

HIV Community Planning Council
FULL COUNCIL MEETING
Monday July 24th, 2017
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
3:30-6:30 pm

HIV Community Planning Council Members Present: Margot Antonetty, Chuck Adams, Bill Blum, Jack Bowman, Ben Cabangun (Co-Chair), Cesar Cadabes, Ed Chitty, Zachary Davenport, Michael Discepola, Cicily Emerson, Elaine Flores, Wade Flores, Matt Geltmaker, Dean Goodwin (Co-Chair), Jose Luis Guzman (Co-Chair), Liz Hall, Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Kevin Lee, Jessie Murphy, Mick Robinson, Michael Shriver, Charles Siron (Co-Chair), Gwen Smith, John Paul Soto, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Billie Cooper [LoA], [A], Darryl Lampkin [E], T.J. Lee-Miyaki [E], Ken Pearce [E], Darpun Sachdev [E], Stacia Scherich [E], Eric Sutter [E]

Others Present: Orin Allen, Barbara Green-Ajufo (CAPS), Bill Hirsch (HAPN/ALRP), Amanda Newstetter (AETC), Lila Rubenstein (Capacity for Health)

HHS Staff Present: Kevin Hutchcroft

CHEP Staff Present: Tracey Packer, Nyisha Underwood

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 3:38 pm by Co-Chair Goodwin. Roll was called and quorum was established.

2. Review and Approve July 24, 2017 DRAFT Agenda – VOTE

The July 24, 2017 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve June 26, 2017 DRAFT Minutes – VOTE

The June 26, 2017 Minutes were reviewed amended and approved by consensus.

4. Announcements

- CM Soto noted that he legally changed his name to John Paul Soto
- CM Harkin announced that there was a PrEP event last week at Glide. The event was aimed to get the word out about PrEP to communities of color.
- CM Harkin announced that there is a screening of the film “A Day in the Life” this Thursday 7/27 at 6:00pm at the Tenderloin Museum. There will be a panel and discussion after the film.

5. Public Comment

- Bill Hirsch announced that HCAP has had a change in its staffing. Gina Gemello has stepped down from her position as HCAP staff attorney. Jeremy Watson will be stepping in full time starting in August.

6. Council Staff Update

- CS Cone noted that the merge evaluation discussions will occur at the committee level to make time in today’s agenda to discuss the CDC’s FOA.

- CS Stumm announced that the overall rating for the June Full Council meeting was a 9.1. Most of the comments were about the merge evaluation report and people noted that they were looking forward to discussing the report more in depth.

7. CHEP and HHS Update

- Co-Chair Goodwin announced:
- RWPA FY 2017: HHS scored 98 out of 100 from the HRSA's RWPA competitive grant application. Of the 19 criterion that were evaluated we had no weaknesses noted and 50 specific strengths identifies and described. Our notice of award (NOA) for RWPA was received and there is a very slight reduction from last year's award. RW funding for FY17-18 is \$15,811,000. Last year's funding was \$15,863,822. For the SF EMA this is a total reduction of \$25,822 and for San Francisco this is a total reduction of \$21,661.
- RWPA Comprehensive site visit: Our site visit will likely be held in October or early November.
- Waiver for 75% funding requirement for core services: Our waiver was submitted one month early. We anticipate receiving approval for this request as we have for the past several years.
- Quality Management trainings:
 - Avoiding Burnout: August 3rd
 - Group Work Consultation- Focusing on Challenging Aspects of Group Leadership via case studies: August 4th
 - HIV Frontline Workers Group- Open Enrollment Boot Camp: October 20th
- CA State Office of AIDS RWPB Conference: Many of the HHS staff will be attending a conference in Los Angeles from 8/28-8/30 and will not be attending the August Full Council meeting.
- Co-Chair Guzman announced:
- Safe Injection Task Force: SF Board of Supervisors enacted a resolution charging DPH with convening a Safe Injection Services Task Force whose goal is to develop recommendations on the operation of safe injection services in SF. The 3rd task force meeting will be held on August 10th from 9am-11am. This is a public meeting so everyone is welcome to attend.
- 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. There will be monthly training provided in 2017.
- June Trainings:
 - Harm Reduction Overview: August 7th from 9:00-5:00 at 25 Van Ness on the 6th floor.
 - Trauma and Substance Use: August 21st from 8:30-4:30 at 25 Van Ness on the 6th floor.

8. Membership Update- VOTE

- The Council reviewed a motion from the Membership Committee recommending Orin Allen as a member of the HCPC.
- Orin Allen gave an introduction about his background as a public health advocate.
- **MOTION: To approve Orin Allen as a member of the HIV Community Planning Council.**
- **VOTE: Motion passes. See column [1] for a vote breakdown.**

9. Getting to Zero Update

- CM Shriver reported:
- Two new committees have been added:
 - The Adolescent Committee: to facilitate coordinated effort in addressing the gap/health disparity in the adolescent population within GTZ's work- PrEP education & provision, RAPID initiation of ART, support for retention and re-engagement into care and reducing stigma and discrimination.

- The Metrics Committee: to determine population-based and programmatic metrics across all the GTZ goals and committees that will be useful to the GTZ effort.
- He noted that the take home from the Steering Committee was that they are aware of the need to better communicate the Council. He stated that the Committee discussed that the rate of new infections has gone down, but the remaining infections will be the hardest population to reach. He recommends being prepared for more consumer intensive programs.
- PrEP:
 - Four new GTZ PrEP programs funded: African American MSM, Latino MSM, Trans women, Young MSM
 - There is a new pharmacy based PrEP program in the Mission and a PrEP emergency fund for youth.
 - The data to PrEP pilot has launched.
- Retention and Re-engagement:
 - Medication Access & Security Project: To address viral suppression disparity among homeless/marginally housed by increasing secure access to ART and other treatment.
 - Cell Phone Project: Cellphones w/voice and SMS for people who are homeless and marginally housed currently in navigation and cell phone charging stations.
 - Communications: Frontline Organizing Group developed standardized retention and re-engagement messaging for client and providers, stigma and barriers reduction.
 - Intensive Case Management Program
- The consortium created a re-connect tool kit that has a directory of navigation and care resources.
- CM Chitty noted that the Kaiser address is wrong in the handout.
- The next consortium meeting is on Thursday, September 28th at 25 Van Ness on the 6th floor from 6pm-8pm. An overview of the new 2016 HIV epidemiology data will be reviewed.

10. CDC FOA Update - VOTE

- The Council received an update on the recent CDC Funding Opportunity Announcement.
- CM Antonetty commented that she would like to remind the Council to limit the use of acronyms.
- CM Hernandez inquired about gonorrhea as a driver.
 - Co-Chair Guzman responded that the Prevention Council's Show Me Your Data Committee indicated that if someone has rectal gonorrhea it increases their chance of contracting HIV.
 - CM Harkin noted that the threshold for drivers had to be 10% of new infections.
- CM Hernandez inquired about installing syringe disposal boxes at public urinals.
 - Co-Chair Guzman noted that Department of Public Works are working on "pit stops" at public restrooms, dog poop bag kiosks and syringe disposal kiosks.
- CM Bowman inquired about in general where does the other 60% of funding come from.
 - Tracey Packer responded that the additional funding comes from the general fund, the SAMHSA grant and a 3 year CDC demo project called Pride. The city has backfilled the loss of CDC funding through general funds.
- CM Discepolo asked when they expect to hear about the award and if CHEP is coordinating with Getting to Zero with the FOA.
 - Co-Chair Guzman noted that the application is due in mid-September so we won't hear back about the award until November.
 - Tracey responded that there were additional funds that we called Getting to Zero but are for addressing disparities. All of this needs to be coordinated and we need to look at the big picture to see what SF needs to do to get to zero. We all work closely together and are currently focusing on we are looking at populations that we have not done a good job at reducing new infections with.

- CM Harkin inquired if Prevention receives 6 million are we in competition with Getting to Zero to receive those funds.
- Tracey Packer noted that Getting to Zero is an idea, were all working towards the goals of GTZ (zero new infections, zero deaths, zero stigma.) We're not in competition because that is all of our goals. We couldn't be talking about GTZ without the work that Prevention and Care has already done. The new funding is building on top of what is already in existence to get us to that next step.
- CM Jewell commented that it is not funding that is taken away, it was additional money to accelerate the idea of GTZ.
- CM Discepola noted that he wants to support the idea of Getting to Zero but the Council was established to make sure that we are conscious of where funding is going. GTZ has been using a process that does not include the Council when we have that system already in place. He wants to recognize that in an environment where there is a reduced resources it is important that the planning body not be usurped in deciding what gets cut and how cuts happen.
- CM Bowman inquired that about the 1 million shared reduction. Is it a reduction in base funding, or base funding plus the demo project?
 - Co-Chair Guzman noted that total includes a reduction in just the base funding.
- CM Adams commented that out of the 223 newly diagnosed folks, do they have addresses in SF and did they test positive in the city? He noted that the epi data shows that every year folks that are being diagnosed with stage 3 HIV have remained at 50%, which is an issue.
 - Co-Chair Guzman noted that they all had a SF addresses but he does not have the number who were diagnosed in the city. He will check with the epidemiologist to address the stage 3 HIV number.
- CM Harkin noted that in terms of what has been effective, SF is way ahead of other jurisdictions. Community based testing has been amazing. He noted that 6% still don't know their status, he would like to see more trust of community providers to test people who are not MSM, Trans and IDU folks. At Glide, we get women who are not IDU, who should be tested. Very few places test women who don't inject drugs, this is a gap that needs to be addressed in order to get to zero. There are high risk pockets of women who need testing who are not injectors. Linkages have been huge and community providers know the people we are having the challenges with. Appropriate interventions to address these specific populations need to be focused on.
- CM Discepola noted that he doesn't feel comfortable moving on to the discussion portion of the presentation. If we want to ask what is effective, we need to see the data in another way. He would like to see a 5 year comparison and hard numbers for the different buckets. If 15% of new infections are API that's over 33 people, where we can start to understand the details for this population. He suggests doing an analysis of the last 5 years with chart extractions. As the new infection numbers shrink, it will be harder to reach these folks. We need to look at these numbers to understand specific cases.
- CM Jewell noted that as we head into prioritization and allocation, the Council should focus on areas that would make the most difference. How is testing offered to people in harder hit communities? He also questioned the rate that people agree to test for HIV.
 - Co-Chair Guzman noted that these communities are being tested in multiple ways: emergency rooms, routine testing by insurance providers, jails and the health network. He noted that the rate of HIV testing depends on the case, it could be on the street or with a medical provider. We do about 25k tests in community based settings and 25k within the health network. He noted that Kaiser and CPMC does more testing as well. There is currently not a mechanism to see how many HIV tests in our jurisdictions.
 - CM Chitty commented that Kaiser reports HIV tests results to DPH due to Title 17.

- Co-Chair Guzman noted that the phasing time for that is not there yet but we can follow up with that.
- CM Bargetto commented that asking for 2 million for a demo project is substantial. Is DPH leaning towards going with our strengths or going for areas that are more problematic when choosing the demo project?
 - Dara Geckeler noted that it will likely be a combination of the two. The last time that we had this FOA, the demo project was separate from the core funding. This demo project is supposed to enhance what we are already doing and to fill in gaps in respect to disparities. We plan to vacillate between evidence based and innovative.
- CM Thomas noted that she pays attention to the numbers related to drug use. Areas where we have been effective are HIV incidence among PWID and MSM. To some extent we have been effective due to getting syringe access out there but we haven't gotten those numbers any lower either. IDU and MSM are staying the same, about 9-10%. One of the goals from 2010 was to eliminate new infections from IDUs which we have done the least in achieving. She encourages the Council to think about the ways in which a demo project can move beyond syringe access in order to reduce substance use as a driver of the epidemic, with an emphasis on MSM IDU. Supervised injection services are a necessary part of reducing new infections among IDU combined with our Hep-C program. We are also trying to end Hep-C in SF and we need to reach the same folks who are at risk for HIV. If we can end Hep-C we can end HIV, which fits into the same place of what are the gaps and what have we done well. We have to go after the smaller populations on paper, by preventing those we've reached much larger communities with services.
- Tracey Packer noted that there is trend data in the GTZ presentation. Disparities among men of color compared to white men. The presentation outlines who is not getting treatment, linkage to care, retention to care and viral suppression.
- CM Shriver noted that 17 years ago we were dealing with a doubling incidence of MSM and among MSM IDU, before that explosion we were breaking new infections below 500. What he hasn't seen that we used to do is community ownership. 223 new infections is a success in prevention that not been marketed. He suggested marketing how close we are to zero to the community with limited funds. We have not coordinated STD elimination with the GTZ goals, which is a big disconnect. The idea that we tolerate a threshold of STD infections with PrEP is a public health disservice. The Council needs to think about how we bring STD planning to this table and to look at STD elimination instead of treatment. What we've done well is evident but the community is unaware.
- CM Bowman commented that a flaw in public health strategy is that it is not strength based. The community needs to be brought into the work, emphasizing what the community has done in terms of decreasing new infections can be a social media strategy. Our current strategy is not getting us to the hardest to reach people, unless we address non-HIV specific structures like homelessness and behavioral health we will never get to zero. There are people on the Council that represent specific communities but the Council is not involved in community interventions in general. He noted that changing our perspective is essential moving forward.
- CM Gonzalez stated that the Council needs to have a conversation about how we can support Marin and San Mateo. He noted that to give the Council historical context about Getting to Zero, when we looked at funding for structural things, it wasn't feasible to use prevention dollars to address homelessness. We started prioritizing drivers, and some communities fell out of our prioritization (homeless folks, youth, and sex workers). As we move forward, we should look at social determinants of health and how it effects health disparities. We should also look at connecting with organizations to drive the health movement. We have not had a concrete plan as an integrated body. CM Thomas presented a good viewpoint that focusing on disenfranchised communities will in turn affect the people around them.
- CM Discepolo commented that the ponderous of transmissions are caused by substance use and misuse, including injection drug use and alcohol use. He noted that there is a missed opportunity to focus on

people who inject drugs and who drink alcohol. He noted that people are getting HIV not from needles but from the sex after they get high. We have done well in the past using social marketing around amphetamines and stimulants but there needs to be new messaging that embraces communities using stimulants.

- CM Blum commented that the Council funds a RW HIV program in the STD clinic, which was innovative in providing a PrEP and PEP clinic. He noted that STD and HIV programs are very integrated.
- CM Thomas noted that we had a substance use workgroup between the two former councils. We spent time looking at these issues and substance use more generally. We looked at assessing the impact that substance use had on accessing HIV prevention and care. We have a series of recommendations, strategies and summaries of the research that would be a great way to start in terms of looking at what to do with these populations.
- CM Murphy commented that there is a high rate of HIV infection among African American women and it is almost approaching the rates of white men, which was not included in this data.
- CM Antonetty commented that Department of Homelessness and Supportive Housing is not with the Health Department anymore. It has been effective to have HIV prevention staff go out with the homeless outreach teams in where we reach out to people living on the streets. She hopes to continue with that collaboration, and noted that it has been successful with Hep C efforts as well. The work around getting rid of syringes in where people experience homelessness has been successful.
 - CM Discepola noted that he wants to support the collaboration with Homeless Services but commented that part of that collaboration is happening is because the city has been moving encampments from place to place, the reality is that services for homelessness are not working, they need some serious re-tooling. Folks are doing amazing work but need to work better together. When talking about co-factors relating to drivers, homelessness and housing instability is a major co-factor, when talking about getting to zero it is important to address.
- CM Thomas noted that homeless services could be fixed by providing housing to people. The reality is that there is just not enough housing available in the city. She suggests looking at the larger structural economic problems, how far can we go in addressing these issues when we know that they are the reasons that people are falling out of care. It's worth talking about how to make that happen and to create new housing.
- CM Antonetty stated that if this Council would like a presentation on the new Homeless and Supportive Housing program she can do that. There are 7000 supportive housing units in the city, which includes adults, transitional age youth and families. The issue is complex, it's not that people don't want to provide housing but there is a lack of available housing in the city. The Department is working hard to house those with the highest need.
 - CM Discepola commented that he recognizes the complexity of the housing issues we are facing. In the absences of any X number of housing units coming on board, we have to continue to look at examples nationally and internationally where housing is limited. From a provider perspective, often time people are moved from places, people are told they will be notified when they need to leave and they are not, people are losing their belongings and meds and they are becoming destabilized. We want to change that dynamic and work together from a harm reduction perspective. People who are facing homelessness use drugs and alcohol to cope. Homeless shelters that don't allow people to bring their stuff and demonize people for getting high is a system that does not work.
 - CM Harkin noted that he has been working with the homeless population in the TL for 17 years. It's not harm reduction when they get kicked out of their housing for drug use. He would like to see actual harm reduction housing being funded. He has heard of people who use are being kicked out of shelters for using Narcan. Substance users who are kicked out of supportive housing

are a big chunk of new infections. Actual harm reduction housing was a recommendation by the Substance Use Work Group.

- CM Antonetty commented that none of the permanent supportive housing is clean and sober housing, all of it is harm reduction oriented. However, there is onsite supportive staff to assist people to make sure people are stably housed and to address behaviors that get in the way of stabilization. The issue that there a lot of drivers for people becoming homeless and unstably housed. Permanent and supportive housing is something concrete that can help change that, eviction rates are incredibly low.
- The group discussed having a presentation from the Department of Homelessness and Supportive Housing.
- CM Allen stated that he is homeless at the moment and a lot of shelters don't have the necessary equipment for HIV testing and he feels that that is a missed opportunity.

11. Public Policy Update

- CM Jewell reported:
- CAEAR Policy Call: Congress returned to DC and is in the process of a sprint to the summer recess. There are only 5 weeks left until appropriation bills are due (Oct.1). There has been no agreement between the House and the Senate on tax reform. The Treasury has asked that the debt ceiling be raise by the end of July.
- Budget: The House markup has been delayed due to lack of agreement on the size of the cuts. The House continues to move appropriations though committees. The President's budget is DOA.
- Healthcare: There has been no agreement on the Better Care Reconciliation Act of 2017. There is no agreement on the Senate bill.
- American Healthcare Act: The CBO scored the revised H.R. 1628 Reconciliation Bill that 32 million Americans would be uninsured by 2026. Mitch McConnell is expected to schedule a vote for July 25th on the procedural motion to bring up the Obamacare Repeal Reconciliation Act.
- The next CAEAR meeting is in Washington D.C. from September 25th-28th.

12. UCHAPS Update

- Co-Chair Guzman reported:
- UCHAPS has its July Membership meeting in Los Angeles on July 9th-10th. We received updates from the board, Executive Director and AIDS United.
- UCHAPS named Kevin T. Jones as its national Executive.
- AIDS United: The President has proposed a \$54 billion increase in defense funding with funds from discretionary spending. In his budget, HHS would receive an 18 percent cut. HUD, where HOPWA resides, would receive a 13.2 percent cut. Under this budget, there would also be deep cuts to CDC and HRSA HIV programs. HIV prevention would decrease \$149 million. The President is also calling for cuts to Medicaid, Supplemental Nutrition Assistance Program, Temporary Assistance to Needy Families and Low-Income Energy Assistance Program.
- Technical Assistance: The membership discussed the newly released CDC HIV Prevention FOA.
- Best Practices Document: The membership reviewed and made edits to the Syringe Access, Overdose Prevention, Transgender HIV Prevention, HIV Criminalization and Undetectable=Untransmittable.

13. Next Meeting Date- VOTE

The next meeting is tentatively scheduled for Monday, August 28th 2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

14. Adjournment

- Meeting adjourned at pm by Co-Chair Goodwin.

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: July 24, 2017	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams	P	Y									
Orin Allen	P	-									
Margot Antonetty	P	Y									
Richard Bargetto	P	Y									
Bill Blum	P	-									
Jackson Bowman	P	-									
Ben Cabangun (Co-Chair)	P	Y									
Cesar Cadabes	P	Y									
Ed Chitty	P	Y									
Billie Cooper	LoA	-									
Zachary Davenport	P	-									
Michael Discepola	P	-									
Cicily Emerson	P	Y									
Elaine Flores	P	Y									
Wade Flores	P	Y									
Timothy Foster	A	-									
Matt Geltmaker	P	Y									
David Gonzalez	P	-									
Dean Goodwin (Co-Chair) Jose Luis Guzman (Co-Chair)	P/P	Y									
Liz Hall	P	-									
Paul Harkin	P	Y									
Ron Hernandez	P	Y									
Bruce Ito	P	Y									

Lee Jewell	P	Y																		
Darryl Lampkin	E	-																		
Kevin Lee	P	Y																		
T.J. Lee-Miyaki	E	-																		
Jessie Murphy	P	Y																		
Irma Parada	P	Y																		
Ken Pearce	E	-																		
Mick Robinson	P	Y																		
Darpun Sachdev	E	-																		
Stacia Scherich	E	-																		
Mike Shriver	P	Y																		
Charles Siron (Co-Chair)	P	Y																		
Gwen Smith	P	Y																		
John Paul Soto	P	Y																		
Eric Sutter	E	-																		
Laura Thomas	P	Y																		
Linda Walubengo (Co-Chair)	P	Y																		
	Ayes		28																	
	Nays																			
	Abstain																			
	Recusal																			
	Total		28																	