

HIV Community Planning Council  
FULL COUNCIL MEETING  
Monday June 25<sup>th</sup>, 2018  
25 Van Ness, 6<sup>th</sup> Floor Conference Room  
San Francisco, CA  
3:30-6:30 pm

**HIV Community Planning Council Members Present:** Chuck Adams, Margot Antonetty, Ben Cabangun, Cesar Cadabes, Zachary Davenport, Cicily Emerson, Elaine Flores, Wade Flores, Dean Goodwin (Co-Chair), Thomas Knoble (Co-Chair), Liz Hall, Paul Harkin, Ron Hernandez, Lee Jewell, Dominique Johnson, Kevin Lee, Ken Pearce, Cassandra Roberts, Mick Robinson, Darpun Sachdev, Mike Shriver (Co-Chair), Charles Siron, Gwen Smith, John Paul Soto, Laura Thomas, Linda Walubengo (Co-Chair)

**HIV Community Planning Council Members Absent:** Orin Allen [A], Bill Blum [E], Jackson Bowman [E], Ed Chitty [E], Billie Cooper [E], Michael Discepola [A], Matt Geltmaker [E], David Gonzalez [E], Bruce Ito [E], TJ Lee-Miyaki [E], Jessie Murphy [E], Irma Parada [E], Eric Sutter [A]

**Others Present:** Michael Alexander, Steve Daily, Steven Gall, Barbara Green-Ajufo, Bill Hirsh, Helen Lin, Melissa McMurrey, George Reynolds

**DPH Staff Present:** Kevin Hutchcroft (HHS), Beth Neary (HHS), Nyisha Underwood (CHEP)

**Support Staff Present:** Melina Clark, Dave Jordan, Mark Molnar

***Draft Minutes***

**1. Call to Order and Roll Call. Introduction of Members of the Public.**

The meeting was called to order at 3:36 pm by Co-Chair Shriver. Roll was called and quorum was established.

**2. Review and Approve June 25<sup>th</sup> 2018 DRAFT Agenda – VOTE**

The June 25<sup>th</sup> DRAFT Agenda was reviewed and approved by consensus.

**3. Review and Approve May 21<sup>st</sup> 2018 DRAFT Minutes – VOTE**

The May 21<sup>st</sup> 2018 Minutes were reviewed and approved by consensus.

**4. Announcements**

- CM Pearce announced: he was elected a member of the CPG, and was notified about an update to ADAP. Anyone who is covered under ADAP is now also covered under MediGap, which will cover any gaps not covered by Medicare.

**5. Public Comment**

- Bill Hirsh made an announcement about budget advocacy: Mayor Farrell committed to backfill the CDC cuts, and continue the GTZ initiatives. The mayor's budget was recently released: The city will receive a higher Care cut than anticipated. They were successful at getting that backfilled on the first list of BOA addbacks. It does not look like there will be any funding provided for housing subsidies and Safe Injection Sites. He feels that it is a gross injustice to not be seeing new resources allocated to those in need.
  - There is one more opportunity for public comment on the city budget. There is a hearing at 10am on Wednesday. There is also a website where folks can send in written comments. He requested that folks provide input on the website.
    - Council staff will forward the link to the Council.

## 6. SOA Update

- CM Hall reported:
  - The SOA has changed the format of their monthly report to align with the statewide GTZ plan.
- Strategy A: Improve PrEP Utilization
  - In May, OA reached out to nine enrollment sites informing them of the PrEP-AP go-live dates for enrolling uninsured clients.
  - On May 18, all enrollment workers received a Management Memorandum, announcing the Go-Live dates for PrEP-AP. Phase two (insured) will expand services to those with insurance, including Medicare.
  - OA conducted training sessions in early June, dedicated to enrolling insured individuals in the PrEP-AP.
  - The OA website will be updated by mid-June, to include tools to assist enrollment workers.
  - As of May 30, OA has executed 16 contracts covering a total of 27 clinics who currently make up the PrEP-AP Provider Network.
- Strategy E: Improve Retention in Care
  - Access and Adherence Navigators proactively enrolling clients into comprehensive health coverage and the Office of AIDS Health Insurance Premium Payment (OA-HIPP) or Medicare Part D Premium Payment (MDPP) Program.
- Strategy G: Improve Availability of HIV Care
  - During the California Planning Group (CPG) meeting on May 31, the HIV Care Program (HCP) discussed proposed regulations to establish financial eligibility for Part B clients statewide. HCP is working on regulations that will align the income eligibility for HCP clients with that of ADAP. The implementation date is expected to be April 1, 2019.
- Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs
  - The Northern Sierra Harm Reduction Program of the Plumas County Public Health Agency was authorized to provide syringe services beginning in May 2018.
  - In Sacramento, an application from Harm Reduction Services (HRS) to provide syringe services was posted for public comment. HRS is seeking CDPH authorization to provide these services throughout Sacramento County.
- Strategy M: Improve Usability of Collected Data
  - The HIV/AIDS adult case report form (ACRF) in the California Reportable Disease Information Exchange (CalREDIE) is currently being tested.
  - New fact sheets, "The California Continuum of HIV Care" for 2015 and 2016 are now available on the OA website.
- Strategy N: Enhance Collaborations and Community Involvement
  - On May 30, OA hosted a statewide GTZ Community Meeting. A summary of the community input is being developed and will be distributed when complete.
  - On May 31-June 1, and in-person CPG meeting was held in Berkeley. Presentation slides and meeting notes are available by request, by emailing [cpg@cdph.ca.gov](mailto:cpg@cdph.ca.gov)
- General OA Updates:
  - The deadline for current Ryan White Part B contractors to request additional funding is Wednesday, June 13 by 5pm.
  - OA is currently recruiting for a Health Program Manager (HPM) III to fill the vacant Prevention Branch Chief position. The application deadline is June 19, 2018.
  - OA is also currently recruiting for a Public Health Medical Administrator I. The application deadline is July 18.

## 7. Council Staff Update

- CS Molnar announced: Steering Committee has decided on Friday September 21<sup>st</sup> 2018 as the date for the annual Prioritization and Allocation Summit.

## 8. 75/25 Waiver Request- VOTE

- Co-Chair Shriver noted that the Council is presented with this waiver request every year. The motion is already on the floor as it is coming from Steering. The Co-Chairs gave the Council time to review the waiver.
- **MOTION: To approve the 75/25 Waiver.**
- **MOTION APPROVED by roll call vote. See column (1) for vote breakdown.**

## 9. National Update

- The Council was provided a panel discussion regarding national trends with HIV care and prevention.
- The panel members are Ernest Hopkins, Lee Jewell, Paul Harkin and Thomas Knoble.
  - CS Molnar facilitated the panel discussion. He asked the following six questions for the panel to answer. Then, the Council asked questions of the panel members.
- 1. What are some of the national trends you are seeing regarding health disparities?
  - Co-Chair Knoble noted that in the South, there are significant disparities. He provided a handout showcasing statistics around rates of HIV and STD acquisition among African American men.
  - CM Harkin noted that many jurisdictions do not provide basic syringe access provision.
  - Ernest Hopkins noted that there is a proposed bill right now to restrict federal resources regarding Safe Consumption Sites. There is still reticence at the federal level to support systems that are scientifically proven to work. The general trend recently has been to reduce the role of government by collapsing government programs.
    - “Welfare” is only used as a pejorative. It’s seen by many as an effort to aggregate all the resources in order to be able to cut them more easily. HIV for the first time was targeted for cuts. It was the programs that train the providers, and that provide access to novel models of care. In this environment, all existing health disparities will be exacerbated.
    - CM Jewell added: there is a trend in congress towards adding work restrictions.
- 2. In terms of the cascade, which communities are not getting to zero?
  - CM Harkin responded: POC, Latinx folks, women of color. There is a trend of abstinence-based models rather than evidence-based models. The existing model is hostile to drug users and their care. If you are a person of color and a drug user, the health outcomes are statistically worse.
  - Co-Chair Knoble added: MSM who inject have the highest rate of HIV acquisition. This group doesn’t quite fit in with just MSM or PWID. He added that folks who have mental health challenges are having more challenges with getting to zero.
- 3. On a national level, which jurisdictions are doing well, or not so well?
  - Ernest Hopkins responded: jurisdictions where there are investments at the federal level, state level and community level, are the ones who are reducing infections. It is no surprise that places such as New York, Chicago and Boston are having a dramatic impact on quality of life. They all have strong community advocacy and empowerment, support from the local public health departments, and they have fought hard to acquire state resources in their work on getting to zero.
    - On the other hand, cities such as New Orleans and Miami have huge health disparities. Many local health departments are constrained by the state level. They have strong local health departments, which little local and state resources.

- The result is not only negative health outcomes, but also political implications. The people in those communities are frustrated by this, and seem to be advocating for more federal money. They often assume that places like SF are getting a disproportionate amount of federal resources, while in reality the city of SF is backfilling federal cuts.
- CM Jewell added that federal resources cannot be used for undocumented folks. Disparities are very high in these communities.
- CM Cabangun inquired for an explanation of the term “Public Charge.”
  - Ernest Hopkins responded: the gist is “we don’t want you if you’re not self-sufficient.” If one is applying for immigrant status, and they are in need of social services, this will impact their immigration application. To suggest that this will restrict folks’ ability to immigrate is consistent with the cruel, zero-tolerance policies seen recently through this administration. He added that Ryan White is considered a public service.
- CM Pearce noted that recently, issues of mental health and substance use seem to be turning into separate conversations, rather than one, interconnected issue. In advocating for needle services, would it be advantageous to group these two together or separate?
  - Ernest Hopkins noted that this is a conversation that needs attention. He noted that he was recently in a conversation where it was suggested that it is stigmatizing to associate all substance users with mental health challenges. At the federal level, there is a lot of conversation about opioids, but not much talk of HCV. When mental health issues are discussed, it seems to be more often in the context of insurance access.
    - a. CM Jewell added that the opioid response seems to be mostly in response from public outcry.
  - CM Harkin added that more people are dying from overdose deaths than at the height of the AIDS epidemic. If many people are injecting drugs in communities that have little access to syringe access services, if they aren’t overdosing they are getting Hep C and HIV.
  - CM Hall noted that Ryan White is not considered a program under “Public Charge.”
- 4. What are some efforts being made in care and prevention to reach people “in the margins”?
  - CM Harkin responded that in SF, there is a trend towards street-based medicine. The trend of homelessness seen here is seen in many other cities as well. The folks that are in the extreme margins are still part of the community. There needs to be funding for mobile medical care, engaging folks, having culturally competent staff, having lockers for people’s medications, etc...
- 5. How can we support larger bay area efforts around care and prevention?
  - Co-Chair Knoble responded: the diversity between the counties is so large. It is a challenge to work with bay area counties and figure out what the commonalities are. There is a global trend of people acquiring HIV in urban centers, and bringing it to rural areas. The work we do in the city has impacts outside of the city. We see the number of folks living with HIV going up at a certain rate. Folks are also moving to SF with HIV.
- 6. What is the agenda for lobbying and advocacy efforts regarding appropriations?
  - Ernest Hopkins responded that the strategy is to continue to educate members and their staff. Making the case successfully these days means keeping your money, rather than trying to get more money.
  - CM Jewell commented that at the Care Coalition, there is often Ryan White 101 education. They don’t always meet with representatives.
- CM Walubengo asked: in regards to the numbers that we haven’t met, can you talk about the efforts to get those communities to zero?

- CM Knoble: that is where we're at with planning. We don't have solutions yet, but are working to identify needs. They need to target communities in meaningful ways. To quote Darpun: why would we refer people back to a system that didn't work the first time?
- CM Johnson asked for clarification on Ernest Hopkins earlier comment that only certain people dying of overdoses.
  - Ernest Hopkins responded: there has been a historic heroin epidemic among blacks and Latinos. It was historically treated it as a criminal issue, rather than a health issue. Right now, there are a significant number of low-income white people with an opioid problem and high rates of suicide. These are the people now who are dying of overdose, and these are the folks that the Republicans are concerned about now.
- CM Roberts noted that based on her experience, the difference in care between SF and the Midwest is staggering.
  - Ernest Hopkins noted that there are monthly CAEAR coalition calls, with Planning council leadership and members. The goal of the calls is to create a network of folks across the country, who are dealing with challenging issues facing the HIV community.

## 10. Break

## 11. Hepatitis C Update

- The Council received a presentation regarding Hepatitis C from Katie Burke and Annie Leutkemeyer.
- End Hep C SF is working in a number of ways to treat Hep C and end new infections in San Francisco. Katie Burke went over their HCV Interventions, including prevention, testing, linkage to care and clinical care/cure. She also discussed the state and local HCV epidemiology, End Hep C SF structure and strategies (including community-based testing), End Hep C SF outcomes and accomplishments as well as barriers to End Hep C SF. Some barriers include:
  - Patient level: homelessness, poverty, substance use, trauma, unawareness of HCV status and unaware of HCV treatment developments.
  - Clinic level: funding, PA process, "ghost panels", IT needs to capture data and clinic settings not being drug-user friendly.
  - Structural level: jail population are uninsured/can't get meds, lack of state/federal funding, data limitations and no centralized way to track cures.
- Annie Leutkemeyer noted that the institutionalized stigma regarding HCV treatment is widespread. For a long time, the general practice has been to wait until someone has liver cirrhosis to treat them for HCV. There is a widespread notion of people not deserving treatment, or deserving the disease.
- CM Pearce asked if this data reflects HCV rates within prison populations.
  - Katie Burke responded: All the state data she showed does not include prisons. They look at the data from state prisons separately from the rest of the state. Federal data is not included.
- CM Siron inquired how many folks are dual diagnosed with HIV and HCV.
  - Katie Burke responded that that estimate came from a data triangulation process. Right now, SFDPH is going through a transformation of their data system. One result of this will be to see the intersection of HIV and HCV data. Nationally, about 25% of HIV positive people also have HCV, which is probably less than SF.
  - Annie Leutkemeyer added that HIV folks who are engaged in care are more likely to be engaged in care for HCV.
- CM Harkin asked: how do we improve the likelihood of people being treated, especially in terms of stigma? There are still many folks in the cascade that we are not reaching.

- Annie Leutkemeyer responded: some of the biggest focus has been going to where people are. Primary care is important, but we need to further adapt. We need to meet people where they are. Primary care is not realistic. 25% of the HCV population is in jail. We need to treat people in jail. We need to make it easy for people to be treated.
- Katie Burke added that from a non-clinical perspective, it can be fun to see people change their practice. Watching providers become leaders is inspiring.
- CM Robinson if there a correlation between Hep C and liver cancer.
  - Annie Leutkemeyer responded: yes, absolutely. Once there is cirrhosis in the liver, one is much more likely to get liver cancer. If liver disease is not caught early, it's much more difficult to treat. The current recommendation is to wait for people to get cirrhosis to start treatment. This is inhumane and doesn't make sense. SF has one of the leading rates of liver cancer in the US. This is a preventable cancer that is largely driven by Hep C and Hep B.

## 12. CHEP and HHS Updates

- HHS Update:
  - SF EMA received their RWPA Grant Award for the 2018-19 fiscal year, totaling \$25,430,689, a reduction of about 2.4% from the previous year. They anticipate this will be backfilled through SF's General Fund.
    - He thanks HAPN and HCPC leadership for their help with this.
  - They got a 99 percent score from HRSA on last year's RWPA grant application.
  - HHS will be sending in the required documentation for the HRSA 75% Core Services funding requirement.
  - They have finalized the "Carry Forward" funds for FY-2017-18, which they hope will be discussed further by the HCPC in July.
  - Upcoming trainings include:
    - August 31<sup>st</sup>: Techniques in Motivational interviewing.
    - HIV Treatment Update will be scheduled soon.
- Co-Chair Knoble reported on the CHEP Update:
  - The Part B award was fully funded.
  - They are continuing to do a monthly homeless health event.
  - The mayor funded ten new positions to support syringe litter disposal work.
  - There are three Roadmap work groups coming up at the end of July. He encouraged folks to sign up.
    - Council staff will follow up with reminder emails.

## 13. Public Policy, Getting to Zero, and UCHAPS Updates

- These updates were provided in handout form. There was no discussion regarding these agenda items. Below is a brief summary of the updates:
  - Getting to Zero:
    - Budget: Awaiting clarity on mayor's budget announcement.
    - The Housing Task Force is pursuing three strategies: policy/advocacy, pilot clinical interventions and data sharing, as well as increase communication and coordination.
    - RAPID: there is a meeting with HIV testing, linkage and care providers on May 15.
      - Linkage gaps exist within private medical providers and some hospitals
      - Possibility of 30-day medication starter packs for use at sites with linkage challenges.
  - Public Policy:

- The CAEAR Board Meeting on June 3 focused on the draft survey to EMA’s and TGA’s. The survey is being drafted to prepare for possible reauthorization discussions.
- At the CAEAR Membership Meeting on June 4:
  - Jon Bouker noted that the rate of insured has increased 15%.
  - Sonja Nesbit: the house has been drafting a lot of bills to deal with the opiate crisis. There are also many efforts underway to bring additional regulations to the 340B program.
- Hill Visit Schedule, June 4 2018:
  - CAEAR Members were once again in DC during a pivotal moment for healthcare stabilization. They advocated for the Ryan White HIV/AIDS Program to be funded at \$2.465 billion, which represents an increase of \$145.6 million.
- UCHAPS:
  - There were three Technical Assistance webinars in June, all of which are available on the UCHAPS website. The webinars were:
    - Youth in the Movement: Supporting Youth Health Advocates
    - Ending the Epidemic: A Local and Public Health Policy
    - Non-profits and Advocacy
    - 340B: What You Need to Know
  - UCHAPS launches national HIV Testing Week and Local Engagement Advocacy Day on June 21<sup>st</sup>-27<sup>th</sup>.
  - Thomas Knoble of CHEP met with Ivory Howard, UCHAPS Project Director, for a scheduled site visit.
  - The next UCHAPS Membership meeting is scheduled for July 10<sup>th</sup>-July 11<sup>th</sup>.

**14. Membership Update- VOTE**

- The Council voted on a Motion coming from Membership regarding membership renewals.
- **MOTION: To approve all membership renewals as a slate.**
- **MOTION CARRIES: See column (2) for vote breakdown.**

**15. Co-Chair Update**

- Co-Chair Shriver noted that last month they approved the formation of the ad hoc working group regarding DPH’s integration effort. He encouraged council members to attend, stressing the importance of council member engagement with these work groups.

**16. Next Meeting Date**

*The next meeting is tentatively scheduled for Monday, July 23<sup>rd</sup> 2018 at 25 Van Ness, 6<sup>th</sup> floor conference room, from 3:30 to 6:30.*

**17. Adjournment**

- Meeting adjourned at 6:24pm by Co-Chair Shriver.

**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)

<b>Date: June 25, 2018</b>	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
----------------------------	--------	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

Chuck Adams	P	Y	Y																
Orin Allen	A	-	-																
Margot Antonetty	P	-	Y																
Bill Blum	E	-	-																
Jackson Bowman	E	-	-																
Ben Cabangun	P	Y	Y																
Cesar Cadabes	P	Y	Y																
Ed Chitty	E	-	-																
Billie Cooper	E	-	-																
Zachary Davenport	P	Y	Y																
Michael Discepola Proxy Lee Jewell	E	-	-																
Cicily Emerson	P	Y	Y																
Elaine Flores	P	Y	Y																
Wade Flores	P	-	Y																
Matt Geltmaker	E	-	-																
David Gonzalez	E	-	-																
Dean Goodwin (Co-Chair) Jose Luis Guzman (Co-Chair)	A/ P	A	Y																
Liz Hall	P	A	A																
Paul Harkin	P	Y	Y																
Ron Hernandez	P	Y	Y																
Bruce Ito	E	-	-																
Lee Jewell	P	Y	Y																
Dominique Johnson	P	A	-																
Kevin Lee	P	Y	Y																
T.J. Lee-Miyaki	E	-	-																
Jessie Murphy	E	-	-																
Irma Parada	E	-	-																
Ken Pearce	P	Y	Y																
Cassandra Roberts	P	Y	Y																

Mick Robinson	P	Y	Y									
Darpun Sachdev	P	Y	Y									
Mike Shriver	P	Y	Y									
Charles Siron	P	Y	Y									
Gwen Smith	P	Y	Y									
John Paul Soto	P	Y	Y									
Eric Sutter	A	-	-									
Laura Thomas	P	-	-									
Linda Walubengo (Co-Chair)	P	Y	Y									
	Ayes											
	Nayes											
	Abstain											
	Recusal											
	Total											