HIV Community Planning Council
FULL COUNCIL MEETING
Monday November 28th, 2016
1035 Market Street, 3rd Floor
San Francisco, CA
3:30-6:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Margot Antonetty, Richard Bargetto, Bill Blum, Jack Bowman, Ben Cabangun (Co-Chair), Cesar Cadabes, Ed Chitty, Michael Discepola, Cicily Emerson, Elaine Flores, Wade Flores, Matt Geltmaker, Dean Goodwin (Co-Chair), Liz Hall, Ron Hernandez, Bruce Ito, Lee Jewell, Darryl Lampkin, T.J. Lee-Miyaki, Eileen Loughran (Co-Chair), Matthew Miller, Ken Pearce, Stacia Scherich, Don Soto, Chip Supanich, Eric Sutter, Laura Thomas, Linda Walubengo (Co-Chair)
HIV Community Planning Council Members Absent: Billie Cooper [E], David Gonzalez [E], Ken Hornby [E], Kevin Lee [E], Andrew Lopez [E], Aja Monet [A], Jessie Murphy [E], Mick Robinson [E], Charles Siron (Co-Chair) [E: Proxy Ben Cabangun], Gwen Smith [E]
Others Present: Anthony Bradford, Katie Burk, Zachary Davenport, Heather Hargraves, Eva Kersey, Annie Luetkemeyer
HHS Staff Present: Kevin Hutchcroft, Beth Neary
CHEP Staff Present: Jose Luis Guzman, Oscar Macias
Support Staff Present: Ali Cone, Dave Jordan, Mark Molnar, Liz Stumm

Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.
   The meeting was called to order at 3:40 pm by Co-Chair Cabangun. Roll was called and quorum was established.

2. Review and Approve November 28, 2016 DRAFT Agenda – VOTE
   The November 28, 2016 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve October 24, 2016 DRAFT Minutes – VOTE
   The October 24, 2016 Minutes were reviewed, amended and approved by consensus.

4. Announcements
   • CM Lee-Miyaki announced that STRUT and the Harvey Milk Children’s Academy are having an event on World’s AIDS Day in the Castro between 17th and 19th at 8am.
   • CM W. Flores announced that the Marin Council is holding a candlelight vigil on Worlds AIDS Day from 5:00-7:00pm.

5. Public Comment
   • None.

6. Council Staff Update
   • CS Molnar announced that Catherine Newell has resigned from the Council. She has recently moved outside of the EMA, so she is no longer residing in the jurisdiction she was representing.
• CS Jordan announced that there are training surveys available if Council members have not filled one out. The October full council evaluations had fairly positive ratings, the overall rating was an 8.65. Most people had positive feelings around the presentations. There were challenges around hearing CM Hall’s Office of AIDS report. Council staff is working on ways to improve sound quality.

7. CHEP and HHS Update

• Co-Chair Loughran announced:
  • She is resigning from her role as Government Co-Chair. Jose Luis Guzman will be stepping in to her role due to his experience as a Community Co-Chair of the former Prevention Council.
  • GTZ: SFDPH released 4 RFP’s in September and we are due in early November. CHEP is working on getting the funding out into the community as soon as possible.
  • Rapid Response Team: CHEP has recently hired two members of the Rapid Response team to enable better real-time response to needle litter complaints. The third member of team is expected to start in early December.
  • Mayor’s Fix-it Team: CHEP has been asked to participate in the Mayor’s Fix-it team by addressing concerns of discarded syringes in specific “hot-spots” identified by the Fix-it Director.
    o The Council discussed the Community clean-up event that occurred last week. CM Miller and CM Hernandez attended.
  • Harm Reduction Training Institute: In collaboration with CBHS, we are contracting with Harm Reduction Coalition to offer harm reduction training to DPH and DPH-funded agencies and staff.
  • HIV/HCV Testing: CHEP has increased the number of HIV/HCV counselor trainings from 4 to 5 a year.
  • National Harm Reduction Conference: The 11th annual Harm Reduction conference was held in San Diego, CA November 3-6th. Several CHEP staff presented at the conference.
  • The Council acknowledged the work that Co-Chair Loughran has done on the Council.

• Kevin Hutchcroft reported:
  • Getting to Zero: We are in the process of sending out RFPs, check the DPH website for updates.
  • Barbara Garcia held two town halls for health department staff due to the recent election results. No changes have been presented yet surrounding federal funding and sanctuary cities.
  • State initiatives: Three initiatives (Propositions 52, 55, and 56) that provide stability for existing Medi-Cal programs passed. Though these initiatives support existing rather than new Medi-Cal programs, their passage bolsters CA’s financial position in the event of changes to Medicaid.
  • Local initiatives: Prop K, which would have raised the city sales tax to funds homelessness and transportation, failed, putting the city’s current 2-year budget out of balance by $37.5M in FY16-17 and $155.3M in FY17-18. Props V and W, passed providing $14.1M in FY16-17 and $32.8M in FY17-18. Props E and I, which establish general funds set-asides also passed, constraining some of the City’s flexibility to rebalance the budget.
  • San Francisco remains committed to health care access for all residents.

8. Policy Update

• CM Jewell reported:
  • CAEAR policy call: We are waiting to hear what will happen with the appropriation bills, especially the Labor HHS bill. The Continuing Resolution expires December 6th, there is a split with leadership and the conservative caucus on how to proceed. Conservatives in the House want a stop-gap measure into next year, they do not want to negotiate with President-elect Trump.
  • CAEAR is looking out for:
    o The new appointment to HHS.
The repeal or amendment of ACA, including subsidies for PLWH who have transitioned from Ryan White to ACA (Covered CA).
- Legislation that is appropriated but not authorized like RWCA and HOPWA.
- Changes in the leadership for the various appropriation committees.
- Policy changes that might affect Ryan White and CDC.

- Congress will not have 60 votes to repeal ACA. The possible way around the 60 votes would be to add the repeal in the budget process where only 50 votes are needed.
- CAEAR is preparing a statement on next steps in a Trump administration for PART A and C Planning Councils.

9. Getting to Zero Update
- CM Supanich reported:
  - The GTZ Consortium meeting is this Thursday, December 1st (World AIDS Day) from 6:00-8:00 pm at 25 Van Ness on the 6th floor.
  - Steering Committee: Is beginning to examine the budget for 2017/18. Members are meeting with Barbara Garcia in December. They are looking for a needs assessment in the upcoming year.
  - Retention & Reengagement Committee: Compiled a document listing HIV care navigation programs throughout the City to help people get back into care. They also made a list of HIV medical care providers in SF, both City clinics and private physicians that specialize in HIV treatment. It includes the insurance they accept and contact information to make an appointment.
  - PrEP Committee: On the website (gettingtozerosf.org) there are links to organizations that provide resources for people interested in learning more about PrEP. There are opportunities to become a PrEP Ambassador for your community to help educate and inform (applications are on the website). There has been progress in making PrEP available for students in the SF Unified School District.
  - Stigma Committee: There a plans to conduct a needs assessment in 2017.
  - RAPID Committee: Working to minimize the time between testing positive for HIV and beginning ART therapy, as soon as two days later for those with most urgent care needs, five days for others.

10. UCHAPS Update:
- The Council reviewed the UCHAPS update provided by Jose Luis Guzman:
  - Policy: UCHAPS Steering and Public Policy Committee members will be joining a webinar November 29th facilitated by the VP of Policy and Advocacy at AIDS United. This will be the start of a conversation to prep UCHAPS for AIDS Watch 2017 in March.
  - New Business: Members had an opportunity to meet with LA County to discuss the jurisdiction re-joining UCHAPS. A possible UCHAPS meeting will be held in LA in 2017 as well as potential programmatic collaborations.
  - Executive Director Search Committee: The ED Search Committee is deciding on an executive leadership recruitment service.

11. CDPH Office of AIDS Update
- CM Hall reported:
  - Integrated Plan: Released an executive summary of the Integrated Plan, which is on the website. OA met with the CPG on October 12th in L.A. to gather input on each activity described by each strategy.
  - The CA Needs Assessment was submitted to the CDC and HRSA this past September. The CNA included three briefs discussing routine opt-out HIV testing, PrEP and additional local needs, gaps and barriers.
    - CM Cabangun noted that he attended the CPG meeting and that it was great to hear about how our colleagues in the Central Coast utilize different youth councils to steer HIV and STI services in
their county. He enjoyed collaborating with other Council members to provide feedback about the Integrated Plan for the State.

- RW Part B: On October 11th, OA presented on the Housing Plus Project during the HRSA HIV/AIDS Bureau webinar.
- Niki Dhillon reported on ADAP: Starting on October 27th, the Enrollment Benefits Manager began sending eligibility data files to the Pharmacy Benefits Manager every 15 minutes. The Magellan call center staff will be able to provide real time, 24/7 access to a 30-day supply of medications for ADAP clients who experience access issues at the pharmacy.
  - CM Pearce commented that he is on 16 medications, only 5 of those are ADAP. He has recently heard that ADAP will cover 90 day fills, which will have a huge impact on clients in the beginning of the year. Are there caveats to the 90 day fills?
  - Niki responded that ADAP has always covered for 90 day fills if it is a requirement of the third party payer, otherwise we fill every 30 days.
  - CM Lee-Miyaki noted that he has had clients who were travelling and when picking up their medications, pharmacists were confused and asked for a bin number. What is the process of that?
  - Niki responded that with the change in PBM, there are different numbers needed. We have provided notices and trainings to pharmacies. If there are issues, people can contact the Magellan call center 24/7.
  - CM Lee-Miyaki suggested sending out a notice to clients and enrollment workers to notify them that they need to know these numbers and how to contact Magellan.
  - Niki responded that we can provide more clarification on these numbers, they should be on the client card as well as how to contact Magellan.

12. Membership Update - VOTE
   - The Council voted on a motion from Membership and Steering regarding the Government Co-Chair.
   - MOTION: To replace the outgoing Government Co-Chair Eileen Loughran with Jose Luis Guzman.
   - The Council reviewed Jose Luis Guzman’s bio.
   - VOTE: Motion Passes. See column [1] for a vote breakdown.

13. Policies & Procedures - VOTE
   - The Council reviewed updated policies and procedures from Committees and the P&P Work Group.
   - **Committee Descriptions**
     - CM Antonetty inquired if Council staff can time date the days and times of the Committees, so you do not have to adjust the P&P if Committee times and dates change every time.
   - **Membership Renewal**
     - MOTION: CM Antonetty moved to amend the language “In the event of a non-renewal, the Steering Committee will review the decision made by the Membership Committee and make a final determination.”
     - CM Lee-Miyaki seconds the motion.
   - **Application, Selection & Appointment**
   - **Priority Setting & Resource Allocation**
   - **Relationship between Council & Counties’ Care Councils**
   - **Conflict Resolution**
   - **Council Staff Roles & Responsibilities**
   - **COLA Mission Statement & Description**
   - **Corrective Action & Involuntary Removal**
Recruitment
Mentoring Program

- **MOTION:** To approve the Committee Description, Membership Renewal, Application, Selection & Appointment, Priority Setting & Resource Allocation, Relationship between Council & Counties’ Care Councils, Conflict Resolution, Council Staff Roles & Responsibilities, COLA Mission Statement & Description, Corrective Action & Involuntary Removal, Recruitment and Mentoring Program policies.
- **VOTE:** Motion Passes. See column [3] for a vote breakdown.

14. HCV

- The Council received presentations on HIV & Hep C co-infection and HCV testing, linkage and treatment from Dr. Annie Luetkemeyer and Katie Burk.
- CM Bowman inquired if you can receive Hep-C treatment through primary care? If so, what is cross training for primary care doctors?
  - Dr. Luetkemeyer responded that yes, there are multiple different models of care that are accepted with Hep-C care, especially with co-infection of HIV and Hep-C. HIV home based care works well and helps with attrition. We need to do better with training to make it more accessible and a priority. We are running into bottlenecks in getting enough providers.
- CM W. Flores inquired about the side effects of the 12 week medication.
  - Dr. Luetkemeyer commented that there are little to no side effects. Some experience headache, nausea, fatigue and in some cases too much energy (hard to sleep).
- CM Harkin commented that active drug/chronic alcohol users are still curable and providers are behind the curve on this.
  - Dr. Luetkemeyer responded that there is increasing data that we can treat active drug users. We need to get the message out, insurance providers used to need clean urine to treat patients, but now you are prioritized for treatment if you are using.
- CM Lee-Miyaki inquired about the European study that was mentioned, within the co-infected group do the re-infected have a higher rate of STIs?
  - Dr. Luetkemeyer replied that yes, well known risk factors for re-infection are group sex, sex in substance use settings, and sex with blood.
- CM Pearce inquired if these medications become resistant if you don’t take them properly.
  - Dr. Luetkemeyer responded that with the NS5A classification of this drug, there is a chance that some people will become resistant not driven by adherence. It is a short course of therapy, NS5A do not have a lot of mal-adherence.
- CM Supanich asked if there were strategies for reaching marginally housed and unhoused people.
  - Dr. Luetkemeyer replied that it is our goal to reach the hardest to reach populations, we try to meet them where they are. There are systems in place to treat marginally housed/unhoused people with HIV, so we can leverage those systems. This is time limited therapy, so we can take advantage of times of stability in people’s lives, like prison and recovery facilities.
- CM Supanich asked if the Hep-C task force is still in existence and if there are different protocols for aging and HCV treatment.
  - Katie Burk replied that the task force is still in existence, they meet every 2nd Monday of the month. End Hep-C SF is more of an advocacy group but there is synergy between groups.
  - There is not a different protocol for treating aging people with HCV, if we believe someone is going to be alive within a year it is worth treating them.
- CM Emerson inquired if there is an approach for treating people in jail.
  - Our HIV integrated services team at jail health services wrote a grant to conduct a demonstration project where they start folks that are in jail on treatment and then follow them after they are
released and connect them with care. Hep-C treatment is expensive and people in jail don’t have insurance. We want to push this, once the demonstration program proves to be successful.

- CM Pearce questioned if Hep-C treatments are similar to the HIV model in that there is a prophylactic.
  - Dr. Luetkemeyer responded that prophylactic treatment is not cost-effective. A good majority of people can clear Hep-C on their own and we there is a 99% effective treatment rate.
  - Katie Burk noted that there is a clinical trial for a Hep-C vaccine that works to prevent infection from going to acute to chronic. We won’t know the outcome for 3-5 years.
- CM Bowman asked to know more about why there was a bump in Hep-C transmission rates in younger people.
  - Dr. Luetkemeyer responded that nationwide, the bump in Hep-C transmission is among 18-25 year olds and are half men, half women who are injection drug users.
  - Katie Burk noted that national data is different than SF, because we have always had a high incidence rate of young injection drug users with Hep-C and more harm reduction services.
- CM Discopola inquired if there is an estimate for how many people transmitted HCV through blood transfusions in the U.S.
  - Katie Burk responded that nationally 10% of people with HCV don’t know how they got it. In 1992, HCV was able to be screened out of the blood supply. If people received a blood transfusion before 1992, they could have gotten HCV through a blood transfusion.

15. Dinner Break

16. HIV & Youth: Larkin Street Youth Services
- The Council received a presentation from Heather Hargraves and Eva Kersey from Larkin Street Youth Services.
- CM Scherich inquired if Larkin places youth in hotels/SRO’s.
  - Heather responded that there are a limited number of SRO’s that are safe and clean, we only use three SRO’s in the city due to cleanliness and safety concerns.
- CM Bowman inquired about what the transition out of youth services looks like and how many people move into long-term stable housing after the program.
  - Heather responded that in 2015, 100% of the youth in our aftercare program exited into stable housing. Stable housing is having your name on a lease or moving back in with family. From the Residential Care facility, 80% went into stable exits. I would also consider a successful exits if clients choose to go into treatment, but because it’s not considered a stable living environment at exit, it’s not counted.

17. HIV & Youth: San Francisco AIDS Foundation
- The Council received a presentation from Tony Bradford on the SFAF DREAAM Project.
- Heather Hargraves inquired about how youth are feeling are going to STRUT and its location in the Castro.
  - Tony responded that there are meeting spaces on the 3rd floor, which has a balcony which people enjoy. We have had a dance, a drag show and want to do more community events focused on youth. We also have a youth drop-in group on Friday nights. We have started at the end of August and have had 25 people come in so far.

18. Next Meeting Date- VOTE

The next meeting is tentatively scheduled for Monday, January 23rd 2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

- MOTION: The HCPC will not meet in December.
19. Adjournment

- Meeting adjourned at 6:32 pm by Co-Chair Cabangun.

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