



# Enhanced Comprehensive HIV Prevention Planning and Implementation (ECHPP)

---

March 28, 2011



# Overview of ECHPP

---

- The ECHPP process is one way that the federal government is implementing the National HIV/AIDS Strategy
- The ECHPP Plan is a description and justification of the SF HIV/AIDS Strategy
  - It outlines how all sections of the health department will address HIV/AIDS, with a focus on prevention
- There are 14 required and 10 recommended interventions that we were asked to address



# ECHPP Process

---

- The ECHPP grant specified that it should be a health department planning process and that community planning group feedback should be included
- HPS formed a Steering Committee with representation from:
  - HIV Prevention Section
  - HIV Health Services
  - STD Prevention & Control
  - HIV Surveillance
  - Community-Oriented Primary Care



## ECHPP Process (cont.)

---

- 4 Steering Committee meetings to discuss the Plan and finalize goals and objectives
- Information gathering in between meetings from a number of health department sections, community organizations, and other stakeholders
- Prevention & CARE Planning Council feedback (February - March)
- Draft Plan sent to CDC 2/15; Final Plan submitted to CDC 3/15



# Brief Summary of the ECHPP Plan

---

- The ECHPP Plan reflects:
  - The services described in the HIV Prevention Section and Centers of Excellence RFPs as well as DPH-delivered services
  - A scale up of HIV testing and interventions for HIV-positive people
  - A scale down and re-focusing of interventions to reduce sexual risk behavior

# Required Intervention #1

CDC language	Routine, opt-out screening for HIV in clinical settings of patients ages 13-64
SF translation	HIV testing in medical settings
Why?	To implement CDC's 2006 screening guidelines, with the goal of reducing the % of unknown HIV infection
SF HIV/AIDS Strategy (Implementation)	Expand routine opt-out HIV screening in SFDPH primary care settings and SF General Hospital (clinics, emergency department, etc.). Supported by Expanded Testing Initiative grant.
Potential Impact for HHS Providers and/or Clients	Possibility of increased new diagnoses, and therefore more clients entering the system of care

## Required Intervention #2

---

CDC language	HIV testing in non-clinical settings to identify undiagnosed HIV infection
SF translation	Community-based HIV testing
Why?	Reduce % of unknown infection
SF HIV/AIDS Strategy (Implementation)	RFP Category 1: Community-Based Testing and RFP Categories 4-7: Special Projects will contribute to a total of 30,000 community-based tests annually among MSM, IDU, and TFMSM
Potential Impact for HHS Providers and/or Clients	Possibility of increased new diagnoses, and therefore more clients entering the system of care

## Required Intervention #3

CDC language	Condom distribution prioritized to target HIV-positive persons and persons at highest risk of acquiring HIV infection
SF translation	Free condoms for MSM, TFMSM, and IDU
Why?	Reduce opportunities for HIV transmission
SF HIV/AIDS Strategy (Implementation)	Require all HPS-funded programs and Centers of Excellence to distribute condoms
Potential Impact for HHS Providers and/or Clients	Free condoms more accessible to clients; no cost to providers (funded through other DPH funds)

## Required Intervention #4

CDC language	Provision of post-exposure prophylaxis (PEP) to populations at greatest risk
SF translation	PEP
Why?	To prevention HIV seroconversion among people who meet certain criteria
SF HIV/AIDS Strategy (Implementation)	Continue to support City Clinic to provide PEP
Potential Impact for HHS Providers and/or Clients	None

## Required Intervention #5

CDC language	Efforts to change existing structures, policies, and regulations that are barriers to creating an environment for optimal HIV prevention, care, and treatment
SF translation	Structural change
Why?	To remove barriers to effective HIV prevention
SF HIV/AIDS Strategy (Implementation)	Improve medical testing data; ensure partner services is offered to all; link people to Healthy SF; train law enforcement on syringe access
Potential Impact for HHS Providers and/or Clients	Possibility of increased new diagnoses, and therefore more clients entering the system of care; possibility of more effective use of available benefits, reducing burden on Ryan White-funded services

## Required Intervention #6

CDC language	Linkage to care, treatment, and prevention services for those testing positive and not currently in care
SF translation	Linkage to care
Why?	To facilitate early care and treatment in order to promote health and suppress viral load
SF HIV/AIDS Strategy (Implementation)	SFDPH EASE Program will directly offer linkage (coupled with partner services) to clients testing HIV-positive.
Potential Impact for HHS Providers and/or Clients	Improved linkage to care rates, and therefore more clients entering the system of care

# Required Intervention #7

CDC language	Interventions of strategies promoting retention in or re-engagement in care
SF translation	Engagement in care
Why?	To facilitate continuity of care and treatment in order to promote health and suppress viral load
SF HIV/AIDS Strategy (Implementation)	RFP Category 3: PWP and PWP within Centers of Excellence will support engagement in care as a required activity; SFDPH EASE Program will offer re-engagement services to supplement existing efforts
Potential Impact for HHS Providers and/or Clients	Improved retention in care; fewer clients "falling through the cracks"; support for HHS providers to re-engage particularly challenging clients

## Required Intervention #8

CDC language	Policies and procedures that will lead to the provision of antiretroviral treatment in accordance with current treatment guidelines
SF translation	Implement CDC/SFDPH HIV treatment guidelines
Why?	Expand treatment options and make treatment available to more PLWHA to promote health and reduce viral load
SF HIV/AIDS Strategy (Implementation)	Educate SFDPH clinicians about and promote current SFDPH treatment guidelines
Potential Impact for HHS Providers and/or Clients	Increased treatment options for clients; more clients on ART; possible increased need for treatment adherence interventions

## Required Intervention #9

CDC language	Interventions or strategies promoting adherence to antiretroviral medications
SF translation	Treatment adherence
Why?	To promote health and suppress viral load among people taking ART
SF HIV/AIDS Strategy (Implementation)	RFP Category 3: PWP and Centers of Excellence will support treatment adherence as a required activity
Potential Impact for HHS Providers and/or Clients	More support for clients around barriers to adherence; HIV prevention resources for HHS providers to ensure treatment adherence for MSM, IDU, and transfemales

# Required Intervention #10

CDC language	STD screening for HIV-positive people according to current guidelines
SF translation	STD screening for HIV-positive people
Why?	To promote health and reduce HIV transmission
SF HIV/AIDS Strategy (Implementation)	RFP Category 3: PWP and Centers of Excellence will support STD screening as a required activity (within the program or through referral)
Potential Impact for HHS Providers and/or Clients	Continued access for clients to STD screening and treatment

# Required Intervention #11

CDC language	Prevention of perinatal transmission
SF translation	Perinatal prevention
Why?	To reduce mother-to-child HIV transmission
SF HIV/AIDS Strategy (Implementation)	Continue current successful efforts (we've had no perinatal infections since 2004)
Potential Impact for HHS Providers and/or Clients	None

## Required Intervention #12

CDC language	Ongoing partner services
SF translation	Partner services/anonymous third party partner notification
Why?	To reduce % of unknown infection
SF HIV/AIDS Strategy (Implementation)	SFDPH EASE Program will directly offer partner services (coupled with linkage to care) to clients testing HIV-positive.
Potential Impact for HHS Providers and/or Clients	Possibility of increased new diagnoses, and therefore more clients entering the system of care

# Required Intervention #13

CDC language	Behavioral risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk for transmitting HIV
SF translation	Health education/risk reduction for HIV-positive people
Why?	To reduce opportunities for HIV transmission
SF HIV/AIDS Strategy (Implementation)	RFP Category 3: PWP and Categories 4-7 will support behavioral risk interventions/HERR for HIV-positive people.
Potential Impact for HHS Providers and/or Clients	Reduced availability of sexual risk behavior interventions within Centers of Excellence

# Required Intervention #14

CDC language	Linkage to other medical and social services for HIV-positive people
SF translation	Referrals and linkages
Why?	To address clients' health and social service needs as part of an overall approach to HIV prevention
SF HIV/AIDS Strategy (Implementation)	A focus on linkage to substance use services for MSM (e.g., RFP Category 2: HERR to Address Drivers for MSM)
Potential Impact for HHS Providers and/or Clients	Greater availability of referral resources for clients with substance use issues (crack/cocaine, heavy alcohol, meth, poppers)



## For More Information

---

- For more information or to receive a copy of the ECHPP Plan, contact:
  - Dara Geckeler, HIV Prevention Section, at 554-9126 or [dara.geckeler@sfdph.org](mailto:dara.geckeler@sfdph.org)