HIV Community Planning Council

FULL COUNCIL MEETING

Monday October 23rd, 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), Ed Chitty, Billie Cooper, Zachary Davenport, Michael Discepola, Cicily Emerson, Elaine Flores, Wade Flores, Matt Geltmaker, Dean Goodwin (Co-Chair), Liz Hall, Ron Hernandez, Bruce Ito, Lee Jewell, Kevin Lee, T.J. Lee-Miyaki, Darpun Sachdev, Charles Siron (Co-Chair), Gwen Smith, John Paul Soto, Eric Sutter, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [A], Chuck Adams [E: Proxy Linda Walubengo], Cesar Cadabes [E], Billie Cooper [E], Timothy Foster [LoA], David Gonzalez [E], Jose Luis Guzman (Co-Chair) [E], Paul Harkin [E], Jessie Murphy [E], Mick Robinson [E], Ken Pearce [LoA], Stacia Scherich [E], Michael Shriver [E: Proxy Eric Sutter]

Others Present: Manuel Calas, J. Cappetta, Joseph Cecere, Lenwood Green, Dominique Johnson, Mary-Kay Parisi, Jeremy Tsuchitani-Watson

HHS Staff Present: 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 3:40 pm by Co-Chair Siron. Roll was called and quorum was established.

2. Review and Approve October 23, 2017 DRAFT Agenda - VOTE

The October 23, 2017 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve August 28, 2017 and October 3, 2017 DRAFT Minutes - VOTE

The August 28, 2017 and October 3, 2017 Minutes were reviewed and approved by consensus.

4. Announcements

None.

5. Public Comment

• None.

6. Council Staff Update

 CS Cone noted that there is a PLWH appreciation event on November 15th after the PLWH Advocacy Work Group meeting. The event will take place from 5:00-8:00 PM at Mr. Tipples Recording Studio on Fell St.

7. Lenwood Green

Lenwood Green, SFEMA's HRSA Project Officer addressed the HCPC.

- He thanked the Council for hosting himself and his team during the comprehensive FY17 site visit. During his time here he plans to look at the mechanism of how things work in SF, find best practices and challenges you might be having so we can provide assistance in addressing those challenges. He noted that the Council has done a great job coming together to integrate care and prevention services. He knows there has been anxiety within the community about the merger but he feels that Council has been doing a great job. He noted that he wants the Council to get to a place where the Council has common goals and values. When this happens, you start performing which then creates a product. You have a matrix and within that matrix there are health care providers, people from different aspects of insurance (private and public sectors), cross parts (Part A, B, C,D) and the most important is that the makeup of this Council is that the demographics mirror the epidemic of those living with HIV. With the small amount of resources we have, the Council makes sure that there is equal representation of communities most impacted. Your job is to debate and come up with a service continuum that is going to work for everyone. You have survived cuts and recuperated from the loss in funding. As far as the future of Ryan White, it is a difficult question to answer. We are in good shape, this is an important program with results and all the data that goes into analysis to show how effective we are. If you look at community viral load data between RW programs and the general population, Ryan White gets better numbers. The more data and information we get is great so we can present that and argue for the importance of our program.
- CM Jewell inquired about what the site visit entails.
 - Lenny responded that we do some chart review, we visit providers and analysis questions. At the end of the visit, we do an exit conference and give a summary of our findings, provide citations, and recommendations for improvements. In addition, we provide technical assistance for any assistance in meeting a recommendation. This EMA has done very well historically.
- CM Sachdev noted that at the federal level, there has been a focus on data to care, an increase to viral suppression and increasing resources to programs to link people back to care. What is happening between the CDC and HRSA to align the different kinds of programs?
 - Lenny responded that as you have been tasked of creating an integrated plan, HRSA and the CDC have a similar task. The first part is to get the plans, and evaluate the successes and challenges of those plans. We are still in the process of determining how to do planning for services and prevention at the same time. We are analyzing plans throughout the nation and want to provide ongoing assistance throughout this process. It is a huge undertaking.
- CM Lee-Miyaki inquired about what other EMAs Lenny oversees and what our Council can learn from other EMAs.
 - Lenny noted that SF has a more complicated process and more resources than other jurisdictions. He noted that the EMA seems to be able to get the gist of what the community needs and the ability to identify and work to include the community. There are folks in other places that religion drives the day, areas where the progress of communities coming together aren't as great. In other places, it is hard to reach populations with HIV. He doesn't want to compare other jurisdictions to SF, your reputation is out there and people are aware of the products you put out.
 - CM Lee-Miyaki noted that there is a large population of people with HIV who are over 50 in SF. What is
 HRSA looking at to support those people? You say that our EMA has a lot of our resources, but some
 feel that those resources are being pulled elsewhere.
 - Lenny noted that folks that are coming off of private insurance are now going on social security which is a whole different pay scale. He stated that you live in one of the most expensive places in the country which can challenge your emergency financial assistance voucher program. Folks from the outside may not see the challenges you face internally. He keeps up to date in regards to this EMA's specific challenges. He noted that it is part of his position to report on pieces like "Last Man Standing" to HRSA. He stated that people's eyes are opening, as time goes on and this

- population ages, we will start to see that along with health ailments, social standings of the aging population will shift with the move to social security. He noted that this info is brought to HRSA and becomes a topic of the work we do internally.
- CM Chitty commented that over the years we have been blessed with mayors and supervisors who have backfilled funds when there has been major cuts. If the programs are realized as important, what do we have to do to elevate them to make sure that Congress knows that they are essential? Why do we have to sacrifice services so another areas services can be enhanced?
 - Lenny responded that in this healthcare environment, it is important for citizens to be vocal and upfront about what you know and what you need. A long time ago, we realized if we were vocal was the most important way to avoid regression and unnecessary sickness and death. While we can work hard on this end, we need a stereophonic voice. He noted that things are always going up in price, he suggests that outside of the Ryan White processes, to do everything to get your voices heard. He noted that within Ryan White, he is always available for phone calls and site visits.

8. HIV Epidemiology Report 2016

- The Council reviewed a presentation form SFDPH's HIV Epidemiology Section.
- CS Molnar inquired about if an individual would be considered homeless or not homeless if they resided in an SRO.
 - Mary Kay responded that if they have the SRO address we count them as housed, if they are in a shelter we consider them homeless.
- CM Lee-Miyaki noted that care outcomes are worse for women, transwomen, African Americans. Was there a running theme for why these communities had worse health outcomes?
 - Mary Kay responded that she wasn't sure. She noted that these people often have the worst outcomes in all aspects of life.
- CM Chitty inquired about if there is data on how many late testers presented with an AIDS diagnosis.
 - o Mary Kay noted that that information is in the annual report.
- Lenny inquired if there is data on folks who are diagnosed HIV positive and the timeframe if they progress to AIDS by demographics. He noted that there might be a trend for subpopulations who may have an earlier progression to AIDs.
 - Mary Kay noted that she does not have that information currently, but she encourages people to request those questions so we can pull out that data.
- CM Blum commented that it is amazing to see these successes. Homelessness keeps coming up as a problem that needs to be addressed in order to get below 200 new HIV diagnoses. From year to year, for the homeless population, viral suppression is getting shorter too. What data could be pulled to find out what interventions are working?
 - Mary Kay responded that we can pull from the epi to tease out if people have become housed.
 She noted that disparities are getting better, but still have work to do.
- Co-Chair Walubengo inquired about why there was a spike in HIV diagnoses among African American women in 2011.
 - Mark Kay replied that the number of women is so small that the frequency bounces up and down.
 This report is about people who are diagnosed in SF and living there at that time.
- CM Davenport inquired if transmen and transwomen were included in this report.
 - Mary Kay noted that transmen were not included in this report because the cell size is less than 5, which may be identifiable information.

9. CDPH Office of AIDS Update

• CM Hall reported:

- CDPH Website Transition: Over the last several months, CDPH has been transitioning to a new departmental website. The OA website is part of the CDPH website. During this transition period, both the new and the old archive websites are available.
- Getting to Zero: Kevin Sitter (<u>kevin.sitter@cdph.ca.gov</u>) is available to assist jurisdictions in implementing activities in response to their GTZ plans. There is also technical assistance available from HRSA and the CDC.
- RWPB ADAP: OA has been working in collaboration with a PrEP stakeholder group to develop a model
 for reimbursement for PrEP related medical services to pay providers participating in the PrEP
 assistance program Provider Network for uninsured patients. The reimbursement model is based on
 the Medicare fee schedule and will be applied to contracted providers who provide services to
 uninsured PrEP-AP clients.
- Access, Adherence, and Navigation Program: OA is holding weekly status meetings with enrollment sites selected to participate in the Access, Adherence and Navigation Program to answer questions an provide program updates such as contracting and training updates.
- ADAP Enrollment System: The AES 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. The new functionalities available in the AES will be effective September 15th.
- RWPB HIV Care Program: OA was awarded RW Supplemental funding from HRSA for the fiscal period
 of September 30, 2017- September 29, 2018. Care staff reviewed 31 requests for funding proposals
 and all 31 HIV Care Program contractors will receive additional funding. All contractors have been
 notified of the amounts and provided instructions for submitting budgets. As part of Getting to Zero,
 OA will update its HCP, MAI and HOPWA allocation formulas.
- HIV Prevention: The Harm Reduction Coalition has released two new RFPs: HIV/HCV outbreak vulnerability research study by county in CA and Online training module development project.
- Surveillance, Research and Evaluation: OA has released a new fact sheet presenting data from nearly 500 MSM who participated in an interview and HIV testing as part of the 2014 NHBS project in San Diego.
- California Planning Group: On October 17-19, OA will convene a meeting of its CPG membership in Anaheim.

10. Marin County Report- VOTE

- The Council received the annual Marin County report presented by Kevin Lee and voted on approval for Marin County Service Category Prioritization and Resource Allocation.
- CM Lee-Miyaki inquired if there was an increase of homeless people or people accessing services in Marin County after the fires.
 - CM Emerson noted that it is too soon to tell. There is an emergency shelter located in Marin, there is around 30 people still in Marin who are in need of assistance.
- MOTION: To approve Marin County's Service Category Prioritization and Resource Allocation.
- VOTE: Motion passes. See column [1] for a vote breakdown.

11. San Mateo Report - VOTE

- The Council received the annual San Mateo County report presented by Matt Geltmaker and voted on approval for San Mateo County Service Category Prioritization and Resource Allocation.
- CM Sutter inquired what the provision of medical transportation looks like.
 - o CM Geltmaker responded that mostly it is taxi vouchers that people utilize who live along the corridor and do not have access to public transportation.
- CM Ito asked how your HOPWA funding effects your housing services.

- CM Geltmaker noted that most of our HOPWA funding is providing out to a contract agency who also does the housing services and emergency financial assistance. They are able to do a lot of leveraging of those different funding systems. We use a little bit of our HOPWA funding to pay for a housing benefits case manager. With cuts to HOPWA, we cut from our provision of services and find other funding to backfill that.
- Co-Chair Walubengo inquired how many people are signing up for PrEP in community clinics.
 - O CM Geltmaker noted that we are targeting several populations for PrEP referrals. We also run the STD clinic, and have that discussion with our high risk clients. Any rectal gonorrhea cases in our county goes to our communicable disease investigator. Private physicians are reporting to our STD surveillance and we are tracking those cases. Because our prevention funding is changing, our data collection system is switching to the State's system.
- CM Davenport inquired why outpatient substance use are in core services and residential substance use is in support services.
 - Lenny responded that that is a coverage question that is quite complicated. When you have inpatient services there is a clinical component.
- Co-Chair Siron inquired if San Mateo is seeing an increase in syphilis rates.
 - CM Geltmaker noted that within the whole State, STD rates are rising. However, rates are not rising as quickly as other urban areas. We are targeting our high-risk negatives to target them with a biomedical approach. We have not had any congenital syphilis cases in San Mateo.
- MOTION: To approve San Mateo County's Service Category Prioritization and Resource Allocation
- VOTE: Motion passes. See column [2] for a vote breakdown.

12. Membership Update

- The Council reviewed a motion coming from the Membership Committee recommending Dominique Johnson as a member of the HCPC.
- MOTION: To approve Dominique Johnson as a member of the HIV Community Planning Council.
- VOTE: Motion passes. See column [3] for a vote breakdown.

13. CHEP and HHS Update

- Co-Chair Goodwin announced:
- RWPA Comprehensive Site Visit 2017: Lenwood Green, HRSA Part A Project Officer and his team will be here this week for our site visit.
- RWPB: The State Office of AIDS recently made HRSA Supplemental funding available for grantees to request. As we did last, year, HHS submitted a request based on the SOA priority services categories and proposal guidelines. The application focused on funding that directly benefits clients, extend existing services and addresses wait lists. Funding has been secured for purchasing more taxi vouchers, farmer's market tokens, temporary increases to existing rental subsidies and increased capacity for outpatient mental health and oral health services, as well as other program enhancements.
- HHS Quality Management Program: There are upcoming trainings on client de-escalation for HHS providers and group communication, facilitation strategies and skill development.

14. Next Meeting Date- VOTE

The next meeting is tentatively scheduled for Monday, November 27th2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

15. Adjournment

• Meeting adjourned at 6:00 pm by Co-Chair Siron.

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)

Date: October 23, 2017	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams [Proxy: Linda Walubengo]	Е	-	Υ	Υ							
Orin Allen	Α	-	-	-							
Margot Antonetty	Е	-	-	-							
Richard Bargetto	Р	Υ	Υ	Υ							
Bill Blum	Р	Υ	Υ	Υ							
Jackson Bowman	Р	-	-	-							
Ben Cabangun (Co-Chair)	Α	-	-	-							
Cesar Cadabes	Е	-	-	-							
Ed Chitty	Р	Υ	Υ	Υ							
Billie Cooper	Е	-	-	-							
Zachary Davenport	Р	Υ	Υ	Υ							
Michael Discepola	Р	Υ	Υ	Υ							
Cicily Emerson	Р	Υ	Υ	Υ							
Elaine Flores	Р	Υ	Υ	Υ							
Wade Flores	Р	Υ	Υ	Υ							
Timothy Foster	LoA	-	-	-							
Matt Geltmaker	Р	Υ	Υ	Υ							
David Gonzalez	Е	-	-	-							
Dean Goodwin (Co-Chair) Jose Luis Guzman (Co-Chair)	P/E	Υ	Υ	Υ							
Liz Hall	Р	Α	Α	Α							
Paul Harkin	Е	-	-	-							
Ron Hernandez	Р	Υ	Υ	Υ							
Bruce Ito	Р	Υ	Υ	Υ							
Lee Jewell	Р	Υ	Υ	Υ							

Kevin Lee	Р	Υ	Υ	Υ				
T.J. Lee-Miyaki	Р	Υ	Υ	Υ				
Jessie Murphy	E	-	-	-				
Irma Parada	Р	Υ	Υ	Υ				
Ken Pearce	LoA	-	-	-				
Mick Robinson	E	-	-	-				
Darpun Sachdev	Р	-	-	-				
Stacia Scherich	E	-	-	-				
Mike Shriver [Proxy: Eric Sutter]	E	-	Υ	Υ				
Charles Siron (Co-Chair)	Р	Υ	Υ					
Gwen Smith	Р	Υ	Υ	Υ				
John Paul Soto	E	-	-	-				
Eric Sutter	E	-	-	-				
Laura Thomas	E	-	-	-				
Linda Walubengo (Co-Chair)	Р	Υ	Υ	Υ				
Ayes		20	22	22				
Nayes								
Abstain		1	1	1				
Recusal								
Total		21	23	23				