

HIV Community Planning Council
COUNCIL AFFAIRS COMMITTEE
Tuesday, March 14, 2017
25 Van Ness, 8th Floor Conference Room
3:00-5:00 pm

Committee Members Present: Chuck Adams (Co-Chair), Jackson Bowman (Co-Chair), Ben Cabangun, Michael Discepola, Lee Jewell

Committee Members Absent: Matt Geltmaker [E], David Gonzalez [LoA], Mick Robinson [E], Don Soto [E]

Council Members Present: Dean Goodwin, Charles Siron

Others Present: Kevin Hutchcroft (HHS), Shannon Weber

Support Staff Present: Ali Cone, Dave Jordan, Mark Molnar, Liz Stumm

Minutes

1. Introductions

The meeting was called to order 3:11 pm by Co-Chair Adams. Everyone introduced themselves and quorum was established.

2. Review/Approve March 14th 2017 DRAFT Agenda – VOTE

The March 14th 2017 DRAFT Agenda was reviewed, and approved by consensus.

3. Review/Approve February 14th 2017 DRAFT Minutes – VOTE

The February 14th 2017 DRAFT Minutes were reviewed, and approved by consensus.

4. Announcements

- Co-Chair Siron announced that former Council member Ken Hornby has passed away.

5. Public Comment

- None.

6. HIVE Clinic

- The committee reviewed Shannon Weber’s presentation on UCSF’s HIVE clinic.
- CM Discepola asked if there are numbers for the treatment cascade for the women you have treated over the years. He noted that the treatment cascade looks good at delivery but he would like to know what it looks like over time. He also questioned how women stay connected to your program.
 - Shannon responded that treatment looks good at delivery, all of our patients have been virally suppressed at some point while pregnant this year. There is special motivation during pregnancy to stay virally suppressed, but it would be interesting to look at the treatment cascade over time. We are working with the Family HIV Clinic and Ward 86, where most of our clients are seen postpartum. We’ve wrote a pilot grant to HRSA with the Family HIV Clinic and have created a screening tool for women who are at risk of falling out of care postpartum. There is a Rita de Cascia case worker who works with the women before and after pregnancy. Shannon will add a slide on the pilot program.
- Co-Chair Bowman commented that he would like to see a comparison to other women with similar co-factors who have passed away postpartum but do not have HIV.

- Co-Chair Bowman inquired what is considered postpartum on the maternal death slide.
 - Shannon responded that in this presentation, postpartum refers to any woman who has died in a 12 year period after they received care.
- CM Discepola would like intensive services to be defined. How many times people are coming in, what is the scope of the appointments and what services are available. He noted that members on this Council can be ambassadors to this program.
- CM Jewell commented that when looking at populations post HIV testing, we should be finding what makes a successful viral suppression and what doesn't. The Council should begin to standardize that kind of thinking and what we are looking for in a presentation.
- CM Jewell suggested presenting this information at HAPN as well as doing an in-service at Jelani House.
- CM Discepola inquired about what Shannon's perspective is of the increase of HIV infection among women.
 - Shannon responded that she does not know that answer. We thought new diagnoses were going down because women of color were leaving the city. All of the women seen at HIVE are women of color, except for two.
- CM Jewell noted that PrEP programs are focusing on communities of color, it will be interesting to see stats over time when PrEP starts penetrating those communities.
 - Shannon commented that there are 60 women in San Francisco on PrEP. Besides women who have known positive partners, we have not been doing a good job at targeting women to get on PrEP.
- CM Discepola noted that there has also been a slow uptake of PrEP among drug users due to their attitude about HIV medications.
 - Shannon noted that anecdotally women don't feel at risk of HIV and often say they are more worried about other life issues other than contracting HIV.
- CS Molnar commented that on the care side there is a disparity among African American women who are HIV positive compared to how many African American women are living in the city. On the prevention side, unless a person is an IDU, they are not getting prevention services they might need and they continue to fall through the cracks.
- CM Discepola noted that we can do better job at syringe access sites to enhance client engagement around PrEP for all injection drug users.
- The group asked how much outreach HIVE does to organizations that do family planning services.
 - Shannon responded that it is something we do on a limited basis, due to funding. She will add her project PleasePrEPme.org. We found that the HIVE website is too HIV centric, if you don't have HIV, people felt that it wasn't for them. We created PleasePrEPme that refers you to PrEP providers.
- The group requested demographic information on the women seen at HIVE.

7. Integrated Plan -VOTE

- The Committee discussed the on-going reporting, tracking, and review of goals and responsibilities relevant to the HCPC within the Integrated Plan.
- Co-Chair Goodwin reported that DPH is waiting to get joint feedback from the CDC and HRSA. We expect to have the feedback by spring. HHS and CHEP are having weekly meetings to figure out how we will bring this to the Council. We plan to give reports back to the Council twice a year, in April and October.
- Co-Chair Goodwin noted that we have started to analyze and prioritize the objectives, some require extra funding if implemented. Funding will have to come from something that is currently funded.

Creating or expanding a project will have to take away funding from something else, which is often a difficult decision.

- CS Molnar noted that there is a lot in the plan that requires community connectivity with the HCPC. Council members have expressed a driving need to make an impact rather than just receive information. There is energy around being part of this process and Council members providing their own input. Starting in April, we should have a dialogue on how to involve the Council to implement these objectives.
- CM Discepolo commented that moving forward with the merged Council, he wants to make use of the skills and capabilities in the group in order to problem solve things that are challenging.
- Co-Chair Cabangun agrees, but the reality is we don't know the feedback on the plan from CDC or HRSA. This gives the Council and DPH an opportunity to work together to provide more clear definitions in the plan. The objectives in the plan have purposely broad terms (assess, prioritize and initiate). This committee can define what that means to us and discuss the expectations of the objectives.
- Co-Chair Bowman suggested forming a workgroup to look at carrying out these objectives, this would allow other Council members who are interested to be involved.
 - The group discussed fine tuning and taking its time to develop the process of how the community should be involved in this process. This Committee will have the Integrated Plan be a regularly occurring agenda item.
- Co-Chair Goodwin noted that HHS/CHEP are working on taking objectives and sorting them into higher and lower priorities to see where higher funding is required.
 - CS Molnar inquired if priority is based on cost or community need. The Council would want to be part of the dialogue if it is prioritizing needs in the community.
 - Co-Chair Goodwin noted that priority is based on both community need and cost.
 - The group discussed having the Council be involved in prioritizing the objectives.
- CM Discepolo noted that when looking at which of these pieces require more resources, and outcomes for objectives, from a contractor's perspective a lot of these objectives are outdated. The work has to evolve.
 - Co-Chair Goodwin responded that he is not sure if this is in the plan but it can be added. DPH has standardized objectives, but we are happy to hear from providers on how to update them.
- Co-Chair Siron requested the entire Integrated Plan in order to better digest the material.
- Co-Chair Goodwin noted that all of this material is coming back to the Committee in more detail.
- The group discussed that prior to the feedback, where do we want to pull things out from the plan.
- The Committee will begin to define actionable items in the objectives: 1.1.3, 1.2.2, 2.2.2, 2.3.2, 3.1.2, 3.3.2.
- The group discussed having key staff from CHEP attend meetings where we discuss community engagement objectives.
- CM Discepolo requested a presentation on funding updates and to understand what could potentially happen with the new administration.
 - CS Molnar noted that we receive CAEAR/policy updates at Full Council meeting. We can have a presentation from Ernest Hopkins that provides more background.

8. Next Meeting Date & Agenda Item- VOTE

The next Council Affairs Committee meeting is tentatively scheduled for Tuesday April 11th, 2017 at 25 Van Ness 8th Floor Conference Room from 3-5 pm.

Parking Lot:

- Public policy conversation, discuss what might happen with the repeal of ACA.

10. Adjournment

- The meeting was adjourned at 4:38 pm by Co-Chair Adams.

Council Affairs Committee

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)

March 14, 2017

roll [1] [2] [3] [4] [5] [6] [7] [8] [9]

1.	Chuck Adams	P									
2.	Jackson Bowman	P									
3.	Ben Cabangun	P									
4.	Michael Discepola	P									
5.	Matt Geltmaker	E									
6.	David Gonzalez	LoA									
7.	Lee Jewell	P									
8.	Mick Robinson	E									
9.	Don Soto	E									



1.	Charles Siron	P									
2.											
3.											

Ayes										
Nayes										
Abstain										
Recusal										