- Philadelphia
- Pittsburgh

# Acknowledgments

- ARCHES: Susan Scheer, Sharon Pipkin, Jennie Chin
- Shannon Weber
- Stephanie Cohen
- Lealah Pollock
- G2Z RAPID Committee

# PrEP 2016

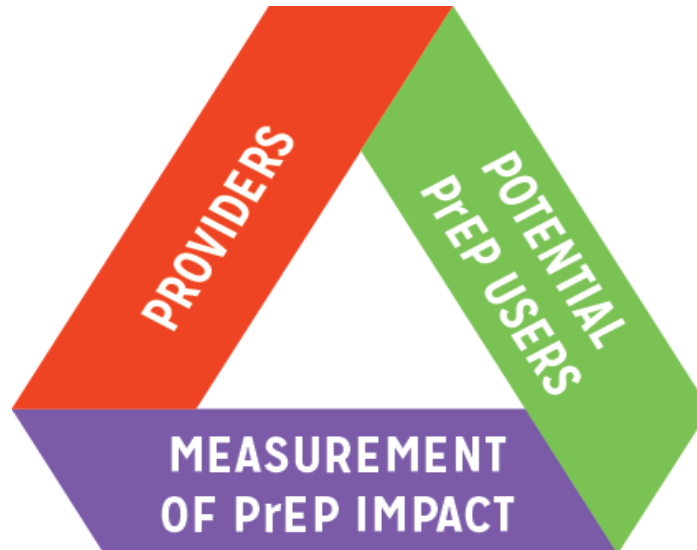
Co-chairs: Brad Hare & Al Liu

**PrEP User Subcommittee** Co-chair: Pierre Crouch & Stephanie Goss

**PrEP Provider Subcommittee** Co-chairs: Tracey Packer & Stephanie Cohen

**PrEP Metrics Subcommittee** Co-chairs: Susan Scheer & Jen Hecht

Members: Oliver Bacon, Halvard Bagoien, Jackson Bowman, Susan Buchbinder, Megan Canon, Jim Dilley, Edvard Engesaeth, Jonathan Fuchs, Jesus Gaeta, Jayne Gagliano, Ruben Gamundi, Hans Gangeskar, Ron Goldschmidt, Robert Grant, Geoff Hart-Cooper, Mike Hickey, Anne Hirozawa, Alison Hughes, Skot Land, Paul Marcelin, Julia Marcus, Erick Martinez, Julia Marcus, John Melichar, Gavin Morrow-Hall, Austin Nation, Trang Nguyen, Miranda Nordell, Aliza Norwood, Sergio Paz, Susan Philip, Greg Rebchook, Michael Reyes, Hyman Scott, Matt Sharp, Lisa Stern, Adam Taylor, EB Troast, Paul Urban, Dana van Gorder, Jonathan Volk, Shannon Weber, Sophy Wong





# 2016 PrEP Goals and Priorities

- Create a **sustainable** city-wide model of delivery
  - Build capacity
  - Enhance funding
  - City-wide PrEP Navigators
- Reach those populations that are currently **underserved**
  - Expand and diversify Ambassador program
  - Reach into neighborhoods and community organizations
- **Monitor** our progress and use data to inform strategies and decisions
  - Integrate data from diverse sources

# 2016 PrEP Goals and Priorities

- Sharing ideas and “Best Practices”
  - Among groups working in PrEP
    - Outreach, education, linkage, delivery of PrEP
  - Among other G2Z Committees
    - Retention: “Retention in PrEP”
    - Ending Stigma: PrEP stigma – for both PrEP users and non-users
    - RAPID: When new HIV infections are identified

# Q1 2016 accomplishments

- PrEP digital story telling training for young MSM and transwomen (APIWC)
- PrEP ambassador outreach events
  - Black HIV/AIDS Awareness Day
  - American Indian/Two Spirit Community
  - College students @ SF City College
- PrEP provider discussion to share information, best practices
  - PrEP for adolescents, transgender community, pharmacy-delivered PrEP programs

# Youth & PrEP Panel



# Discussion Topics

- **Barriers/Challenges**
- **Strategies for success**
- **Active vs passive recruitment strategies**
- **Questions that remain**

# Keeping it Confidential: New Privacy Protections Under California's Confidential Health Information Act

Sylvia Castillo

Manager of Public Policy + Community Engagement



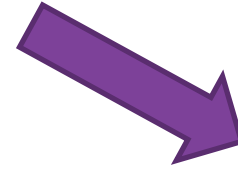
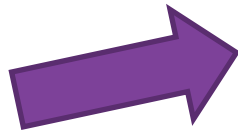
**shaping the future**  
of sexual + reproductive health.™

# Current Laws to Protect Confidentiality

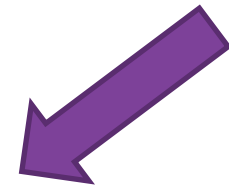
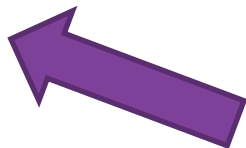
## General Rule under HIPAA and CA law:

- Providers and insurers must protect the confidentiality of personal health information.
- Usually, they must have a signed “authorization” in order to share protected health information.

# Unauthorized Disclosures of Confidential Health Information to Policyholders




**Main Policy  
Holder**





# Common Insurance Communications that Reveal Patient Information

- Explanation of Benefits forms
- Denial of Claims notices
- Quality improvement surveys
- Requests for additional information
- Payment of claims notices

		<b>Health Insurance Provider</b> 1212 Main Street Anytown, USA 000000		<b>EXPLANATION OF BENEFITS</b>				
				Please retain for future reference Mary Jones MD/ PIN:7654321				
Mary Jones, MD Homeville Medical Center 2121 Elm Ave. Homeville, USA 000000				Date: 01/01/12 Tax ID #: 0101010101 Check #: 1010101010 Check Amount: \$ ###.00				
Patient Name: Bill Smith Patient Account Number: 987654321 Patient ID #: 1234567 Member ID: 54321								
TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	11	01010101010	11	###.##	###.##	###.##		###.##
01/02/12	11	01010101010	11	###.##	###.##		###.##	###.##
01/03/12	11	01010101010	11	###.##	###.##			
TOTALS				###.##	###.##	###.##	###.##	###.##

# New Confidentiality Protections: Confidential Health Information Act

- Confidential Health Information Act (CHIA)
- Passed and signed in 2013
- Took effect January 1, 2015

# How Does CHIA Work?

1. Person **submits confidential communication request** to insurer verbally or in writing.
2. Person must **provide an alternate address and/or preferred form of communication** as part of CCR.
3. Insurer has **7 or 14 days** to implement.
4. CCR lasts until the person sends in another one or tells the insurer that he/she wants to cancel it.
5. The CCR does not limit provider from talking to patient or patient's insurer.

# How Does CHIA Work?

Once the Confidential Communications Request is in effect:

1. Insurer must block out person's information from documents sent to main policy holder
2. Insurer will send the information directly to person instead.

# Provider vs. Insurer

## The Confidential Health Information Act

1. Does NOT impact provider communication or responsibility
2. Burden is on the Insurer

# Who Can Protect Their Health Information?

People who fear a parent/guardian will find out medical services obtained

- Teens 12-18 yrs old covered by a parent's insurance
- Young adults 18-26 covered by a parent's insurance

People who fear their spouse/partner will find out medical services obtained

# What Will it Block?

## CHOICE 1: Sensitive Services

- STD services (including PrEP)
- Contraceptive services
- Sexual assault services
- Mental health
- Drug treatment



# What Will it Block?

## CHOICE 2: Everything!





# CHIA and PrEP

## Young Adults 18-26

- File CCR and CONFIRM BEFORE starting PrEP services
- Suggested to select blocking ALL services from main policy holder

## Teens 12-17

- CHIA could protect a teen attempting to obtain PrEP via insurer coverage

# myhealthmyinfo.org



The screenshot shows a web browser window with the URL <http://myhealthmyinfo.org/>. The browser's address bar and menu bar are visible. The website itself has a blue header with the text "KEEP IT CONFIDENTIAL." in white. Below this, on the left, is a photo of a young Black woman with her arms crossed. To her right, the text reads: "Your health insurance plan does NOT keep your health information private unless... YOU TAKE ACTION." followed by a paragraph explaining that health plans may share information about where, when, and what health care services are received. Below this is a section titled "If you want to Keep it Confidential—submit a Confidential Communication Request to your health plan." with a list of three steps: 1. Know your health plan and policy number, 2. Contact your health plan, and 3. Submit a confidential communications request. To the right of the main text is a box titled "FOR PROVIDERS" and another titled "You can do this if you:" with two bullet points about sensitive services and risk. Below these are links for "SHARE THESE RESOURCES" (with Facebook, Twitter, and YouTube icons), "FAQ", and "DOWNLOAD CONFIDENTIAL COMMUNICATIONS REQUEST FORM". At the bottom of the main content area is a search bar labeled "FIND YOUR HEALTH PLAN". The footer of the website states: "KEEP IT CONFIDENTIAL is a project of the California Family Health Council, National Center for Youth Law, and the ACLU. | ©2014 All rights reserved. The images used on this website are for illustrative purposes only; any person depicted in these images is a model." The Windows taskbar at the bottom shows various open applications including Internet Explorer, To-Do List, Keep It Confidential, Adobe Photoshop, Adobe InDesign, and another instance of Keep It Confidential. The system clock shows 2:00 PM on 12/11/2014.

KEEP IT CONFIDENTIAL.

Your health insurance plan does NOT keep your health information private unless...

**YOU TAKE ACTION.**

If you have health insurance under another person's health plan—like your parent or spouse—Your health plan will send them information on WHERE and WHEN you access health care and WHAT health care services or tests you receive.

**If you want to Keep it Confidential—submit a Confidential Communication Request to your health plan.** They will have to accept it, NO QUESTIONS ASKED if you:

- 1 Know your health plan and policy number
- 2 Contact your health plan
- 3 Submit a confidential communications request

**FOR PROVIDERS**

**You can do this if you:**

- Get sensitive services like birth control, STD/pregnancy tests or mental health care
- Think you could be at risk if your private health information about any health care service was shared

**SHARE THESE RESOURCES**

**FAQ**

**DOWNLOAD CONFIDENTIAL COMMUNICATIONS REQUEST FORM**

**FIND YOUR HEALTH PLAN**

KEEP IT CONFIDENTIAL is a project of the [California Family Health Council](#), [National Center for Youth Law](#), and the [ACLU](#). | ©2014 All rights reserved.  
The images used on this website are for illustrative purposes only; any person depicted in these images is a model.

# myhealthmyinfo.org

## Provider Resources

**KEEP IT CONFIDENTIAL.**



As providers you have an important role to play in safeguarding your patient's private health information. The resources below were developed to support providers interested in educating their patients about their confidentiality rights and helping them utilize new privacy protections. All patient education and health center staff training materials were developed in partnership by the ACLU of California, California Family Health Council and the National Center for Youth Law and are available to download for free.

### RESOURCES

[Download Confidential Request Form](#)

#### WALLET CARDS

**KEEP IT CONFIDENTIAL.**



[Wallet Card](#)

[Wallet Card \(with Bleeds + Crop Marks\)](#)

#### INFO SHEETS

**KEEP IT CONFIDENTIAL.**



[Flyer 1](#)

[Flyer 1 \(with Bleeds + Crop Marks\)](#)

[Flyer 2](#)

[Flyer 2 \(with Bleeds + Crop Marks\)](#)

[Flyer 3](#)

[Flyer 3 \(with Bleeds + Crop Marks\)](#)

[Flyer 4](#)

[Flyer 4 \(with Bleeds + Crop Marks\)](#)

[RETURN HOME](#)

#### You can do this if you:

- Get sensitive services like birth control, STD/pregnancy tests or mental health care
- Think you could be at risk if your private health information about any health care service was shared

#### SHARE THESE RESOURCES



[FAQ](#)

[DOWNLOAD CONFIDENTIAL COMMUNICATIONS REQUEST FORM](#)

[FIND YOUR HEALTH PLAN](#)



# Thank You. Questions?

Sylvia Castillo, castillos@cfhc.org

Manager of Public Policy + Community Engagement

## Stay Connected



Follow us @CalFamHealth



Like us on facebook.com/calfamhealth

Sign-up to get updates: <http://bit.ly/XYizHV>

# Increasing PrEP Capacity within the SF DPH Youth Clinics

Adam Leonard MS, MPH, CPNP

Nurse Practitioner

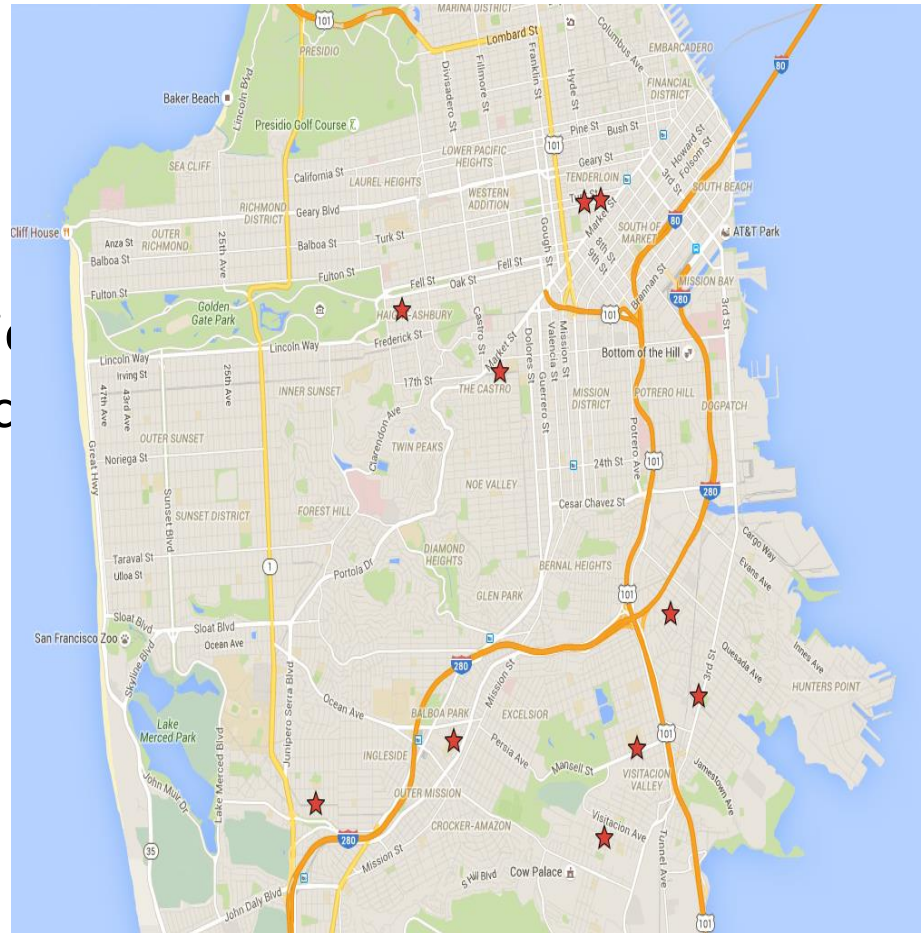
Community Health Programs for Youth

[adam.leonard@sfdph.org](mailto:adam.leonard@sfdph.org)



# SFDPH Community Health Programs for Youth

- 3<sup>rd</sup> Street Youth Center and Clinic
- Balboa Teen Health Center
- Cole Street Youth Clinic
- Dimensions Queer Youth Clinic
- M.B. Larkin Street Youth Clinic
- Willie Brown Middle School Clinic
- *AC/AC HIV Specialty Clinic*
- *Burton Teen Clinic*
- *Hawkins Youth Clinic*
- *Hip Hop Clinic*



# California Minor Consent Law

- Cal. Family Code § 6926
  - *“A minor who is 12 years of age or older may consent to medical care related to the prevention of a sexually transmitted disease.”*
- Cannot disclose to parents/guardians without minor’s signed consent
- Mandated report based on specific age discrepancies between a minor and sexual partners
- National Center for Youth Law Minor Consent resources
  - <http://www.teenhealthlaw.org/>

# Know Your Health Rights

Confidentiality means privacy. You are entitled to certain health rights if you are a young person age 12-17. Your health care provider must respect your privacy and will not tell your parents or guardians what you talk about unless permission is given.



## What can I talk to my health care provider about?

You can talk to your health care provider about **ANYTHING**. Including if you:

- Think you might be pregnant.
- Think you have a sexually transmitted disease (STD).
- Need information about alcohol, tobacco, or other drug use.
- Want to talk about personal, school, family issues, or feelings about sex or sexuality.

## FAQ ?



## Some things CANNOT remain confidential.

Your health care provider will need to contact someone else to help if you say...

- You are being abused, physically and/or sexually.
- You are going to hurt yourself or someone else.
- You are under 16 and having sex with someone 21 years or older.
- You are under 14 and having sex with someone 14 years or older.



It's always a good idea to talk to a trusted adult whether that is your parents, guardians, or health care provider about the medical care you need.

California State Laws prohibit your health care provider from telling your parents or guardians anything about your health if you are seen for confidential services. These include problems or concerns in the areas of sexuality, mental health, or substance abuse. You may need your parent or guardian's consent for other health services such as physicals, care for colds, flu, and other injuries.



©Adolescent Health Working Group, 2013

## Adolescent Health Working Group

[www.sfyouthhealthconnect.org](http://www.sfyouthhealthconnect.org)



# Family PACT

- Family Planning Access, Care, and Treatment (FPACT) program
- State program administered by Office of Family Planning in DHCS
- Provides comprehensive family planning services to eligible low income (under 200% federal poverty level) Californians
- Covers office visit, some labs (incl HIV test), birth control methods
- Can use even if privately insured but confidentiality concerns prohibit patient from accessing sensitive services through their plan
- Does not cover all PrEP labs and no PrEP medication coverage

# Challenges and Opportunities for Success

## Challenges

- Insurance coverage / care coordination
- Outreach and education
- Safety – medical & psychosocial
- Provider comfort and capacity
- Need for youth specific services
- Developmentally appropriate

## Opportunities

- Build on existing youth friendly programming and partnerships
- Frame as part of overall sexual health and wellness services
- Capitalize on FPACT and minor consent infrastructure
- Learn from reproductive health experience

# Lessons from Birth Control





**Getting to Zero Consortium Meeting**  
**San Francisco, CA**  
**3/24/16**

**Kristin Kennedy, MS**  
**Project Coordinator**

# East Bay

- New cases are increasing among MSM (young African American MSM / MSM of color, in particular)
    - MSM between 18-29 made up 81% of new cases between 2010-2012 in Alameda County
  - NO municipal/public supported STI clinic in Alameda County
  - ACA/Covered CA meant push to get younger people enrolled in health services
-



# **CRUSH: Specific Aims**

Aim 1: Test & link >400 young MSM of color to sexual health services

Aim 2: Enhance & evaluate engagement & retention strategies for young HIV+ MSM of color

Aim 3: Engage & retain HIV- young MSM of color in sexual health preventive services, including PrEP

---

## **HIV+ Cohort**

- Peer advocacy
- Peer Mentoring
- HIV Primary Care
- ARV access
- Social support from MSW
- Mental Health / Substance Use
- DEBIs
- ADAP and RW services

## **HIV- Cohort**

- Retention Specialist
- HIV testing, including NAT
- Pre-exposure prophylaxis (PrEP)
- Post exposure prophylaxis (PEP)
- Primary Care referrals
- Benefits counseling
- Social Support activities

## **CRUSH Model of Care**

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- Outreach for sexual health to Y/MSM: “What does sexual health mean? What are the outreach messages for Y/MSM?”
- Education on PrEP: Community based vs. clinic based knowledge
- Language and messaging exercises



- **Partner expertise:**

- RYSE: Mobilizing listening sessions / forums
- HEPPAC: Street Outreach to Online Outreach
- AHS: Clinical linkages

## **Lessons Learned: Community Partner Expertise**

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- Social Networks: Youth focused in-reach more effective as a recruitment tool vs. traditional outreach
- Clinical staff and participant word of mouth yielded higher enrollment
- Shifting outreach to be community education driven vs. recruitment driven
  - Community Forums
  - Online Outreach Coordinator

## **Lessons Learned: “Outreach and Recruitment”**

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- Youth typically run late
  - Offering appointments 15mins prior to provider slot allows time for pre-visit set up and enables max face time with their provider
- Many seeking PrEP actually need PEP
- Culturally competent care means constantly checking in to ensure youth understand; non judgmental is key
- Providing options for youth for STI testing (self rectal swabs, etc.)
- Recurrent STIs: Youth need more info/training
  - Addressing Health Literacy for youth: “Quick Touch” education

## **Lessons Learned:**

# **Providing Clinical Services**

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- Youth are more likely to advocate for themselves and engage in care when they understand their options:
  - Importance of routine screenings: 3-6 month “sexual oil change”
  - Education on testing: “Why so much blood?” “I haven’t bottomed recently, so I don’t need a rectal swab,” “I had sex 2 weeks ago, so this rapid test today means I’m negative from that encounter...right?”
  - Presumptive STI treatment
  - Types of prevention packages: PrEP vs. PEP
  - Medical expense options: co-pay cards / medication assistance programs /cost reimbursement programs

## **Lessons Learned:**

# **Fostering Youth Empowerment**

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- Solidify warm hand-off for primary care services
- A large portion of PrEP users continue beyond 48 week study period
  - Many HIV- youth do not have health insurance but qualify for Medi-Cal / Covered CA
  - Benefits counseling support needed for Y/MSM: ACA Access
- Rethinking clinic retention for youth engagement
  - Front line staff critical in engagement and retention
  - Easy connection: text messages, cell phone access vs. clinic phones
  - Youth come in when they want to (drop-in availability)
  - Long clinic visits are a deterrent

## **Lessons Learned:**

# **Retention and Engagement**

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- Administrative challenges within a hospital system
- Cross-training staff: HIV testing, lab processing, referrals, etc.
- Developing & documenting clinical flow is crucial
- Strengthening intra-agency collaboration supports clinic flow
  - Assessment tools addressing the PEP / PrEP interplay
  - Increased STI treatment: Nurses were like “WHAT????”
  - Exam room utilization: managing the clinic flow with youth schedules
- Challenges of implementing a youth based/run program- they all know each other!
- Continued education on professional development, boundary setting, and leadership

## **Lessons Learned: Implementation**

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**Getting to Zero Consortium Meeting**  
**San Francisco, CA**  
**3/24/16**

**David Carter**  
**Community Advisory Board Member & Scientific Liaison**





## Establishing a Robust CAB

- CAB Development
  - Community partners
  - Pilot participants
  - Staff / community referrals
- Monthly meetings (9/year)
- Key activities
  - Community engagement
  - Developing media & outreach tools
  - Informing language & messaging
  - Website & webisodes

## Community Advisory Board

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- Investing in development: Trainings and In-Services
  - PrEP (Bob Grant)
  - Affordable Care Act
  - Trans\*-specific outreach strategies
  - NASTAD
- CAB as “CRUSH ambassadors”: Media Liaison, Scientific Liaison, Education Director
  - Youth Radio / media coverage
  - Community outreach
  - Participation in community forums

## **CAB Involvement**

---



### Are You a...

- Man who has sex with men?
- Person who is trans and has sex with men?
- Sexual partner of a person whose status is unknown?



**Join up and meet up**

We require health insurance for our services. We will continue to support those without health insurance in new patient enrollment, PrePEP options, and referrals to other sexual health services.

### What CRUSH Is & Why You'll Love It

CRUSH hella hearts the East Bay **Oakland-based**. Connecting Resources for Urban Sexual Health (CRUSH) provides services to folks in Alameda and western Contra Costa counties.

CRUSH crushes it for sexiness **HIV & STI experts**. We help you by bringing together agencies, providers, researchers, organizations, and experts specializing in preventing HIV, caring for those living with HIV, and assisting our community with other sexual health services.



**CRUSH Project**  
3100 Summit Street, Second Floor  
Oakland, CA 94602  
510-863-0021 • [www.CRUSH510.org](http://www.CRUSH510.org)

Open 9 a.m. to 6 p.m. weekdays,  
(closed holidays & alternate Wednesdays)

Appointments assure faster service for any service.




### HAVE FUN, HAVE SEX, HAVE PEACE OF MIND

Get sexual health services... & the contentment they bring

Balance your sexual desires with your need for self-care. It's easy and private at CRUSH. You'll continue to have fun and be safe with a sense of serenity.

### IMPROVE YOUR SEXUAL HAPPINESS WITH OUR SERVICE


Making a sexual plan means protecting yourself and others while having fun!

**How to choose CRUSH**

**On your mark**  
Check out our services here and at [www.CRUSH510.org](http://www.CRUSH510.org)

**Get set**  
Contact us to make an appointment, and let us set you up with a plan that fits your sexual style.

**Go!**  
Date a special guy, hook up, or do something else, but do it safely and happily.



### HIV Prevention Services

**PrEP (pre-exposure prophylaxis)**  
PrEP helps reduce your chances of HIV transmission by up to 99% when you take a single pill each day.


PrEP is up to 99% effective against HIV? Yes, that's right. PrEP is a medication called Truvada, which is a huge advancement in HIV protection.

➔ [CRUSH510.org/prep](http://CRUSH510.org/prep)

**PEP (post-exposure prophylaxis)**  
An emergency prescription that helps prevent HIV transmission when it's started soon after you've exposed.

PEP is for after a possible HIV exposure. Taking PEP is a way to reduce your chance of becoming HIV-positive (if you're already HIV-negative) after you may have already been exposed to the virus.

➔ [CRUSH510.org/pep](http://CRUSH510.org/pep)



### More HIV & STI services


**HIV ARVs (antiretroviral medications)** Keep you healthy if you're HIV positive and you take them daily and combine with regular healthcare

**HIV testing**  
Specialized testing that detects the HIV virus as early as one week after exposure, with online results available within two weeks

**STI testing & treatment**  
Routine, comprehensive screening, treatment, & education about chlamydia, gonorrhea, syphilis, hepatitis B, herpes, & HPV

**Connection to Care**  
Sexual health planning and support for newly diagnosed clients and those returning for care after a lapse

➔ [CRUSH510.org/services](http://CRUSH510.org/services)




[www.CRUSH510.org](http://www.CRUSH510.org)

# IMPACT

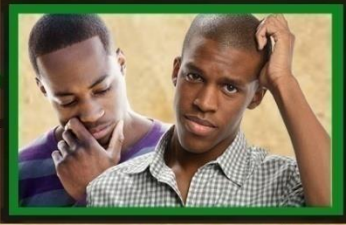
## PrEP for Black Gay Men

A discussion on the impacts of Pre-Exposure Prophylaxis for African American men who have sex with men in the East Bay



**Food.Music.Forum**  
**Thursday, April 14th**  
**7:00pm-9:00pm**






**SOLE SPACE**  
**1714 Telegraph Ave**  
**Oakland, CA 94612**



Joins us as we talk about  
**Stigma, Access, and Systems of oppression**

**Panelist Include:**

**Dr. Hyman Scott** - Bridge HIV, SFDPH  
**Shawn Demmons** - Black Brothers Esteem  
**Camryn Crump** - AIDS Project East Bay/Cam's Verbal Vomit  
**George "Mizrahi" Jackson** - AIDS Project East Bay  
**Essex Lordes** - Community United Againsts Violence

# Culturally Appropriate Outreach Materials



**YOUR SOURCE FOR**

**SEXUAL HEALTH SERVICES**

**LIKE PrEP, PEP, & STD TESTS**

**Get Truvada. Get tested. Get much more.**

You're in the right place for taking care of all your sexual health needs.

- **PrEP** Helps reduce your chances of HIV transmission
- **PEP** Helps prevent HIV transmission after you're exposed
- **ARVs** Help keep you healthy if you're HIV positive
- **HIV testing** Detects the HIV virus as early as one week after exposure
- **STI testing & treatment** Screening & treatment for sexually transmitted infections

**CLICK FOR SERVICES**

# CRUSH Website

## Sexual Health



## PrEP



# CRUSH Webisodes

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- CAB management takes A LOT of time and effort
  - Regular calls / reminders; routine meeting establishment
  - CAB recidivism is normal! Process for routine recruitment and training is via on going CAB members
  - Youth CAB engagement needs to be social and ACTIVE or they get BORED
  - Trans\* reps
- Instrumental as referral partner: Many referral chains from CAB members
- CAB input on clinical messaging and development has been critical
- CAB driven community forums / dialog needed
  - *On going community based education: Addressing the need for sexual health at all levels, clinical and community based*

## **Lessons Learned:**

# **CAB Implementation and Management**

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- Our Funder: CHRP
- State Office of AIDS
- CRUSH / DYC Team
- UCSF CAPS Evaluation Team
- CAB
- Community Partners

## **Acknowledgements**

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# Youth & PrEP Panel

Discussion facilitated by Hyman Scott  
with Yamini Oseguerar-Bhatnagar

Blog to follow from API's Stephanie & Tap

# Discussion Topics

- **Barriers/Challenges**
- **Strategies for success**
- **Active vs passive recruitment strategies**
- **Questions that remain**