

HIV Community Planning Council
FULL COUNCIL MEETING
Monday May 21st, 2018
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
4:30-7:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Richard Bargetto, Bill Blum, Jackson Bowman, Ben Cabangun, Cesar Cadabes, Billie Cooper, Zachary Davenport, Cicily Emerson, Elaine Flores, Wade Flores, Matt Geltmaker, David Gonzalez (Co-Chair), Dean Goodwin (Co-Chair), Thomas Knoble (Co-Chair), Liz Hall, Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Dominique Johnson, Kevin Lee, T.J. Lee-Miyaki, Irma Parada, Ken Pearce, Cassandra Roberts, Darpun Sachdev, Mike Shriver (Co-Chair), Gwen Smith, John Paul Soto

HIV Community Planning Council Members Absent: Orin Allen [A], Margot Antonetty [E], Ed Chitty [E], Michael Discepola [E], Timothy Foster [A], Jessie Murphy [E], Mick Robinson [E], Charles Siron [L], Eric Sutter [E], Laura Thomas [E], Linda Walubengo [E]

Others Present: Jon Edmond Abraham, Michael Alexander, Eric Antina, Jason Chadderdon (LINCS panel), Vincent Fuqua, Hugh Gregory (LINCS panel), Patrick Kinley (LINCS panel), Helen Lin, Julianne O'Hara (LINCS panel), Rebecca Shah, George Reynolds, Jeremy Tsuchitani-Watson (HCAP), Susan Phillip, Mark O'Neil

DPH Staff Present: Kevin Hutchcroft, Beth Neary (HHS)

Support Staff Present: Melina Clark, Ali Cone, Dave Jordan, Mark Molnar

Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.

The meeting was called to order at 3:37 pm by Co-Chair Gonzalez. Roll was called and quorum was established.

2. Review and Approve May 21st 2018 DRAFT Agenda – VOTE

The May 21st 2018 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve April 23rd 2018 DRAFT Minutes – VOTE

The April 23rd 2018 Minutes were reviewed and approved by consensus.

4. Announcements

- CM Bargetto announced that today is his last meeting. He thanked the Council for allowing him to participate and contribute. The work done here is an important piece that he feels very proud to be a part of.
 - He introduced his colleague, Helen Lin, who is applying for membership to the Council.
- CM Lee-Miyaki reminded folks to vote on June 5th.

5. Public Comment

- Jon Edmond Abraham expressed his passion for addressing the needs of Long Term survivors. He feels that while it can be challenging to talk about the needs of this population, his life experience has also been challenging. He added that he was diagnosed in 1985, and has a lot of experiences to share and things to contribute. He remembers being placed in the care of social workers at age 3. He expressed that he finds the time limit for public comment to be challenging.

6. LINCS Update 2018

- The Council was provided an overview and panel discussion of the LINCS program.
 - LINCS started in 2010 with CDC prevention dollars. LINCS is the city's team ensuring access to free and confidential sexual health services.
 - STDs are increasing even as HIV diagnoses decline, both in SF and nationwide.
 - Susan Phillip added that LINCS is interested in looking at the intersections of these diseases. They want to make sure partners are identified, treated and have access to the services they need, as well as reach the most vulnerable positive folks.
 - Priority populations include men who have sex with men (MSM), adolescents and young adults of color, transgender persons and pregnant women.
 - There are significant disparities in viral suppression, the biggest of which is for HIV+ homeless folks. Homeless folks are only 31% virally suppressed compared to an average of 65% of those who are stably housed.
 - LINCS is currently creating a standard of work for locating homeless clients. This includes gathering more detailed contact information from clients during every interaction, reviewing clinical notes and records and a new pilot: consent to contact clients via Facebook messenger.
 - Concluding thoughts: what can we do as a council?
 - Field based navigations has a lot of potential to make a difference within our population, especially with warm hand offs.
 - Field-based navigation as a part of the COE model.
 - Ensure Health Network clinics streamline care re-entry and offer drop-in HIV primary care.
- The panel shared their personal experiences working at LINCS, including instances of tracking down clients, getting them into care as well as experiences with partner services. They responded to questions from the Council.
- CM Pearce commented that less than 25% of the people that LINCS reaches are over age 50, but the epidemic has about 50% of folks over 50. Does this have to do with data?
 - CM Sachdev responded that the data from the HIV surveillance annual report shows that people over 50 have relatively high rates of viral suppression overall. However, when it comes to STIs, those data are not reflected here. She agrees that they should be highlighting STI rates among those over the age of 50. It makes sense to make different briefs for different populations.
- CM Cabangun noted that "tenacity" is mentioned in the presentation as one of LINC's methods to their work. What is the meaning of tenacity in this context?
 - Patrick Kinley responded: tenacious outreach looks like trying every single phone number this person has ever had, sending letters and visiting every single address they've lived at, sending emails, using all local databases and calling emergency contacts. It means doing everything within their power to find and retain clients in care.
 - Hugh Gregory responded: the standard of work emphasizes tenacity. The whole program has done a great job of conveying this very serious word.
- CM Cooper noted that she is an advocate of the transgender community. She asked if LINC does any outreach in the 6th street corridor, especially at night time. She also suggested hosting a social outreach day.
 - CM Sachdev responded: they have a community based testing team and also partner closely with CHEP. Their community-based partners play a huge role in mobile testing.
 - Julianne O'Hara responded: they work a lot with diagnosis and treatment, which is during normal clinic hours. Care navigation is also during normal business hours. They do have extended hours on Tuesdays.

- CM Jewell commented that LINC’s work is crucial on the path of Getting to Zero. This is the type of work the Council needs to give resources and attention to.
- CM Lee-Miyaki inquired: what is the ideal scenario for a “warm hand off”? He also inquired what LINC is doing to address the recent uptick in STIs.
 - Jason Chadderdon responded that he tries to go with clients to their first appointments to do the warm hand off. He added that starting care can be really overwhelming for folks.
 - Patrick Kinley commented that his goal is to be there to introduce the client to the case manager, and talk about the case manager for the weeks leading up the hand off.
 - CM Sachdev responded: for women, the goal is to eliminate congenital syphilis in SF. The majority of other STI cases are for MSM. For this population, the goal is to improve sexual education, including awareness of screening locations and encouraging testing every 3 months. When STD post-exposure prophylaxis eventually becomes available, LINC wants to be among the first to help with distribution.
- CM Bowman commented that there needs to be a standardization of case management in general. It’s great if the case manager has a personal relationship with a client, but this isn’t always the case. He wonders if the Council would be able to strengthen its support, or control navigation in COEs.
- Co-Chair Gonzalez commented that this is what prevention looks like. How can the Council direct its resources towards these issues?

7. Break

8. BAAHI

- The Council received an overview of the Black/African American Health Initiative (BAAHI) from Vincent Fuqua.
 - BAAHI was developed in 2014 to improve the health of San Francisco’s Black/African American (B/AA) Community. Their focuses include heart, behavioral, women’s and sexual health, as well as cultural humility and workforce development.
 - Residents of San Francisco do not have equitable opportunities for good health. Health inequity arises from root causes including social, institutional and systemic mechanisms, as well as through the unequal allocation of power and resources, manifesting as social determinants of health.
 - Vincent Fuqua discussed the root causes and consequences of health disparities faced by the B/AA community.
 - These root causes include “Upstream” factors that include Belief Systems (racism), Institutional Policies (Mass incarceration and housing policy exclusions), Living conditions (public housing and homelessness), Health behaviors (substance use), Psychological Factors (trauma and stress)
 - Downstream consequences include chronic diseases related to health behaviors and stress, infection related to housing conditions and access to care, injury related to community violence and family stress and early death related to poor access to care and early onset of chronic disease.
 - Another downstream consequence is trauma that extends through the generations. Black folks are treated differently in every aspect of society. Understanding this is the first step to implementing trauma-informed systems in the health care system and beyond.
 - BAAHI is addressing issues of inequity in a multitude of ways, including various trainings, health talks, clubs and think tanks. They need other folks and organizations to step up as allies for the

black/AA community. There needs to be more data, trauma-informed care, collaboration with health providers as well as supporting upstream solutions.

- He added that while some staff may be uncomfortable talking about race, this is a crucial first step at addressing disparities.
- CM Cooper thanked Vincent for his presentation. She commented that there is even more prejudice and racism than the presentation covered. It extends beyond the Bayview and Fillmore. She noted that the ground is toxic in the Bayview, and yet they are still building homes for black people there. She remembers the gentrification of the Fillmore, hearing of people being told to move out without signing anything. She added that people tend to overlook her community and then apologize afterward. She hopes she lives long enough to see real change, and not just people apologizing.
- CM Lee-Miyaki commented on the slide regarding healthy food access in the Bayview. He recently saw a report correlating the number of corner stores serving alcohol with mortality statistics in certain areas. He suggested propositioning the mayor to sponsor a pilot program with discounted vegetables, etc. in these areas.
 - Vincent Fuqua responded: They are currently working on this with CHEP. They already have a tobacco cessation program. The next step is looking at food access.
- CM Bowman commented: A lot of presentations the Council receives are specifically about HIV. All of the disparities displayed in this presentation are true and possibly worse for AA living with HIV. It will be crucial to consider health disparities, as well as social determinants of health when trying to improve the health and lives of our HIV community as a whole.
 - The next step is to figure out what steps the Council can take to address these health disparities. How can the Council tailor its services to most significantly impact this community?
- Co-Chair Shriver commented: these data work across all economic and social categories. The idea of intergenerational trauma and PTSD in the genetic makeup of folks is very important. The system of care needs to start thinking about community experience in regards to health outcomes.

9. Small Group Discussion

- The Council discussed the following question in small groups: What can the HCPC do to support LINCS and BAAHI, and the communities targeted by these populations?

10. Council Staff Update

- CS Clark announced: the Group Dynamics Training will occur on Thursday June 21st from 10am-2pm at 25 Van Ness, 8th floor conference room. Council Staff will send out a reminder the week of the training. Until then, the training content survey will remain open.

11. Ad Hoc Work Group Announcement

- The Co-Chairs announced the formation of a work group focused on Roadmap, the DPH's integration effort.
- Co-Chair Shriver noted: The Council has been having an ongoing discussion on the integration of HIV prevention and care, HCV and STIs. Steering Committee recently approved the creation of an Ad-Hoc working group. They hope that people will sign up soon so that they can start working on this integration effort ASAP.
 - CS Molnar added: This has been many months in the making. It is an exciting opportunity for collaboration.
 - CM Bowman encouraged folks to sign up for the work group. It is very important to the future of the Council, and SF public health in general, for this Council to be involved in the work group.

12. CHEP and HHS Update

- This update was provided in handout form.
 - HHS is still waiting for the Part A Comprehensive Site Visit 2017 report.
 - Recently, the Ryan White Part A Grant Award was updated to an amount equaling roughly half of the annual grant award.
 - On May 9-10 they had their Ryan White Part C site visit.
 - The Immigration Legal Issues training was held on May 10th and was well-received.
 - Upcoming trainings include:
 - Group Communication/Facilitation, June 21 from 10-2pm
 - Techniques in Motivational Interviewing, August 31st
 - HIV Treatment update will be scheduled soon.

13. Next Meeting Date

The next meeting is tentatively scheduled for Monday, June 25th 2018 at 25 Van Ness, 6th floor conference room, from 4:30 to 7:30.

14. Adjournment

- Meeting adjourned at 7:24pm by Co-Chair Gonzalez.

**Full Council Meeting
HIV Community Planning Council**

Roll Call: **P**=Present; **A**=absent; **E**=Excused; **L**=Leave of Absence
 Votes: **Y**=Yes; **N**=No; **B**=Abstain; **R**=Recused (deduct from quorum)

Date: May 21, 2018	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams	P										
Orin Allen	A										
Margot Antonetty	E										
Richard Bargetto	P										
Bill Blum	P										
Jackson Bowman	P										
Ben Cabangun	P										
Cesar Cadabes	P										
Ed Chitty	E										
Billie Cooper	P										
Zachary Davenport	P										
Michael Discepola Proxy Lee Jewell	E										
Cicily Emerson	P										

Nayes											
Abstain											
Recusal											
Total											
