HIV Community Planning Council
COUNCIL AFFAIRS COMMITTEE
Tuesday, October 10, 2017
25 Van Ness, 8th Floor Conference Room
3:00-5:00 pm

Committee Members Present: Chuck Adams (Co-Chair), Jackson Bowman (Co-Chair), Matt Geltmaker, Lee Jewell, Charles Siron, John Paul Soto
Committee Members Absent: Ben Cabangun [E], Michael Discepola [E], David Gonzalez [A], Jessie Murphy [E], Linda Walubengo [A]
Council Members Present: Kevin Lee
Others Present: Ling Hsu, Maree Kay Parisi
Support Staff Present: Ali Cone, Dave Jordan, Mark Molnar Liz Stumm

Minutes

1. Introductions
   The meeting was called to order 3:05 pm by Co-Chair Adams. Everyone introduced themselves and quorum was established.

2. Review/Approve October 10th 2017 DRAFT Agenda – VOTE
   The October 10th 2017 DRAFT Agenda was reviewed, and approved by consensus.

3. Review/Approve September 12th 2017 DRAFT Minutes – VOTE
   The September 12th 2017 DRAFT Minutes were reviewed, and approved by consensus.

4. Announcements
   • None.

5. Public Comment
   • None.

6. Epi Report
   • The committee reviewed last year’s Epi presentation and a 2016 Getting to Zero Epi presentation in order to assess which presentation format the Council would like.
   • The group decided to review the GTZ presentation because it focused more on disparities and trends.
   • Co-Chair Bowman inquired about deaths caused by HIV and deaths not caused by HIV. At what point do you track someone’s death that is not related to HIV, or is it a moot point?
     o Mary Kay noted that this report looks at the underlying cause of death, however most deaths are still due to HIV. We have been tracking all causes of death.
   • CM Jewell suggested explaining what “other” is when describing HIV diagnoses by race. He also suggested adjusting the language from “trends are not slowing” to “encouraging trends continue”.
   • CM Soto commented that he was concerned about the API population numbers. It’s not clear that there is an obvious downturn trend. He suggested pulling out the API population as much as possible.
- CM Geltmaker noted that for LINCS numbers, there are 88% for African Americans who accepted, but there was a big drop off of people who did not accept. He suggests focusing on people who are not accepting LINCS. That info is getting lost in this report and we want to focus on the people we are not reaching.
  - Ling noted that they will mention this as a limitation of the report.
- CS Molnar suggested defining late HIV diagnosis by race. He suggested moving slide 15 to after 16 because he doesn’t want the homeless data to be lost in the compare and contrast.
- Co-Chair Bowman questioned that when talking about a strictly HIV death, does that include opportunistic infections.
  - Ling responded that yes, HIV would be the first underlying cause of death on the death certificate.
  - CM Geltmaker noted that this information is pulled from the death certificates, however, some doctors don’t put HIV on the death certificate at all.
  - Mary Kay commented that if someone died from a suicide, HIV may not be on their death certificate. We do get all the death certificates in SF and we can match it with our HIV registry. We do a national death index match and compare it to our registry as well.
  - Ling noted that the cause of death is obtained with the national death index, which is not as up to date as death certificates. Our last NDI match was in 2015. It showed a big dip in deaths in 2016 but the data is not yet reflected in the report. The underlying cause of death is determined by a computer program. That info gets transmitted to the state, and the computer program determines the underlying causes of death.
- CM Lee inquired if cause of death data is stratified by age, race and gender. He inquired if any group are disproportionately impacted.
  - Ling noted that we can consider adding it to our annual report. We did analyze cause of death by gender.
- CM Lee inquired if there is there a marker that we are striving for, in regards to faster time to care indicators.
  - Kevin Hutchcroft noted that this may be compounded in that you are dealing with individual patients, he knows that it should not go beyond 6 months.

7. Marin Report
- The Committee reviewed the annual Marin County presentation.
- CM Jewell inquired about the context of how the health care system is changing in Marin.
  - Kevin responded that the care on the county level is transitioning to the FQHC. The County figured that patients are receiving specialty care at the clinics and some are receiving primary care at the FQHC. The idea was to have a more patient centered community home. It makes sense to have the FQHC provide other services that the county does not currently provide. Primary care and dental care are shifting to the FQHC and additional services are provided at the SPAR Center. The transition has been moving along slowly, we are proposing to develop an ad hoc committee at the Marin Care Council to get more community engagement and input. The MCC will rent out the current county clinic space and it where they go to receive primary care and dental care at the same location and space.
- CS Molnar requested that Marin and San Mateo’s’ Prioritization and Allocation be brought to the Steering Committee for review.
- Co-Chair Bowman inquired if specialty services that the county clinic provides are being discontinued.
Kevin noted that the clinic is closing, specialty services include HIV, HIV specialty care, TB, STD and immunizations. Those would transition to MCC at the same site.

- Co-Chair Bowman inquired about the overall age breakdown of people living in Marin. Are there so few young people living with HIV because the population is older?
  - Kevin responded that the population does skew older, 2/3\textsuperscript{ds} of the county are over the age of 50.

- Co-Chair Bowman inquired about the timeline for diagnosis and in care.
  - Kevin noted that State surveillance does not separate the timeline of linkage to care.

- Co-Chair Adams inquired about the complaints that clients have with the transition of medical centers.
  - Kevin responded that patients are most concerned about the continuity of care.

8. San Mateo Report

- The Committee reviewed the annual San Mateo County presentation.
- CM Lee inquired if migrant farm workers in the area come to San Mateo, leave and then return.
  - CM Geltmaker responded that yes, migrant farm workers in the area live a transient lifestyle. Medical case workers and doctors work with them to have them somewhat in care while they are out of the country.
- CM Jewell inquired about the context of why the CDC’s FOA did not include San Mateo in prevention funds.
  - CM Geltmaker replied that they are not sure why, but they are no longer funding certain areas. The State came through with one time funding called X08 through Ryan White Part B. The State puts this out as a 2 year plan, but only guarantees funding for 1 year. This is currently the second year, and a way to assist us with transitioning this year was through X08. They had 3 million more in grant applications than they were able to provide so we would not necessarily receive the same amount.
- CM Jewell inquired if there has been cuts to services with the reduction of your grant award.
  - CM Geltmaker responded that we have not cut any services because we were able to shift resources due to ACA. If ACA were to go away we would not have the funds to cover people through Ryan White.

9. Presentation Calendar

- The Committee discussed topics for the November 2017 and January 2018 HCPC meetings.
  - November: CQI, Homelessness and Supportive Housing
  - January: Substance Use Work Group goals, Hep C, Black Disparity

10. Next Meeting Date & Agenda Item- VOTE

The next Council Affairs Committee meeting is tentatively scheduled for Tuesday, November 14\textsuperscript{th} 2017 at 25 Van Ness 8\textsuperscript{th} Floor Conference Room from 3-5 pm.

Parking Lot:

- System to monitor the Integrated Plan’s objectives

10. Adjournment

- The meeting was adjourned at 4:48 pm by Co-Chair Bowman.
**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)

October 10, 2017

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**Ayes** 8 8  
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