HIV Community Planning Council
FULL COUNCIL MEETING
Monday February 26th, 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, Jack Bowman, Ben Cabangun, Cesar Cadabes, Ed Chitty, Zachary Davenport, Michael Discepola, Elaine Flores, Wade Flores, David Gonzalez (Co-Chair), Matt Geltmaker, Jose Luis Guzman (Co-Chair), Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Kevin Lee, Jessie Murphy, Ken Pearce, Darpun Sachdev, Michael Shriver (Co-Chair), John Paul Soto, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [E], Billie Cooper [A], Cicily Emerson [E], Timothy Foster [E], Liz Hall [E], Dominique Johnson [A], T.J. Lee-Miyaki [A], Mick Robinson [A], Stacia Scherich [A], Charles Siron [E: Proxy Michael Shriver], Gwen Smith [E], Eric Sutter [A], Laura Thomas [A]

Others Present: Michael Alexander, Barbara Green Ajufo (CAPS), Montral Dorsey (PRC), Rebecca Levin (PRC), Adrianna Mee (PRC), Jeremy Tsuchitani-Watson (HCAP), Lauren Vega

HHS Staff Present: Kevin Hutchcroft, Beth Neary

CHEP Staff Present: Tracey Packer, Susan Philip, Nyesha Underwood

Support Staff Present: Melina Clark, Ali Cone, Dave Jordan, Mark Molnar, 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 February 26th, 2018 DRAFT Agenda – VOTE
   The February 26th DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve January 22, 2018 DRAFT Minutes – VOTE
   The January 22nd, 2018 Minutes were reviewed and approved by consensus.

4. Announcements
   - CM Harkin stated that he wants to spread the information that it is very easy to get trained to administer naloxone. It takes under 10 minutes, it’s inexpensive, reduces stigma around drug use and has the potential to save lives. Some of the training locations include Glide, DOPE Project, 6th St Harm Reduction Center, Homeless Youth Alliance and St. James Infirmary.
   - CM Discepola added that naloxone is also available at Community Behavioral Health Services (CBHS), located at 1380 Howard. Their pharmacy is open Monday through Friday.

5. Public Comment
   - None.

6. Council Staff Update
• CS Molnar announced that Council Staff will be taking individual photos today as part of their website update. He encouraged council members to check the website and make sure their bios are up to date. They can email updated bios (two sentences is fine) to Council Staff.
  o Council Staff has an upcoming training, Friday March 30th. Council Staff will reach out to council with more information. IT’s about facilitation of councils.

7. California Planning Group Representative- VOTE
• The Council elected a CPG representative.
  o CM Discepola has decided to step down from his position as CPG representative.
• The nominations for CPG representative will be open.
• CM Jewell nominates Ken Pearce.
• CM Discepola seconds the nomination.
• Ken Pearce accepts the nomination.
• MOTION: To approve Ken Pearce as CPG representative of the HIV Community Planning Council.
• VOTE: Motion passes. See column [1] for a vote breakdown.
• The Council nominated an alternate for the CPG representative.
• CM Harkin nominates Co-Chair Gonzalez.
• Co-Chair Shriver seconds the nomination.
• Co-Chair Gonzalez accepts the nomination.
• MOTION: To approve David Gonzalez as an alternate for CPG representative of the HIV Community Planning Council.
• VOTE: Motion passes. See column [2] for a vote breakdown.

8. CHEP and HHS Update
• Co-Chair Guzman reported:
  o They are still waiting to hear about the results of their Component B application.
  o On March 8th, End Hepatitis C SF is holding a community meeting with the theme, “Get Cured, Stay Cured.” It will be about ways to take care of oneself after being cured of HCV.
• Co-Chair Goodwin reported:
  o HHS is still waiting for the written report from the Part A site visit in October.
  o We just received written report from Part B site visit. They were impressed with our monitoring system.
  o The HRSA RSR (ARIES) update is currently underway. It is a very time intensive project, involving the import of all client data from ARIES to HRSA. It’s due the third week of March.
  o Upcoming trainings include:
    ▪ Group Communication, Facilitation Strategies and Skills Development for HCPC members to be held March 30th.
    ▪ Immigration Legal Issues and Creating a Welcoming Environment training, and HIV Treatment update are being finalized and will be scheduled soon.
    ▪ Frontline Organizers Group (FOG) is having a Housing 101 Training for front line staff on April 10th.
    ▪ HHS will be sending out a QM survey soon to ask for input on past trainings.
  o Public comment— None.

• The Council reviewed a presentation and considered a request for support from the SIF Task Force.
CM Harkin commented: No one has ever died from an overdose in an SIF. People who Inject Drugs (PWID) face a lot of shame, stigma, and physical dangers from injecting on the street. People are 4-8 times more likely to seek treatment if they are a regular at an SIF. There is also racial disparity surrounding drug use—African Americans and Latinos are 8-10 times more likely than white people to be arrested for drug use.

CM Sachdev inquired if there has been discussion around Directly Observed Therapy (DOT) for PrEP and HIV prevention in substance users.
  o CM Discepola responded: There have been conversations at SF AIDS Foundation about adherence needs but nothing specific has been put forward. At one of the SF AIDS Foundation site they are looking into some initiatives related to adherence in folks who are taking HCV and HIV medications. Adherence is something that needs to be part of the integration of services. Funding and supporting adherence programs should ideally be part of SIFs. Models of integrated care can be really successful if one is willing to meet people where they are.
  o CM Sachdev added that as long acting injectables come up as possible ART strategies, these kinds of sites will be really critical. 3.3 cases of HIV averted per year seems like an underestimate.

CM Bowman asked how many sites are will be installed. Is there a possibility that people who snort or smoke drugs could use these sites as well?
  o CM Discepola responded: There has been discussion about a smoking room. This won’t be possible to start, but over time that’s where we’d like to see these services grow. People who smoke are welcome at syringe access sites. Because there are so many legal barriers already, it seems best to start with injection and move forward from there.

CM Cabangun asked for clarification on what kind of support SIF is requesting from the Council aside from passing this motion.
  o CM Discepola responded: It’s important for the Planning Council as representative body to speak in favor of things that will improve the health of our community. There needs to be an evidence based public health response to the opiate crisis.

CM Chitty asked about what the locations and hours of operations of potential sites would be.
  o CM Discepola responded: they haven’t gotten to that level of detail yet. The evidence shows that services like this can be really beneficial to people who inject drugs. Once the Task Force gathers enough support, they will start figuring out the finer details about the sites.
  o CM Harkin added that the sites will be scalable.

CM W. Flores asked if these communities support the implementation of SIFs.
  o CM Harkin responded: members of the Task Force have been to 30 community meetings in the Tenderloin. Over 90% of people were in favor of SIFs—they don’t want folks to be injecting on the streets.
  o CM Discepola added: there has been very little pushback at the SIF task force meetings. Most of the public comment they’ve gotten has been very supportive. They haven’t observed an uptick of drug use or violent crime in areas that have SIFs.
  o Eileen Loughran emphasized that Safe Injection Services will be added to existing sites. There will not be additional sites opening. The government has announced that there is an opioid epidemic. The Mayor, Board of Supervisors, the Health Commission and the Chief of Police all have expressed support for SIFs. These services will not be funded by DPH dollars. They will be privately funded. Down the line, there will be opportunities to have additional sites open up.
- CM E. Flores inquired what the biggest improvements have been at existing sites such as in Vancouver.
  - CM Discepola responded: there have been zero accidental overdoses at all existing sites. These sites are designed like syringe access sites to distribute naloxone. In terms of access to care, there is a lot more information in the full report such as people getting into detox, primary care and HCV treatment. This report provides a lot of health improvement and engagement opportunities.
    - CM Harkin added that SIFs in Vancouver have been one of the most studied public health interventions. There has never been a downside from putting in an SIF.
- CM Cadabes asked if there is any expected push back from the Department of Justice.
  - CM Discepola responded: before syringe access was legal, they encountered a similar process. Theoretically something could happen, but that doesn’t prevent them from doing what’s right.
  - Eileen Loughran added that SF is responding to national epidemic by responding to our local epidemic.
- CM Lee asked who is going to be working on implementation of SIFs. Where will the provision of services live? Will it be non-profits or part of a collaboration?
  - CM Discepola responded: they haven’t yet determined a specific location or agency. There is an idea of partnering with current service centers who are providing services to PWID. These service centers include the Drug Users Union, SF AIDS Foundation, St. James Infirmary, Glide, Homeless Youth Alliance and others. These organizations are funded by DPH to provide syringe access and disposal services to the city and county of SF.
- CM Jewell expressed his support for SIFs, stating that they are an important step in a more integrated model of care.
- Co-Chair Walubengo thanked CM Discepola and CM Harkin for a great presentation.
- **MOTION: To approve the request for support from the SIF Task Force.**
  - The HCPC full membership endorses the Safe Injection Services (SIS) Task Force’s recommendations for operating safe injection services in San Francisco.
  - The HCPC supports Assembly Bill 186.
  - The HCPC supports the implementation of safe injection services.
- **VOTE: Motion passes. See column [3] for a vote breakdown.**
- **Public Comment- None.**

10. **Needs Assessment- VOTE**
- The Council will consider the 2018 needs assessment target determined by Community Engagement.
- CS Jordan reported that Community Engagement is convening a needs assessment work group, with the following target populations: HIV positive consumers of Ryan White Part A who are substance users.
  - He noted that while Community Engagement hasn’t done this population specifically in the past, they did recently do MSM crystal meth users.
- **MOTION: To approve the 2018 needs assessment target determined by Community Engagement.**
  - To convene a work group beginning the 2018 needs assessment. Target population: HIV+ consumers of Ryan White services who use substances.
- **VOTE: Motion passes. See column [4] for a vote breakdown.**
- **Public comment—None.**

11. **Break**
12. Integrated Planning
- The Council received a presentation from CHEP and HHS, and then discussed within small groups.
- Co-Chair Guzman commented that integrated planning will mean different things for different areas or diseases. This is the overarching statement that can be fine-tuned depending on the scenario.
- CM Pearce stressed the importance of data collection. There needs to be more in-depth awareness about new cases of HIV, as well as other STIs.
- Susan Phillip added that all of this should be seen within a mindset of reducing infections and reducing disparity of infections. The community should be included in all decisions.
- Co-Chair Guzman asked: Is the data taking too long to get to stakeholders that need it?
- CM Discepola commented that it has been challenging to include CBHS in discussions of integrated planning. What is the future of this collaboration?
  o CM Blum responded that they plan to work more with CBHS in the future.
- Public Comment- None.

13. Policies and Procedures Update- VOTE
- The Council considered an updated membership policy from the Steering Committee.
  o CM W. Flores inquired the reason behind certain council members having home committees now, while others will be given more time.
    ▪ CS Molnar responded that this motion refers to all appointed seats who are not already part of a committee. The merger exempted appointed seats from the home committee requirement.
  o CM Antonetty commented that she would love to attend a home committee if her schedule allowed for it. She appreciates that the current council members who aren’t required to have a home committee are being grandfathered in.
  o CM Pearce stressed the importance of an equitable policy for appointed seats.
  o Co-Chair Shriver voiced his agreement for a compromise that has equity at its core.
- MOTION: Co-Chair Gonzalez moves to approve the motion from Steering.
- Co-Chair Shriver seconds the motion.
  o All new council members, and all renewing council members in 2020, are required to be in compliance with the meeting attendance policy, excluding the part B representative.
- VOTE: Motion passes. See column [5] for a vote breakdown.
- Public Comment- None.

14. State Office of AIDS (SOA), UCHAPS, Getting to Zero (GTZ), and Public Policy Updates
- The Council received handouts for the noted updates.
- SOA Update:
  - Phase 2 of the Access, Adherence and Navigation Program is currently underway and will focus on providing ADAP clients who are not virally suppressed with resources to achieve and help maintain viral suppression.
  - OA is finalizing a training for PrEP-AP that will happen in early 2018.
  - OA issued Management Memo 18-01 to HCP contractors, stating that effective immediately they are not to issue security deposits.
    - This memo also provides guidance to Housing Opportunities for Persons with AIDS (HOPWA) contractors on compliance with the Violence Against Women Act (VAWA).
  - Steve Gibson, HIV Prevention Branch Chief, will be leaving OA on February 22nd.
• Plumas County Public Health Agency has applied for CDPH authorization of a new syringe services program to be named Northern Sierra Harm Reduction.
• OA renewed the two-year certification for Orange County Needle Exchange Program (OCNEP) on January 12, 2018.
  - On January 18th 2018, the Santa Ana City Manager’s office denied OCNEP’s request for a permit to provide services in the city’s Civic Center Plaza. This denial of the permit effectively shuts down OCNEP.
    a. OCNEP was the only syringe service program in Orange County. Santa Ana has the highest HIV infection rate in the county. The overdose death rate in Orange County is nearly twice the California average.
    b. OA staff are working with OCNEP and other partners to explore alternatives.
• The following legislation was recently passed in California: Health and Safety section 121025 allows OA surveillance staff to contact a patient’s HIV health care providers directly to link the patient to care and treatment.
• UCHAPS Update:
  - None.
• Getting to Zero Update:
  - Brad Hare of Kaiser joined the GTZ Steering Committee (SC).
  - GTZ SC is working with HAPN and other partners on budget advocacy, namely federal backfill and continued funding for GTZ priorities at the current level.
  - GTZ SC is working on a written statement regarding housing as an HIV prevention and treatment priority.
• Public Policy Update:
  - Republicans want a dollar for dollar cut in spending for any increase in spending.
  - There has been a continued push for an increased National Defense budget.
  - There is a desire to continue to debate on ACA to appease the Republican base.
  - The CAEAR Coalition met with key committee leadership, including Bernie Sanders, Nita Lowey and Tom Cole.
  - On February 9th, Congress passed a two year budget blueprint. There will be a $300 billion increase in military spending, $128 billion increase in domestic programs and $128 billion increase in defense budgets.
    - Some specifics include $2 billion toward research at the National Institutes of Health and $7 billion towards funding for a two year authorization for Community Health Centers.
  - The senate confirmed Trump nominee Alex Azar as Health Secretary.
• California State news:
  - Advocacy groups asked for funding for PrEP access, trans female healthcare barriers, seniors and HIV demo project, STI testing in rural areas, CA Hepatitis C demo projects extensions and additional STI funding
  - AB186 came up 2 votes short in the senate last election, but will be back for another vote.
  - The CAEAR Coalition has completed its work on the 501c3 application to the IRS. This will allow the CAEAR collation to expand its mission and fundraising activities.
  - CM Jewell was elected to a two year term as the PWH Caucus Chair to the Board of Directors.

15. Next Meeting Date
The next meeting is tentatively scheduled for Monday, March 26th 2018 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

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

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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