HIV Community Planning Council
FULL COUNCIL MEETING
Monday May 22nd, 2017
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
3:30-6:30 pm

HIV Community Planning Council Members Present: Margot Antonetty, Bill Blum, Jack Bowman, Ben Cabangun (Co-Chair), Cesar Cadabes, Billie Cooper, Zachary Davenport, Michael Discepola, Elaine Flores, Wade Flores, Dean Goodwin (Co-Chair), Jose Luis Guzman (Co-Chair), Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Darryl Lampkin, Kevin Lee, Mick Robinson, Darpun Sachdev, Stacia Scherich, Michael Shriver, Gwen Smith, Don Soto, Eric Sutter, Laura Thomas

HIV Community Planning Council Members Absent: Chuck Adams [E], Ed Chitty [E], Cicily Emerson [E], Timothy Foster [E], Matt Geltmaker [A], Liz Hall [E], T.J. Lee-Miyaki [A], Jessie Murphy [E], Ken Pearce [A], Charles Siron (Co-Chair) [E: Proxy Ben Cabangun], Linda Walubengo (Co-Chair) [E]

Others Present: Maya Kageyana, Serena Ngo
HHS Staff Present: Joseph Cercere, Kevin Hutchcroft, Beth Neary
CHEP Staff Present: 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 Cabangun. Roll was called and quorum was established.

2. Review and Approve May 22, 2017 DRAFT Agenda – VOTE
   The May 22, 2017 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve April 24, 2017 DRAFT Minutes – VOTE
   The April 24, 2017 Minutes were reviewed and approved by consensus.

4. Announcements
   • CM Harkin announced that there was a rally for safe consumption sites at City Hall today. London Breed’s task force was launched, which CM Thomas and CM Discepola are a part of. This could be a historic date, the task force will do a 3 month evaluation of safe consumption sites.
     o CM Thomas commented that she and CM Discepola are part of the taskforce which was put together by an ordinance by the Board of Supervisors. The task force called for someone to represent the former Prevention Council’s Substance Use Workgroup. The group will develop recommendations over the next 3 months.

5. Public Comment
   • None.

6. Council Staff Update
   • CS Molnar announced that the Steering Committee approved the date of the Summit as Tuesday, October 3rd. The group also decided to cancel the September 29th Full Council meeting. During the
Summit the Council will go over prioritization and allocation, service summary sheets and the needs assessment report back. The Full Council will vote on the Summit date at the June meeting.

- CS Stumm reported that the overall rating for the April Full Council meeting was an 8.9. Members enjoyed the Health care presentation, the HCAP report and the COLA update as well as Co-Chair Walubengo’s facilitation.

7. Membership Update- VOTE
   - The Council reviewed Irma Parada’s bio and considered her as a Council member of the HCPC.
   - MOTION: To approve Irma Parada as a member of the HIV Community Planning Council.
   - VOTE: Motion passes. See column [1] for a vote breakdown.

8. CDPH Office of AIDS Update- VOTE
   - CM Hall reviewed the May Office of AIDS report.
   - CA’s Integrated HIV Surveillance, Prevention and Care Plan: During the first quarter of the Plan’s implementation, OA has identified which branch will take the lead for each strategy and activity. An approach to measure progress toward reaching each objective has been developed and baseline data are being assembled. A template for annual reporting to stakeholders is also being developed.
   - RWPB ADAP: Effective 4/20, the transfer of client eligibility data from the ADAP Enrollment System to ADAPs Pharmacy Benefits Manager (Magellan) occurs every 15 minutes between the hours of 8am-6pm. Starting on May 5th, Magellan began mailing new client ID cards to all ADAP clients. The ADAP Enrollment System is being developed in stages, with releases of features and improvements every four weeks to support eligibility management, system navigation, data exchange, reporting, quality assurance and data security.
   - RWPB Clinical Quality Management Program: OA’s CQM program in conjunction with UCSF is implementing a pilot project to increase extragenital gonorrhea/chlamydia screening in two RWPB clinical settings. To improve STD screening for men who have sex with men who are living with HIV.
   - HIV Prevention: The CA Syringe Exchange Supply Clearinghouse will expand availability of naloxone. Syringe Exchange Programs with established naloxone distribution programs and that are operated by non-profit organizations will be able to participate immediately.

9. Substance User Health
   - Co-Chair Guzman presented on Substance User Health.
   - CM Cooper inquired if crack use is considered stimulant use. She noted that crack users need safe places for consumption.
     - Co-Chair Guzman responded that safe injection sites/London Breed’s task force is a separate thing from the initiative. The drug user’s health initiative is to help departments make sure drug user’s needs are being met.
   - CM Scherich commented that while using stimulants, you can overamp, but rarely die from overdosing. People would die from things related to shooting speed, but she is not familiar with speed overdoses. She inquired why overamping is being focused on.
     - Co-Chair Guzman responded that when we are talking about overdoses in regards to stimulants we are talking about overamping. It is rare to die from a stimulant overdose, we are looking what are some preventative things to overamping. The initiative is focusing on overamping due to recommendation of physicians from the work group.
   - CS Molnar asked if Co-Chair Guzman could expand on sharing best practices and staffing partnerships to extend hours.
Co-Chair Guzman responded that sharing best practices varies from site to site, each syringe access site has a standard protocol but different ways of doing services. Shared staffing is a recent thing, we see where gaps are and assess if the program has staff that can support extended hours. The Harm Reduction Center on 6th street extended its hours from 16 to 44 a week.

- CM Bowman commented that because this was spearheaded by the Substance Use Work Group, how is this connecting back with community experts? What are the opportunities to influence the direction of this initiative? What are the things that you would want to see put into consideration?
  - Co-Chair Guzman responded that the initiative is using the recommendation document from the Substance Use Work Group as our guiding document. The Council created a plan and the department is implementing it. As we start getting to points when things change we will look at how to re-engage community experts.
  - CM Thomas commented that she would like to see the things that were in the original recommendation put into action. There was a focus on decriminalizing drug use, and getting drug users out of the criminal justice system. The City is moving forward slowly. She would like to see DPH and the City pushback when drug users get blamed for problems that are not of their creating. She would also like for DPH staff to take a lead and a have more political ability to move safe consumption sites forward.
  - CM Harkin noted that the Substance Use Work Group looked at stigma, provider competence. When looking at the care cascade, substance users are being disproportionately affected by HIV. Millions of dollars are spent on substance user care but people are kicked out of services for using by these programs. He would like to see programs that are funded to work with substance users be more accountable. If the community does not trust law enforcement when it comes to having residue or syringes it makes people improperly dispose of needles due to the fear of arrest. Law enforcement’s mindset needs to change when working with drug users. Policies put in place to humanize drug users and to provide services that are cultural competent still need to be worked on.

- CM Sutter commented that he liked that there are best practices being folded into contractual requirements, he inquired if HHS is doing something similar.
  - Co-Chair Guzman responded that we started folding that into Prevention contracts and substance use programs. We are looking at some of other services providers and we plan to talk to HHS about doing the same.

- CM Sachdev noted that when looking at the newly diagnosed cascade, there is no improvement among IDU, and MSM IDUs. After one year of being diagnosed, viral suppression is at 60% which is way below any national HIV strategy recommendation. In San Francisco, we are good at syringe access and exchange but IDU are not engaged in care, which is a major issue propelling the epidemic onward. She noted that in the future, it would be important to bring medication and PrEP to safe injection sites.

- CM Robinson commented that he did not see mental health issues mentioned in the initiative. He feels that mental health is key to substance use recovery.
  - Co-Chair Guzman noted that mental health is folded into the initiative. Substance use contracts are mental health contracts. We highlighted substance use treatment in today’s presentation.

10. Getting to Zero Representation- VOTE

- The Council will vote on a Getting to Zero representative job description and will elect a representative and alternate to Getting to Zero’s Steering Committee.
- CS Molnar noted that the job description was approved by Steering. The description stipulates that the representative will hold a two year term and they will be required to attend a monthly Steering meeting as well as a quarterly consortium meeting.
• **MOTION:** To approve the Getting to Zero job description.
• **VOTE:** Motion passes. See column [2] for a vote breakdown.
• The group nominated a Council representative and alternate for Getting to Zero.
• **MOTION:** CM Thomas nominated Mike Shriver as the Getting to Zero representative.
• CM Shriver accepts the nomination.
• **MOTION:** CM Cabangun nominates Jessie Murphy as the alternate Getting to Zero representative.
• CS Molnar noted that CM Murphy accepts the nomination.
• **VOTE:** Motion passes. See column [3] for a vote breakdown.

### 11. Policy Update - VOTE

- CM Jewell reported:
  - CAEAR Policy Call: Congress reached a 2017 Budget deal and a possible health care bill after a weeklong extension of the Continuing Resolution after the President agreed to give up funding the border wall and continued ACA subsidies. This is the final bill for FY17 $T budget. The President’s $18B cut to domestic spending was not included.
  - **Budget:**
    - Ryan White: $2.318B (flat funding), $4M less than 2016.
    - CDC: $5M cut to STD funding
    - NIH: $2B (6.2% increase)
    - HOPWA: $356M (increase of $21M)
    - Part F Spins: $25M preserved
  - There was a $4M cut in Part C (however, this is money the Administration had included the original $4M to handle their proposed Part C/D consolidation, which did not go through following objections from the community). Planned Parenthood was preserved.
  - House Republicans passed their version of the American Health Care Act on May 4th 2017. The President’s 2018 budget proposal slashes entitlements by $17T and doesn’t reform Social Security or Medicare.
  - What can the Council do: Establish relationships with your Congressional Representative and Senators. Meet with your representatives in their local office(s) over your concerns.

### 12. Carry Forward Allocation - VOTE

- The Council will determine resource allocation for carry forward funds.
- CS Molnar noted that the Community Engagement committee took HHS’ recommendation. The Council Affairs committee amended the motion to percentages instead of dollar amounts because we don’t know the final carry forward amount. The other addition was that the Council Affairs committee made taxi scripts a priority with 32% of the client incentive voucher amount.
- CM Shriver inquired about the prioritization of client incentive vouchers.
  - Co-Chair Goodwin responded that 1/3 will go to taxi scripts, the next priority would got to Safeway. We are also doing a pilot project to provide farmer market tokens.
- **MOTION:** To recommend allocation of unspent RWPA funds from FY 2016-17 in FY 2017-18 as Carry Forward funding to the following:
  1. 37.5% Health Insurance Premium Payments/Emergency Financial Assistance Grants
  2. 31.25% Dental Services
  3. 31.25% Client Incentive Vouchers (with a minimum of 32% of the above amount for taxi scripts)
- **VOTE:** Motion passes. See column [4] for a vote breakdown.

### 13. STIs Update
• The Council received a report from Susan Philip and the Population Health Division.
• CM Discepola inquired about pharmacy based access for PrEP.
  o Susan responded that there is an existing pharmacy based model in Seattle. The model has a collaborating practice agreement with a physician. We are looking to do something similar and are having our attorneys look it over. The pharmacy would be in the Mission, and we identified that the Latino MSM population is in need of more PrEP access. We are hoping to also decrease stigma having it be a community based site.
• CM Bowman inquired about new treatments for gonorrhea.
  o Susan responded that we are not there yet for vaccines, however there is a renewed call for science for a syphilis vaccine. The treatment trial she mentioned in her presentation is for an alternative gonorrhea treatment. At City Clinic we were able to enroll half of the national study. We are in early trials for new gonorrhea treatment alternatives but nothing that will make it to market yet.
  o CM Bowman inquired if the alternative treatments impact antibiotic resistant gonorrhea.
  o Susan responded that the alternative treatments are for people who cannot tolerate the current medication but that may be an additional upside as well.
• CM E. Flores inquired what the side effects of PrEP are, does it work for everyone?
  o Susan responded that her experience at City Clinic is that it is pretty well tolerated, there are not a lot of side effects. It may not be for everyone, checking in to see if the medication in still working for you in important. Kaiser came out with a PrEP study which showed that although 50% have gotten some type of STD, no one got HIV, which shows how durable PrEP is.
• CM Lee inquired if the Population Health Division has been in collaboration with SF Unified school based health centers.
  o Susan responded that we have had conversations which need to move forward. Working on optimizing our ability to do mailed-in STI kits. We want to work with student health centers to see if that’s an option. We have a good relationship with SF Unified, and we worked to get condom access for middle schools.
• CM Harkin commented that for HIV, it was impactful to incorporate community based testing, and rapid testing at community based venues. Is the vision to utilize CBOs and encampments for STI testing sites?
  o Susan responded that we are moving forward to have holistic approaches to sexual health in encampments. Unfortunately there is no point of care tests for chlamydia and gonorrhea. We are working with companies at City Clinic to try and develop that.
  o CM Harking inquired if companies are close to developing point of care tests.
  o Susan responded that there are several manufactures that are in early stages.
• CM Hernandez inquired about the status of herpes.
  o Susan responded that herpes is the most common STI and is a lifelong infection. Herpes is not reportable, except for neo-natal herpes, so we don’t have a way to measure it. Herpes is a concern of many patients at City Clinic, but we don’t have a sense of what herpes looks like at on a local or national level.

14. CHEP and HHS Update
• Co-Chair Goodwin announced:
  • RWPA FY17: We are still awaiting receipt of our full Ryan white Part A grant award. We began the new Part A fiscal year on March 1st with an interim award based on last year’s funding amount.
  • RWPA Comprehensive site visit: HHS has confirmation from our Project Officer of a site visit the week of June 26th.
  • Quality Management Program: Scheduled Trainings
    o Best Practices in Providing Care to Transgender Clients- Thursday June 1st
• Co-Chair Guzman announced:
• Eliminating Hep C in San Francisco: Katie Burk, Emalie Huriaux and Annie Luetkemeyer represented End Hep C SF at the Summit for the Elimination of Hep B and Hep C as Public Health threats in the U.S. on April 27-28.
• 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 trainings provided in 2017.
• Encampment Health: CHEP collaborates with our funded providers at Glide Harm Reduction Services, SF AIDS Foundation Syringe Access Services, and City partners at Dept. of Homeless & Supportive Housing’s Encampment Resolution Team and DPH’s Street Medicine Team to provide HIC & HCV testing, Harm Reduction supplies, Narcan trainings, medical care and refreshments to residents of encampments.
• Syringe Disposal Kiosk: An outdoor syringe disposal kiosk was installed on 5/11 at the side of Bill Graham Civic Auditorium at Hayes and Larkin. After 4 days, the kiosk has collected over 300 syringes.
• Safe Injection Task Force: SD Board of Supervisors enacted a resolution charging the DPH with convening a Safe Injection Service Task Force whose goal is to develop recommendations on the operation of safe injection services in SF. The task force will hold a series of public meetings to solicit input from the public and from stakeholder groups, and to submit a report to the Mayor and the Board of Supervisors within three months of its initial meeting.
• CM Antonetty wanted to give a shout out to CHEP for the incredible work they are doing with encampment resolutions.

15. UCHAPS Update- VOTE
• Co-Chair Guzman reported:
• The UCAHPS Steering Committee did not meet last month. We have a conference call for tomorrow and there will be more updates at the June meeting.

16. Next Meeting Date- VOTE
The next meeting is tentatively scheduled for Monday, June 26th 2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

17. Adjournment
• Meeting adjourned at 6:05pm 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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