

# Year Two Evaluation Report: Executive Summary



**The End Hep C SF Initiative:** End Hep C SF began in January 2016 as a multi-sector Collective Impact initiative—a collaboration of organizations across the city, originally brought together by the San Francisco Department of Public Health (SFPDH) and UCSF, with an aim of breaking the cycle of hepatitis C (HCV) transmission, expanding the reach of recently developed and highly effective HCV treatments, and ultimately eliminating HCV in San Francisco.

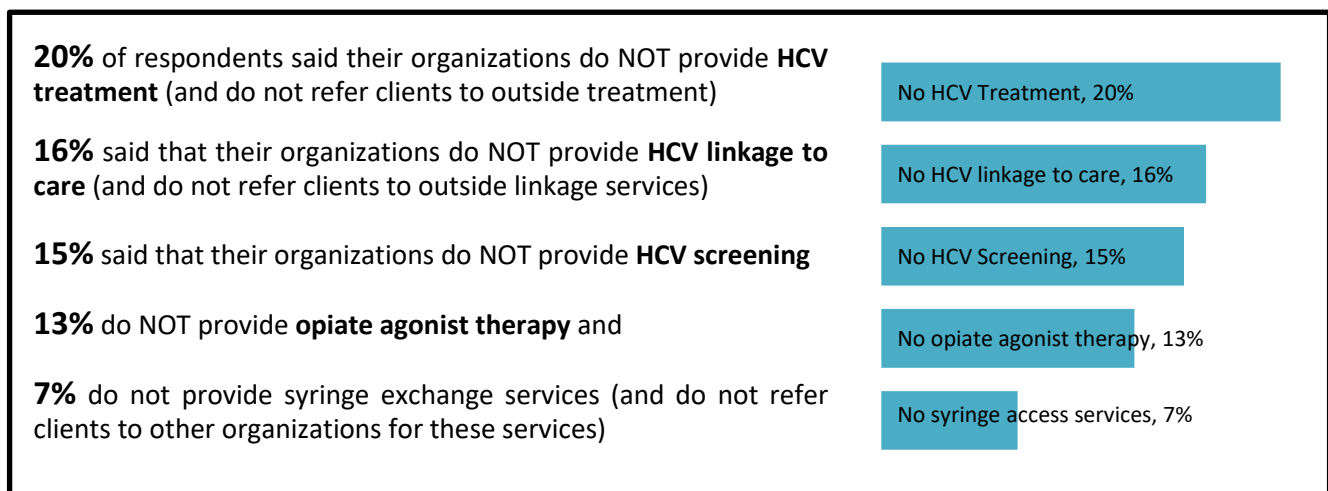
Over 40 individuals representing 20 different organizations participate regularly <sup>1</sup> in three monthly work groups and a coordinating committee that ensures alignment of work group activities with overall initiative priorities and goals. (The coordinating committee is made up of representatives from each work group, staff providing backbone support, and key HCV partners.) Twice a year, strategic input is solicited from an Executive Advisory Committee and the work groups host open community forums to further elicit community participation. Across all Year Two meetings, End Hep C SF engaged over 200 people in the fight to eliminate hepatitis C in San Francisco.

**Collective Impact Approach:** Given the complexity of eliminating HCV, the use of a Collective Impact (CI) approach was a strategic choice to increase effectiveness of county-wide efforts. CI is “a framework to tackle deeply entrenched and complex social problems [through]...collaboration...across government, business, philanthropy, non-profit organizations and citizens.” <sup>2</sup> Regular structured collaboration, led by backbone support (a core component of CI), creates the conditions to develop the remaining four core CI elements: a common agenda, shared measurement, mutually reinforcing activities, and continuous communication.

## Key Year Two Achievements:

### 1) Identifying Gaps in Current HCV Services:

In October of 2017 the group conducted a county-wide assessment of the types of HCV activities conducted by a wide range of organizations serving individuals at risk for HCV. Over 100 staff of primary care, housing, mental health, substance use, and social service agencies gave feedback on their current efforts and needs. Findings from the assessment were used to inform End Hep C SF strategies for education, outreach, and testing and treatment expansion. The chart below shows the main gaps in services identified through the assessment.



<sup>1</sup> Regular participation was defined as at least three meetings per year.

<sup>2</sup> Collaboration for Impact. Accessed online, 11/20/16 at <http://www.collaborationforimpact.com/collective-impact/>

## 2) Estimating HCV Prevalence in SF:

This year the Research and Surveillance work group constructed the first comprehensive prevalence estimate of people infected with HCV in San Francisco. Using a wide variety of data sources and an innovative data triangulation approach, the group estimated 12,000 SF residents are currently infected with HCV. The group estimated the total number of HCV exposed (anti-HCV positive) and infected people for population sub-groups including people who inject drugs, men who have sex with men, transgender females, and older people in the general population. Hep C SF members will use this information to guide strategic delivery of HCV prevention and treatment activities. The complete prevalence estimate document is available on End Hep C SF's [website](#).

## 3) Expanding HCV Treatment:

A key target of End Hep C SF efforts in Year Two was to increase the availability of HCV treatment at a variety of organizations across SF including primary care, homeless shelters, jail, and syringe exchange sites. Initiative members conducted targeted outreach and provided mentoring for new sites beginning to offer HCV treatment. In addition, members of the Treatment Access work group regularly collaborated with the San Francisco Health Plan (SFHP) to ensure efficient systems for providing treatment through the city's network of community clinics.

This year, 15 new sites began offering HCV treatment: Magnet Clinic (San Francisco AIDS Foundation/SFAF), 6th Street Harm Reduction Center (SFAF), South of Market Health Center, Ocean Park Health Center, the SF Jail System, HR360 Residential Drug Treatment Center, and 9 single room occupancy residences (SROs). Treatment at the 6<sup>th</sup> Street Harm Reduction Center is the first in a series of efforts to expand treatment at syringe exchange sites, see *Priority Activities for Year Three*.

The Treatment Access group also facilitated a county-wide data collection effort to count the number of SF individuals receiving HCV treatment. While not complete (for example, the data does not include individuals treated through Kaiser Permanente), preliminary county-wide treatment data indicate significant expansion in the availability of treatment from 2016 to 2017 <sup>3</sup>--a 28% increase!

Number of SF individuals receiving HCV treatment	(2016) <b>899</b>	(2017) <b>1152</b>
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## 4) Expanding HCV Education and Outreach:

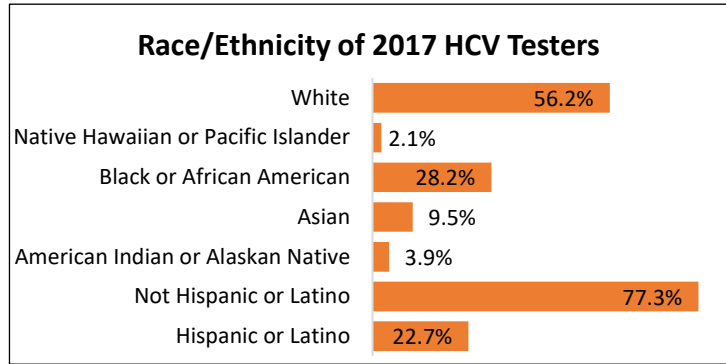
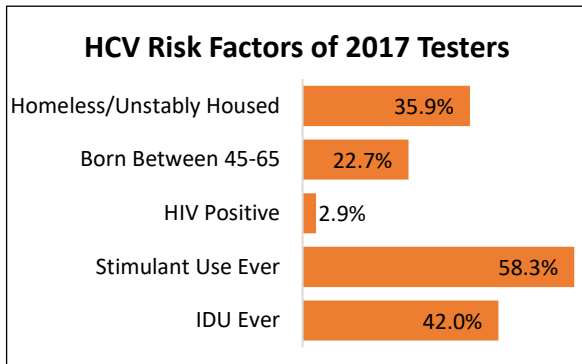
In Year Two, initiative members developed six new educational materials including posters and brochures for individuals at risk for HCV as well as medical and social service providers. Materials included: *Sex-C* (a brochure on sexual transmission), *New Treatments Have Changed the Game* posters (in English and Spanish), an *HCV Linkage Checklist* and *HCV Testing Results Letter* for staff, HCV treatment "detailing" materials for medical providers, and the HCV Prevalence Estimate.

In addition, 13 presentations/trainings were delivered to 10 different organizations, reaching an estimated 250 staff. Presentations/trainings aim to support organizations in expanding the HCV services they provide. End Hep C SF members have also continued to provide direct client education and HCV testing. Three End Hep C SF members facilitate weekly/bi-weekly HCV groups for clients (reaching a total of approx. 90 people/month).

In 2017, End Hep C SF partners conducted over 3500 HCV tests, a 52% increase over testing conducted in 2016 (2300 total tests). The charts on the following page depict key demographics of those reached with HCV testing this year (2017).

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<sup>3</sup> These numbers are available with thanks to the many contributors and collaborators who participated in the data collection process, including: The San Francisco Health Plan, the SF Community Clinic Consortium, the San Francisco Health Network, UCSF, SFDPH Jail Health Services, Zuckerberg San Francisco General Hospital Liver Clinic, the San Francisco AIDS Foundation, the San Francisco VA Medical Center, North East Medical Services / Chinese Community Health, Bay Area Addiction Research and Treatment (BAART), Sutter Health, and Anthem Blue Cross.



### 5) Increasing Fiscal Resources for HCV Services:

End Hep C SF members have engaged in advocacy efforts directed toward ensuring sufficient fiscal resources for HCV-related services as well as applying collectively for a wide variety of public and private funding. In 2017, the End Hep C SF Initiative received over \$600,000 to support End Hep C SF activities and projects over the next three years. Funds will be used for a variety of key HCV elimination activities, including those described in the *Priority Activities* section below. In addition, the San Francisco Department of Public Health will backfill funding additional HCV activities that support community-based HCV testing and linkage and methadone-based HCV treatment. These activities were previously threatened by the completion of a California Department of Public Health grant cycle.

### Priority Activities for Year Three:

**Provider Detailing:** The Treatment Access work group has completed development of provider education materials and will be initiating provider detailing to increase the willingness and capacity of medical providers to offer HCV treatment. Detailing is an evidence-based approach to educating medical providers and shifting clinical practices.<sup>4</sup> It relies on multiple, short, tailored visits generally delivered by peers.

**Expanding HCV Treatment at Syringe Exchange Sites:** Another key goal for the Treatment Access work group in Year Three is to expand the availability of HCV treatment being offered at syringe exchange sites. In Year Two, one syringe exchange site piloted an HCV treatment program and was able to treat 20 individuals. In the upcoming year, the group will work with additional sites to provide training and support for increased availability of HCV testing.

**HCV Care Cascade:** The Research and Surveillance work group will begin gathering data and working to compile an HCV care cascade to track estimated HCV infections, HCV tests delivered, individuals linked to care, and HCV treatment delivered in SF. The care cascade will help End Hep C SF members to better target and coordinate their efforts by identifying gaps in service integration across the city. In addition, the care cascade will allow End Hep C SF to begin measuring the impact of collaborative efforts and refine estimates of need.

**Peer-Developed Materials and Programs:** The Prevention, Testing and Linkage work group will develop a client testimonial video to be used as a client education tool. Glide Foundation has also been piloting a peer linkage to care program and has trained 12 peers to provide linkage to care services. In the upcoming year, End Hep C SF will fund up to four partner agencies to expand peer linkage programming.

**Disseminating the HCV Elimination Model:** As the initiative enters its third year, the Coordinating Committee hopes to share the model that is being used in SF with other jurisdictions, including providing technical assistance to other areas wishing to engage in HCV elimination activities or utilize the Collective Impact model for community mobilization related to HCV.

<sup>4</sup> Soumerai SB, Avorn J. Principles of educational outreach ('academic detailing') to improve clinical decision making. *Jama* 1990;263(4):549-56.