HIV Community Planning Council
FULL COUNCIL MEETING
Monday January 23, 2017
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
3:30-6:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Margot Antonetty, Richard Bargetto, Bill Blum, Ben Cabangun (Co-Chair), Cesar Cadabes, Ed Chitty, Billie Cooper, Cicily Emerson, Matt Geltmaker, Dean Goodwin (Co-Chair), David Gonzalez, Jose Luis Guzman (Co-Chair), Liz Hall, Ron Hernandez, Bruce Ito, Lee Jewell, Darryl Lampkin, Kevin Lee, Andrew Lopez, Jessie Murphy, Ken Pearce, Mick Robinson, Charles Siron (Co-Chair), Don Soto, Gwen Smith, Chip Supanich, Eric Sutter, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Jack Bowman [E], Michael Discepola [A], Elaine Flores [E], Wade Flores [E], Timothy Foster [E], T.J. Lee-Miyaki [E], Matthew Miller [E], Aja Monet [A], Stacia Scherich [E]

Others Present: Zane Bursey, Zachary Davenport, Barbara Greene-Ajulo, Meredith Greene, Bill Hirsch, Courtney Levy, Guadalupe Morimune, Michael Rouppet, Darpun Sachdev, Michael Shriver, Nikole Trainer

HHS Staff Present: Kevin Hutchcroft, Beth Neary

CHEP Staff Present: Oscar Macias, Tracey Packer

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

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Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.
   The meeting was called to order at 3:36 pm by Co-Chair Walubengo. Roll was called and quorum was established.

2. Review and Approve January 23, 2017 DRAFT Agenda – VOTE
   The January 23, 2017 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve November 28, 2016 DRAFT Minutes – VOTE
   The November 28, 2016 Minutes were reviewed, amended and approved by consensus.

4. Announcements
   - CM Supanich announced that the Mayor’s Disability Council is looking for applicants, specifically for applicants with non-physical disabilities. Those who are interested can contact CM Supanich.

5. Public Comment
   - Bill Hirsch announced that Gina Gemello is out on disability leave, she will return in the beginning of April. Jeremey Watson has been hired as the HCAP representative for the interim. He noted that it is budget season, and while there is uncertainty, we should expect federal cuts that we haven’t seen in a few years. HAPN, GTZ and members of the Council have met on a budget strategy for this year, our goal is to get the City to backfill federal cuts to care, prevention and HOPWA funds. We are also working to ensure that the new initiatives that were funded with the City’s general fund dollars will continue into the next fiscal year. We will meeting with elected officials shortly.

6. Council Staff Update
7. CHEP and HHS Update

- Co-Chair Goodwin announced:
  - RYPA FY 2017: HHS learned from our Part A Project Officer that we will begin the new Part A fiscal year with an interim award based on last year’s funding level.
  - RWPB One-Time Supplemental Funding Opportunity: HHS has been awarded $1.3 million to expand and amend services for clients in nine separate programs (oral health, supportive housing, increase to housing subsidies, hospice services, outpatient mental health, food/meals, vouchers/HIV & Aging regional study).
  - Quality Management Program Trainings: HHS will be holding many Quality Management Program trainings in the upcoming months.
  - ADAP: Through participation in monthly calls, communications to the State Office of AIDS and meetings between advocates and the state, HHS staff has expressed low confidence in the ability of AJ Boggs to resolve problems with eligibility/enrollment. Through the documentation and tracking of client access issues, HHS has provided specific examples of issues which help to clarify these points.

- Co-Chair Guzman announced:
  - Youth PrEP Program: The Youth PrEP Emergency Program was created in collaboration with ZSFG to ensure that all youth who are unable to receive PrEP through other resources can access PrEP. Nikole Trainer is the contact for this program (nikole.trainer@sfdph.org).
  - HIV Testing in Pharmacies: CHEP has been working with Mission Wellness pharmacy to set up HIV rapid testing as a first step to providing PrEP in community pharmacy settings.
  - Harm Reduction Training Institute: In collaboration with CBHS, we are contracting with Harm Reduction Coalition to offer harm reduction trainings to DPH and DPH funded agencies and staff. For more information contact Katie Burk (katie.burk@sfdph.org).
  - Funding follow-up: SFDPH released a PrEP RFP in the fall for 4 categories: African American MSM, Latino MSM, Trans female, and youth. SFDPH is moving forward and negotiated contracts that will start on February 1st.
  - Eliminating Hep C in SF: The End Hep-C SF community partners have been working to put together the initiative’s strategic plan and they will soon be ready to share a draft with community members to receive feedback. There will be a community meeting on Thursday, 2/9/17 from 5:30-7:30 at 25 Van Ness room 610.
  - Mayor’s Fix-it Team: There will be a Fix-it Community meeting to kick-off efforts in SoMA on January 24th from 6:30-8:00 at the Gene Friend Recreation Center at 270 6th St.
  - Syringe Disposal Boxes: CHEP, in partnerships with our funded syringe providers and the Fix-it Director, are exploring additional sited to place outdoor disposal boxes. We are working with BART to place boxes outside of Powell street, Civic Center and 16th & Mission street stations.
- Homeless Count Event: The Department of Homelessness and Supportive Housing is preparing for the 2017 SF Homeless Point in Time Count. The count needs volunteers and will take place on Thursday, January 26th.

8. Needs Assessment- VOTE
- CS Jordan announced that in November, the Community Engagement Committee determined that the needs assessment target would be people co-infected with Hep-C and HIV. The Council received a presentation on a DPH Hep-C needs assessment at the last meeting. The Committee reassessed and decided in order to not duplicate data, the needs assessment target will be Homeless and unstably housed. People co-infected with HIV and Hep-C will be a COLA topic for 2017.
- MOTION: The 2017 needs assessment topic will be people who are homeless or unstably housed.
- VOTE: Motion passes. See column [1] for a vote breakdown.

9. Membership Update- VOTE
- The Council voted on a motion from Membership to approve Zachary Davenport as a member of the HIV Community Planning Council.
- CM Bargetto noted that Zachary would be filling former member, Nan O’Connor’s CBHS seat.
- MOTION: To approve Zachary Davenport as a member of the HIV Community Planning Council.
- VOTE: Motion passes. See column [2] for a vote breakdown.

10. CDPH Office of AIDS Update- VOTE
- The group nominated an alternate representative for the California Planning Group.
- CM Hall noted that this is the first time we are electing an alternate, there is great information shared at these meetings and we want to make sure that the Council receives this information if the CPG representative can’t attend.
- MOTION: CM Hernandez nominates Ken Pearce as an alternate for the California Planning Group.
- CM Chitty seconds the motion.
- VOTE: Motion passes. See column [3] as a vote break down.

- CM Hall reported on the December and January OA reports:
- Office of AIDS Division/Cross Branch Issues: The Governor’s budget proposal, released on 1/10/17 includes several funding authority shifts and policy changed in alignment with CA’s Laying a Foundation to Getting to Zero Integrated Plan.
- CA’s Integrated HIV Surveillance, Prevention and Care Plan: The OA is reviewing the strategies and objectives to identify their roles and responsibilities, as well as coordination between branches to ensure collaborative and integrated effort within the OA and with state, local and community partners. ON 1/5/17 the CA Conference of Local Health Officers voted to endorse implementation of CA’s Laying a Foundation to getting to Zero Plan.
- OA Division/Cross Branch Issues: The CA Conference of Local AIDS Directors and the CA STD Controllers Association announced that they have consolidated into the CA STD/HIV Controllers Association. Staff from OA attended the National PrEP Summit in SF on December 3-4th.
- RWPB Clinical Quality Management Program: The CQM Committee is looking at ADAP and HCP’s clinical data to identify statewide RW Part B disparities, and will determine the population to focus on for statewide quality improvement actives. In conjunction with UCSF, the CQM will be conducting a quality improvement project to increase extragenital gonorrhea/chlamydia screening in two RWPB clinical settings to improve STD screening for MSM living with HIV.
• HOPWA: There are changes to the housing Opportunities for Persons with AIDS (HOPWA) Program resulting from the passing and signing of the Housing Opportunity Through Modernization Act. The law provides HOPWA modernization will begin in 2017 and will be phased in over 5 years to avoid highly volatile shifts in either direction for any one jurisdiction.

• HIV Prevention: Staff from the OA attended and participated in the CA Syphilis Prevention Summit. OA will collaborate with STDCB on the application of HIV status data on syphilis cases for Linkage-to-Care or PrEP referral. The Kings County Public Health Department has applied to CPDH to authorize a new syringe exchange program.

• California Planning Group: The OA is recruiting for members of the CPG beginning in March 2017.
  o CM Supanich inquired if the UC sexual health study is discussing using pap smears to detect anal dysplasia. He noted that there is a high incidence of anal dysplasia of MSM with HIV. Anal dysplasia can lead to cancer if not diagnosed early enough. He does not believe that anal pap smears are in any standard of care, but there is a growing population that needs testing and treatment.
  o CM Hall responded that the intent of the study is to increase where the swabs are taken from. She noted that anal, oral and throat swabs are taken. We can take this suggestion back to the group because the study is still in the development stage.

• Chris Unzueta reported on ADAP Staffing: OA has started recruitment to fill the ADAP Branch Chief position, formerly filled by Niki Dhillon. In the interim, Majel Arnold will serve as acting Branch Chief.

• Contractor Update: Since 11/29/16, the ADAP enrollment portal remains unavailable to ADAP enrollment workers and clients. The portal will become available to enrollment workers in late January. The Magellan call center is able to provide real-time, 24/7 access to a 30 day supply of medications for existing ADAP clients who experience an issue at the pharmacy.

• Interim Process: During the portal outage period, enrollment workers have been instructed to fax paper applications for new applicants to AJ Boggs. Enrollment workers must continue to meet with their clients to conduct the re-enrollment or recertification process to ensure that clients are still eligible for ADAP.
  o CM Pearce inquired about a Magellan policy that allows 90 day orders for ADAP drugs, Nikki Dhillon said that was not true. He noted that he has received 90 day fills and feels that all clients should be aware of this. This has a huge impact on older clients because the cost of their other drugs are reduced considerably.
  o Chris Unzueta responded that we need to follow up with Magellan, but ADAP should only be providing 30 day fills.
  o CM Pearce thanked ADAP for the extensions with Medicare Part B premiums and out of pocket medical costs. He is concerned about the difficulties implementing this program. Those who don’t have Medi-cal may have it taken out of their Social Security checks. He suggests looking at picking up Medigap programs for these individuals. Medigap would give more coverage and save money.
  o Chris noted that we are in the beginning phases of extending Medicare Part B. The coverage is deducted from Social Security but we need to determine how to pay premiums moving forward.

11. Policy Update - VOTE

• Co-Chair Walubengo noted that CM Jewell’s term is up and the Council will need to vote on a representative for the CAEAR Coalition.

• MOTION: Co-Chair Siron nominates CM Jewell as the CAEAR Coalition representative.

• CM Blum seconds the motion.

• VOTE: Motion passes. See column [4] for a vote break down.

• CM Jewell reported:
  • The 115th Congress was sworn in, the biggest issue is the repeal of the ACA.
• Senate Republicans voted to approve a budget blueprint that will allow Republicans to gut the law without the threat of a filibuster. This is a procedural vote to allow for a vote on the reconciliation bill, which can be used to repeal significant parts of the ACA that will be immune from being filibustered.

• Republicans blocked amendments that: would have protected people with pre-existing conditions, makes it easier for young people to stay on their parents plans until they are 26, allows contraception to be covered under health insurance, protects the expansion of Medicaid, make it easier for children to covered under Medicare/CHIP, and makes it harder to keep veterans from getting coverage from the VA.

• The House of Representatives voted to approve a budget resolution to instruct committees to draft legislation by a target date on 1/27 that would repeal the 2010 ACA.

• In his first day of office, President Trump signed an Executive Order directing government agencies to scale back as many aspects of the ACA as possible. This order gave no specifics about which aspects of the law it is targeting.

• Things to look out for: 23 Senators are up for re-election, changes proposed to Medicaid in the form of a waiver authority, HHS and FDA regulations, Tom Price HHS nominations and Supreme Court nominations.

12. Getting to Zero

• CM Supanich and Tracey Packer presented on San Francisco’s Getting to Zero Initiative.

• CM Harkin noted that he would like to thank Getting to Zero for being more transparent in this presentation. He noted that initially, M.A.C AIDS RFP’s did not go through DPH, and he much prefers the current model. He would like to know more about how agencies are selected. He feels that if you don’t involve the community in these decisions, you won’t reach the populations needed to get close to getting to zero.

  o Tracey responded that M.A.C AIDS only funded LINCS navigators. We want to have a process that everyone has access to. DPH has always managed the funds we receive. It would have been helpful to have community input on M.A.C AIDS funds, that was a misstep and we want to be collaborative. There needs to be more conversation with the community and we invite everyone to join the consortium.

• CM Cooper commented that she feels that African Americans and communities of color are overlooked when it comes to PrEP. She would like to see more PrEP advertisements in the Tenderloin, people in this neighborhood need more education around PrEP. She also suggested a late night drop-in that would allow for health education around PrEP.

  o CM Supanich noted that people of color, women, homeless and drug user populations have been told that we will get to you, but research and funds have only focused on gay, white men. One on Getting to Zero’s primary focus this year is to reach out to these communities. He noted that the PrEP advertisements only reached a certain population, he would like to see the aging population and communities of color better represented.

• CM Cooper noted that there is nothing for heterosexual men and women around PrEP.

  o Tracey noted that we focus on the highest prevalence population, but we want access to PrEP for everyone. There is a PrEP meeting on March 23rd from 6-8 at 25 Van Ness on the 6th floor, where everyone is welcome to attend.

• CM Pearce inquired about engaging private practitioners to tell clients about coverage for PrEP.

  o Tracey responded that we have a CDC grant called Project Pride, where one of the focus is academic detailing. Project Pride goes to doctors’ offices to reach physicians and talk to them about PrEP. We also have a PrEP Provider Committee, where the group figure out gaps in coverage. The group found that we are not reaching pediatricians, psychiatrists and gerontologists.

• CM Lopez commented that Getting to Zero should not forget about sub-populations, such as American Indian Alaskan Natives. This is a population that often gets categorized under Latino and have a lot of
their own health disparities. In terms of a nurse practitioner who is doing rapid detailing, how do you access that?
  o Darpin Sachdev commented that through Project Pride, we have hired a nurse practitioner who is planning on reaching out to the Native American Health Center.
• The group discussed the Front Line Workers Group and requested the times of meetings from DPH.

Public comment:
• Bill Hirsch commented that it has been challenging working with GTZ because it is such a broad sweeping concept. GTZ often focuses on prevention, rather than GTZ deaths. This is important for us to remember because we don’t want to exclude people who are currently living with HIV. Last year was an unusual year, HAPN and GTZ were not always on the same page, which impeded some of our budget capacity. We are committed to being coordinated with GTZ and it is important to speak as one voice to the city. This year will be about cuts. We have seen a greater responsiveness from GTZ in the last few months, and we welcome the participation of Council members in our advocacy efforts.

13. Dinner Break

14. Improving Care for Older Adults Living with HIV
  • The Council received a presentation from Meredith Greene and the UCSF Division of Geriatrics.
  • CM Pearce commented that there is a theory that people who have HIV, age more rapidly, particularly those that were diagnosed in the 80s. There are conflicting theories that those diagnosed earlier were better off because they were used to seeing physicians more frequently, making it easier to detect aging related diseases earlier.
    o Meredith responded that there is an ongoing debate whether HIV is accelerated or accentuated aging. The current consensus is that it depends what you are looking at and how you define aging. People living with HIV are at higher risk of getting certain types of cancers (accentuated). There was one study with long-term survivors where we saw that having HIV since the 80’s had a protective effect. We’re not clear why that is, because we suspected that being exposed to AZT would be worse, but people who survived the early epidemic may have different protectants.
  • CM Cooper commented that she would like to see a weekly group for seniors and there should be more discussion/education around senior’s sexuality.
  • CM Lee-Miyaki asked in regards to polypharmacy, what medications are patients prioritizing?
    o Meredith responded that it depends on the patient, but many choose to cut out which medication is the most expensive. Patients usually prioritize their HIV medications.
  • CM Hernandez inquired if this program coordinates with the 50+ at the San Francisco AIDS Foundation.
    o Meredith replied that there is a need for other groups, we are working together to not duplicate things. We want to create a list of resources, which some of the social workers at SFAF are more familiar with this.
  • CM Pearce commented that many participants in 50+ support groups experience lethargy, lack of motivation and a lack of physical activity. He suggests possibly Extend partnering with a gym in the future.
    o Meredith responded that we are still looking for sustainable funding, we are trying to expand as we can.
  • CM Gonzalez inquired if the program is planning to implement harm reduction with the aging population. There are many older adults using substances in secret.
    o Meredith commented that there is substance use and harm reduction counselling on Fridays. She noted that there is a need for additional substance use research for older adults.

15. Next Meeting Date - VOTE
The next meeting is tentatively scheduled for Monday, February 27th, 2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

16. Adjournment
- Meeting adjourned at 6:34 pm by Co-Chair Cabangun.

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

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