HIV Community Planning Council
FULL COUNCIL MEETING
Monday April 23rd, 2018
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, Jackson Bowman, Ben Cabangun, Cesar Cadabes, Zachary Davenport, Michael Discepola, Elaine Flores, Wade Flores, Dean Goodwin (Co-Chair), Ron Hernandez, Bruce Ito, Lee Jewell, Dominique Johnson, Kevin Lee, T.J. Lee-Miyaki, Jessie Murphy, Irma Parada, Cassandra Roberts, Darpun Sachdev, Mike Shriver (Co-Chair), Laura Thomas, Linda Walubengo (Co-Chair)
HIV Community Planning Council Members Absent: Orin Allen [E], Ed Chitty [A], Billie Cooper [E], Cicily Emerson [A], Timothy Foster [A], Matt Geltmaker [A], David Gonzalez (Co-Chair) [E], Liz Hall [E], Paul Harkin [E], Ken Pearce [E], Mick Robinson [L], Charles Siron [L], Gwen Smith [E], JP Soto [E], Eric Sutter [E]
Others Present: Barbara Green Ajufo, Michael Berry, Bill Hirsh, George Reynolds
DPH Staff Present: Kevin Hutchcroft, Thomas Knoble, Beth Neary, Tracey Packer, Nyisha Underwood
Support Staff Present: Melina Clark, Ali Cone, Jason Williams

Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.
   The meeting was called to order at 3:37 pm by Co-Chair Walubengo. Roll was called and quorum was established.

2. Review and Approve April 23, 2018 DRAFT Agenda – VOTE
   The April 23rd 2018 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve March 26th 2018 DRAFT Minutes – VOTE
   The March 26th 2018 Minutes were reviewed and approved by consensus.

4. Announcements
   • CM Discepola announced that there are jobs opening up at the Stonewall Project for a Counselor. He will be posting jobs for harm reduction as well. Feel free to text or email him for more information.

5. Public Comment
   • Bill Hirsh announced that there is a new immigration training from service providers. If folks are interested, they can reach out to him directly.
     o The city is about to begin planning for the newest iteration of AIDS housing plan. There will be an opportunity for the public to be involved. He invited folks to contact him for more information.
     o It’s the height of budget advocacy season, the Planning Council along with GTZ and HAPN have a concerted budget ask this year. He invited folks to contact him for more information.

6. Training Discussion
   • Jamie Moran discussed and provided an update on the upcoming Group Dynamics/Communication Training.
• He discussed respectful engagement, decision making, sharing time, making sure people feel comfortable speaking in front of group (“step up step back”), staying on task, conflict resolution, different facilitation styles and listening.
• CM Walubengo noted that Jamie Moran is here to get the word out about the training that is happening from the post-merge evaluation. Things are moving along smoothly but they’re always looking for ways to improve. The idea is to increase collaboration among council.
  • Co-Chair Goodwin added that they want to encourage leadership among council membership. The idea is for council members to feel more comfortable with facilitation and becoming co-chairs.
• CM Cabangun added that he would love an opportunity to answer the questions outside of the meeting, perhaps in a questionnaire. It’s also important to talk about power and privilege, culture and community, race and discrimination.
• CM Discepola voiced his support for sending out a survey over email. This large group has dynamics that are very different from a small group setting. It would be helpful to think about what they can do in this large group setting.
• Co-Chair Shriver noted that it could be useful to talk about how to disagree. The HCPC is going into some big conversations in the future surrounding the integrated plan and it would be great to get advice surrounding this. He likes the idea of having more trainings.
• CM Lee-Miyaki noted that one challenge the Council has had is staying on topic. Individuals should be respected, but there also needs to be respect for the group as a whole.
• CM Antonetty noted that sometimes it can be a challenge to hear folks without the microphone.
  • She added that sometimes folks may perceive comments as criticism when they are not meant that way.
  • Regarding getting off topic, she inquired how to address this in a constructive way. Everyone has different points of view and should be respected.
• Jamie Moran confirmed that he will be sending a survey over email.

7. Council Staff Update
• CS Clark announced that next month’s Full Council meeting has been moved to Monday May 21st, because the 4th Monday fell on Memorial Day. Due to scheduling conflicts the Co-Chairs agreed to push the meeting back an hour. It will now take place from 4:30-7:30pm.
  o Council Staff also has Membership Renewal forms available for those who still need to submit them.

8. CDPH Office of AIDS Update
• This month’s OA report was given in handout form, and will now be formatted to align with updates from the Getting to Zero integrated plan. A summary follows:
  o Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization
    • 63% of the AIDS Drug Assistance Program (ADAP) enrollment sites had at least one worker attend the PrEP-AP training. OA will conduct an additional training in the coming weeks for those who were unable to attend previous sessions
    • OA has executed contracts with six PrEP-AP providers in the SF Bay Area, Sacramento, Long Beach and Sonoma.
    • The go-live date for Phase 1 of the PrEP-AP, for uninsured clients, was April 9.
  o Strategy E: Improve Retention in Care
    • Phase II of the Access, Adherence, and Navigation Program is currently underway, focusing on clients who are not virally suppressed.
• On March 15, Access and Adherence Navigators received an ADAO Enrollment System (AES) training on Phase II functionalities.
• Bi-weekly check-in meetings are being held with the Access and Adherence Navigators to provide programmatic updates and answer questions.

○ **Strategy G: Improve Availability of HIV Care**
  • The OA Health Insurance Premium Payment (OA-HIPP) Program assists with paying health insurance premiums for eligible individuals enrolled in ADAP. These clients are eligible for a program which assists in paying out-of-pocket costs for outpatient visits.

○ **Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**
  • Phase I of the Access, Adherence and Navigation Program focused on getting ADAP clients into comprehensive health coverage as well as the OA-HIPP Program or Medicare Premium Payment (MDPP) Program.

○ **Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs (PWID)**
  • Dr. Karen Mark addressed a Town Hall meeting in Eureka about the role of syringe service programs and harm reduction in HIV/HCV prevention efforts.
  • A syringe exchange program has been approved at the Family Care Clinic in Merced.
  • The Orange County Needle Exchange Program’s application to provide mobile services is now open for public comment.
  • The Community Outreach Harm Reduction Team (COHRT) in Oakland has applied for a new syringe exchange program. This application is open for public comment.

○ **Strategy L: Increase General HIV Education and Awareness and Reduce Stigma around HIV, Sexual Orientation and Gender Identity**
  • OA has chosen a representative to be part of the Adolescent Sexual Health Workgroup Steering Committee.

○ **Strategy M: Improve Usability of Collected Data**
  • OA has contracted with Family health Centers of San Diego to carry out National HIV Behavioral Surveillance (NBHS) data collection activities in San Diego.
  • The HIV/AIDS adult case report form in the California Reportable Disease Information Exchange is now in the final stages of testing.
  • The Supplemental Tables to the California Surveillance Report 2015 have been released.

○ **Strategy N Enhance Collaboration and Community Involvement**
  • The California Medical Monitoring Project (MMP) is designed to learn more about the experiences and needs of folks living with HIV. They are recruiting providers and community members to serve on the respective Advisory Boards.

○ **General OA updates**
  • Dr. Juliana Grant has rejoined OA as the new Division Medical Officer.
  • Majel Arnold left her role as the OA HIV Care Branch Chief in March. Karl Halfman will be filling in for her position until a permanent replacement is found. OA thanks Majel for her service.

9. **Anal Cancer**
• The Council received a presentation on the ANCHOR Study from Dr. Michael Berry.
• The mission of ANCHOR is to create the ideal health care system for people living with HIV/AIDS. In 2010-2014, San Francisco had the highest rate of anal cancer in California. People with HIV have a higher risk for anal cancer. Anal Cancer is potentially preventable, but right now, there are no guidelines or standards of care for Anal Cancer prevention. About 83% of people have been exposed to HPV, which can lead to pre-cancerous anal lesions, which are linked to anal cancer. The goal of the
study is to find out if treating these lesions prevents anal cancer. People don’t have to have health insurance to be a part of this study.

- **CM Jewell** inquired how many MSM and transgender folks are getting testing for this?
  - Michael Berry responded that he is not sure, but probably not enough. Because they don’t yet know how effective treating the lesions is, it’s hard to establish that as part of the Standards of Care.

- **CM Thomas** inquired if anyone is looking into the HPV vaccine as a preventative measure for older folks.
  - Berry responded that this vaccine works best by preventing new infections. It is not a therapeutic vaccine. Because so many folks are infected with HPV at a young age, vaccines in older adults could be challenging as a preventative measure.

- **CM Antonetty** inquired about transgender participation in the study. She also asked if there is more information that can be sent for HCPC distribution through the support staff.
  - Berry noted that there was significant transgender participation in the study, and he will make a note of that on future presentations. He will be in touch with Council Staff with more electronic information.

- **CM Roberts** inquired what the chances are of getting Anal Cancer if one had previously contracted HPV when they were younger. Many people have contracted HPV at one point.
  - Berry responded that it’s only a small percentage of people who get anal cancer, even though many people have been infected with HPV. One study showed that by age 75, it’s estimated that 1.5 percent of folks will be affected anal cancer. It’s not a huge number but still important.
    - He added that before Pap Smears became routine about 50 years ago, rates of cervical cancer were much higher.

- **CM Murphy** asked if Dr. Berry could speculate on his suggestions for prevention. In other words, assuming the study shows that treating lesions is effective in preventing cancer, what are the recommendations for prevention?
  - Berry responded: On the CDC website, they recommend that HIV positive folks do a number of preventative measures as part of annual screenings, etc. Screening for the pre-cancerous lesions would essentially be the equivalent of cervical cancer screenings. They would look for pre-cancerous lesions, find and treat them right away. It might be that they recommend something different depending on the results of the study. There’s a possibility of doing a physical digital exam about every 4-6 months. That’s why this study is so important—there is an urgent need to figure out what the standards of care should be.

- **CM Bowman** commented that it can be difficult to find access to this treatment in general. This study has two great benefits. One is creating the data for future use, and the other is relatively easy access to this important screening.
  - Co-Chair Shriver added that he just signed up on the webpage, which is very user friendly.

### 10. Membership Update – VOTE
- The Council voted on a recommendation from Membership Committee regarding a new member.
  - **MOTION:** To approve Thomas Knoble as a member and Government Co-Chair of the HIV Community Planning Council.
  - **MOTION PASSES.** See column (1) for breakdown.

### 11. CHEP and HHS Update
- Co-Chair Knoble reported:
They are still waiting on the Ryan White Part B award. There should be more information at the next Full Council meeting.

- Co-Chair Goodwin reported:
  - They are anticipating notice of the award in June.
  - Public comment—None.

12. Break

13. Megatrends
- The Council received a presentation from Bill Blum and Tracey Packer (DPH) regarding national trends that may have local impact.
  - This presentation is meant to give folks an increased understanding of:
    - HIV prevention and care funding landscape
    - New directives and initiatives potentially impacting HIV service and system design
    - Challenges and opportunities for STD and Hepatitis C Services
  - HIV, HCV and STDs are at a crossroads. New HIV infections are down and HCV has a cure, while there is a rising trend of STD rates. Funding, access to care, biomedical advances and shifting SF population and values leave the future of these conditions rather uncertain.
    - Tracey Packer noted that STD rates actually started increasing before PrEP became widely available.
    - Across all 3 diseases, Black/African Americans are disproportionately affected and experience worse health outcomes than other populations. There is much work to do in achieving equity.
    - There is federal funding available to address the opioid crisis. It will be important to keep this in mind going forward.
  - The presenters also touched on issues of HIV and aging, health of those experiencing homelessness and/or drug use as well as strategies to improve the effectiveness of the Centers of Excellence (COEs).
  - CM Lee Miyaki inquired if STD medications were already part of the ADAP formula.
    - Kevin Hutchcroft responded: STD medications are part of the ADAP formula, but there are some new restrictions coming into play. He invited CM Lee-Miyaki to reach out if he’s interested in more details.
  - Tracey Packer noted that the CDC no longer includes HCV funding for Marin and San Mateo.
    - CM Lee commented that these counties have received funding through the state. Those contracts are begin worked out right now.
  - CM Thomas thanked the presenters for bringing together all the pieces of this important information. It feels like integration is really starting to happen.
  - The Council continued this discussion further in agenda item #14.

14. Megatrends discussion
- The Council processed information received re: Megatrends by self-selecting to join one of four facilitated, topic-driven small groups:
  - (1) HIV and Aging
  - (2) Integration and implementation of PrEP, HIV Care and U=U within the Center of Excellence model
  - (3) Strategies to reduce health outcome disparities
  - (4) Overall integration of HIV, HCV, STD testing, prevention and care.
15. **Next Meeting Date**
   *The next meeting is tentatively scheduled for Monday, May 21st 2018 at 25 Van Ness, 6th floor conference room, from 4:30 to 7:30.*

16. **Adjournment**
   - Meeting adjourned at 6:24pm by Co-Chair Walubengo.

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### 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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