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 Shriver. Roll was called and quorum was established.

2. Review and Approve March 26, 2018 DRAFT Agenda – VOTE
   The March 26th 2018 DRAFT Agenda was reviewed and approved by consensus.

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

4. Announcements
   - CM Thomas thanked the Council for their support of the recommendations from the Safe Injection Facilities Task Force.
   - CM Harkin announced that there will be an Overdose Awareness event this coming Thursday evening in this room at 6pm. They hope that all types of drug users will attend, as fentanyl has been found in opiate as well as non-opiate drugs. Topics will include how to do overdose reversals, and there will be games and prizes as well.

5. Public Comment
   - None.

6. Council Staff Update
   - CS Molnar announced there is an upcoming training on Group Dynamics and Communication this Friday, March 30th from 10am-2pm. It’s at 25 Van Ness in the 8th floor conference room. Staff will reach out to the Council with more information.
• CS Cone announced that 700 forms are due on April 2nd. They can be filled out electronically or in person-Council Staff has forms on hand.

7. CDPH Office of AIDS Update
• CM Hall reported:
  • Majel Arnold, the HIV Care Branch Chief, left OA on March 9, 2018. OA thanks Majel for her service.
  • Steve Gibson left his role as the OA HIV Prevention Branch Chief in February. OA thanks him for his service. Matthew Millspaugh will be filling in for Gibson until they find a permanent replacement.
    • In December, the Merced Family Medicine Residency Program in Merced County applied to certification of a new Syringe Exchange Program (SEP) - the Merced Needle Exchange.
  • The HIV/AIDS adult case report form (ACRF) is currently in the California Reportable Disease Information Exchange (CalREDIE) test environment. The next steps are to make minor modifications to areas identified during testing and provide an estimated time frame for implementing these changes. Once the ACRF implementation has passed testing, the rollout phase will begin. OA is planning a phased rollout to occur over a five-month period.
  • On May 31-June 1, OA will host a California Planning Group (CPG) meeting in Berkeley, California.
• Sharisse Kemp reported on the AIDS Drug Assistance Program (ADAP):
  • 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 help them achieve and maintain viral suppression.
  • In February, enrollment workers received a management memorandum detailing the implementation plan for phase one of PrEP-AP, focused on uninsured clients.
    • OA also sent invited enrollment workers to eight training sessions on PrEP-AP in February. This training includes PrEP-AP policy and ADAP Enrollment System (AES) training.
    • In order to submit a PrEP-AP application, enrollment sites must:
      • Have at least one enrollment worker attend the PrEP-AP training.
      • Be located within 100 miles of a contracted clinician in the PrEP-AP Provider Network.
  • As the PrEP-AP Provider Network continues to grow, eventually all ADAP enrollment sites will be capable of performing PrEP-AP enrollment.
• CM Hall noted that the next OA report will be more in line with the integrated plan.

8. CQI/Quality Assurance
• John Aynsley presented an update on quality assurance measures from HIV Health Services.
  • The goals of having a Quality Management Program are to:
    ▪ Analyze HRSA HAB Clinical indicators across all three counties.
    ▪ Utilize data to improve quality of care and health outcomes.
    ▪ Report to State, Federal, and City funders on key indicators.
  • In 2017, QM reported the following activities:
    ▪ Increased integration with the eClinicalWorks electronic medical record.
    ▪ State Office of AIDS ARIES HAB QM report improvements
    ▪ Increased frequency of uploads in ARIES
    ▪ Food and Nutrition Services linkage and retention QM program implemented
    ▪ Multiple trainings on a variety of topics
- John Aynsley noted that this presentation uses the ARIES database. It is designed to address CQI thresholds, not to compare models of care.

- CM Pearce noted that one of first slides was on QI data parameters. Within the three counties, is it the same percentage when we move down to ARIES EMA primary care?
  - CM Geltmaker responded that they struggle with the quality measures. This is tracked by pulling numbers from primary care in ARIES. When clients get medical insurance, it looks like they've fallen out of care in ARIES, when really they just got health insurance.

- CM Lee added that it’s the same in Marin County as well. He asked for clarification on the local and national threshold, specifically where they come from and how they’re developed.
  - John Aynsley responded that the local threshold is established through HHS and providers. The national threshold is established by HRSA. He added that the thresholds were raised this year.

- CM Sachdev asked if DPH wanted to highlight any particular area of this presentation.
  - Co-Chair Goodwin responded that they look at aggregate data from ARIES and aren't able to select a specific area to focus on.

- CM Cooper noted that the only data on transgender folks in the report is for San Francisco, but not Marin or San Mateo Counties.
  - John Aynsley noted that this data can be difficult to track using ARIES.
    - CM Geltmaker noted that while he didn't run the reports, there is data on transgender folks in ARIES.
  - Kevin Hutchcroft added that Marin has a very small population of transgender folks. Within that population, no one is receiving care through Ryan White services.
  - Co-Chair Goodwin added that DPH is tracking and monitoring data on transgender folks. When it’s a small number, they usually don’t report on it.

- CM Emerson expressed interest in looking at trends of folks who access Ryan White Services but receive primary care elsewhere. She is interested in how their viral load suppression compare to folks just using Ryan White Services, or who don't access Ryan White funds at all. She is interested in this within the context of positioning the Ryan White programs for continuing to fund so many support services.

- CM Johnson expressed interest in seeing data that include folks who are homeless or marginally housed.
  - John Aynsley responded that the database they use unfortunately doesn't track this data very well.
  - Co-Chair Goodwin added that they do look at that in the monthly data they get from BCW, but this report looks at ARIES data.

- Co-Chair Gonzalez thanked CM Cooper for her question about data on transgender folks. He noticed a small dip in viral suppression in transwomen on the report. Is this a data issue? Or a trend in the community as a whole?
  - Co-Chair Goodwin responded that it’s the transgender clients that are in ARIES and receiving primary care from HHS. Since it's a small number, the data tends me be more reactive.

- CM Sachdev asked what the next steps are in the Quality Management Process. What will DPH do with this data?
  - Co-Chair Goodwin responded that they will review it at an upcoming meeting. They will spend time looking into areas that are specifically underperforming and provide support around that.
o CM Thomas thanked John Aynsley and DPH for sharing this information. She noted that while this information is useful, this is a cloudy lens through which to see the system. The overall EPI report shows data on more people. The medical monitoring project shows more representative detailed data about what’s going on underneath some of that. It’s useful to see this information but it can also be a challenging tool to work with.

o CM Geltmaker commented that the EMA is doing a really great job with HIV care and prevention, especially compared to the rest of the country. The SF EMA is actually hitting very high thresholds even given the challenging data parameters.

9. CHEP and HHS Update
   - Co-Chair Guzman reported:
     - They are still waiting on results about the Ryan White Part B award.
     - A new syringe disposal kiosk is going up on Stevenson St. between 6th St. and 7th St.
     - 15 encampment residents were linked to medical care. Some were initiated on PrEP as well.
     - There is a harm reduction training coming up in April. CHEP would like to incorporate harm reduction into their approach for substance use treatment.
     - Co-Chair Guzman announced that he will be leaving CHEP and the Council to take a position with CBHS. He’ll be leaving the Council after 1 year as government Co-Chair and 6 years as a member. He thanked the Council for the opportunity to be of service.
       - CHEP will be submitting Thomas Noble’s name as a potential replacement for the Government Co-Chair seat.
   - Co-Chair Goodwin reported:
     - There is a Group Communication/Dynamics training coming up this Friday from 10am-2pm on the 8th floor. Lunch will be provided.
     - Other upcoming trainings include:
       - Immigration Legal Issues on May 10th
       - Techniques in Motivational Interviewing is scheduled for August 31st
       - The HIV Treatment Update will be scheduled soon.
     - HHS is working on improving data collection in two areas within the DPH electronic medical record collection- these have been termed REAL and SOGI.
       - REAL (Race Ethnicity and Language)
       - SOGI (Sexual Orientation and Gender Identity)
         - There are 6 categories here for people to select how they’d like to identify. This system also collects folks' sex as assigned at birth, and other legal documents.
     - CM Murphy inquired if the ARIES parameters will be updated according to these new guidelines.
       - Co-Chair Goodwin replied: that will be determined through the state. HHS will share this with the state and ask them to update their systems. This new system is only within DPH clinics and SF General right now.
   - Public comment— None.

10. UCHAPS Update
    - Co-Chair Guzman reported:
      - UCHAPS had successful two-day virtual membership meeting last month.
      - National HIV Testing Week will be taking place the week of June 21st-27th. UCHAPS is looking for agencies to participate. They are thinking about including a local advocacy day to the schedule that week. He will send out more information as it comes up.
    - Public Comment- None.
11. Getting to Zero Update
- Co-Chair Shriver reported:
  - There has been an interruption in the meeting schedule, so there’s not much of an update today.
  - The quarterly consortium meeting is coming up on April 26 from 6-8pm at 25 Van Ness, room 610. One of the focuses will be housing, and how this issue will be critical in order to get to zero. Dinner will be served.
- Bill Hirsh noted that there is a mayoral candidate’s forum coming up on April 26 from 10:30am-12pm at the Herbst Theater. It is sponsored by the Dignity Coalition and will be focused on seniors and people living with disabilities. Several HIV organizations are signing on to this forum to address issues related to disability. He expressed his hope for a good turnout, and asked folks to encourage their colleagues and clients to attend.
- Public comment—None.

12. Public Policy Update
- CM Jewell reported:
  - HHS is using its authority to seek waivers in the Medicaid program. Speaker Ryan has walked back his plan to reduce Medicare and Medicaid. HHS are expected to be partially or fully restored.
  - Congressional Update:
    - Congress passed the Omnibus Spending Bill on March 23 2018, which amounts to $100B in new funding. It will fund the government until September 30th 2018.
      - Some specifics include HHS getting a $10B increase from last year, CDC getting an $8.3B increase from last year (including $5B increase to the Substance Abuse and Mental Health Administration), a $4B increase for CMS, and $25M to Abstinence-only Sex Education (State grants).
      - Because this bill was passed 6 months behind schedule, Ryan White Awards will have an expected delay for 3-4 weeks.
      - The Medicare Part D coverage gap (“donut hole”) for pharmaceutical companies was left out of this bill.
  - American Health Care Act Update: The recently passed tax bill repealed the Individual Mandate, the tax on individuals for not having health insurance (meant to increase participation), whose repeal is projected to increase premiums by 10 percent. Democrats opposed language stabilizing the insurance exchange because language was inserted expanding the existing prohibition on federal funding for abortions.
  - CAEAR Board update: The CAEAR Coalition is searching for additional grant application opportunities under their new 501c3 status.
    - CM Jewell volunteered to be a moderator of the CAEAR Coalition Social Media Committee to promote the activities of the Coalition.

13. Break

14. HCAP Annual Report
- Jeremey Tsuchitani-Watson presented on the annual report from the HIV Consumer Advocacy Project.
  - The HIV Consumer Advocacy Project exists to help people living with HIV/AIDS who experience difficulty accessing particular services. These services include Ryan White-funded programs in the San Francisco EMA, as well as agencies funded by the SF Department of Public Health’s HIV Health Services (HHS).
• HCAP provides consumers an advocate who can help them navigate services. They also mediate disputes between consumers and providers, provide appropriate referrals to consumers as well as assist service providers by removing barriers to service.

• In the 2017-18 year, HCAP served 93 unduplicated consumers with a total of 131 matters. 3 cases were in Marin, 2 cases in San Mateo and 126 cases were in San Francisco. HCAP Consumers are increasingly very low income, with 80% of last year’s consumers with a yearly income under 15k.

• The service categories with the most cases were Housing, Dental, Case Management, Primary Medical Care, Social Support and Emergency Financial Assistance.

• The key consumer challenges seem to be mental health and substance use, dental services and housing and homelessness.

  o CM Cooper inquired if language barriers are impeding client communication with service providers.
    • Tsuchitani-Watson responded: Language hasn’t been much of an issue recently. The most common miscommunications are related to differing expectations between consumer and providers about attending appointments, bringing documentation, etc.

  o CM Cooper noted that if someone is facing mental health challenges, terminating services doesn’t seem like it would solve the problem. It would be great to have a liaison who advocates for that person.
    • Tsuchitani-Watson responded: There are many service providers who will get involved and try to engage folks before it comes to suspension. He would like to see more of this.

  o CM Bargetto noted that housing is number one service category with most calls. When the report says “termination/suspension of services”--- does that mean evictions? He asked the presented to comment on recent eviction trends in San Francisco.
    • Tsuchitani-Watson responded: Two of the cases in that category went to ALRP Legal Defense. There’s a fine line between eviction and program termination.
    • Bill Hirsh added that it’s safe to assume that the number of evictions is on the rise.

  o CM Pearce pointed out that if there are problems with folks accessing services, this could be indicative of a need to improve the access of information regarding these services.
    • Tsuchitani-Watson replied that despite the outreach efforts of HCAP, many folks just aren't aware of the services that are available to them. They don’t realize that there are service providers nearby that can help them as well.

  o CM Pearce emphasized the importance of the HCAP report's role in displaying the most important trends in clients' access to services.
    • Tsuchitani-Watson replied that the biggest trend is the suspension and the termination of services. He will keep the Council updated on how this trend develops, and any new trends that arise.

  o CM Thomas inquired if HCAP has been able to connect with DPH about referring providers to the harm reduction trainings funded by DPH. Part of the reason they’re funded is to address issues like these. She hopes that the DPH-funded services are as welcoming and low threshold as possible. These trainings could be a good way to improve providers’ interactions with clients.
    • Tsuchitani-Watson replied that he will look further into this idea, as he agrees that these trainings are a great resource.

  o CM Roberts inquired what happens when ALRP cannot help a client. Does ALRP refer the client to HCAP?
    • Bill Hirsh replied that it would most likely go the other direction—clients are referred to ALRP if HCAP cannot help them.
- Tsuchitani-Watson added that as an HCAP representative he works as an advocate, and if the case needs more legal assistance it is referred to ALRP.
  - CM Chitty noted that if a person has been denied services or suspended, this could be done permanently or for a given amount of time. If they’re suspended permanently, are they referred to another service? And do their records follow them, are they public? Are they able to start with a clean slate at a new agency?
  - Tsuchitani-Watson responded that the dental realm has been good about providing a letter with different options that clients can contact for help. Overall this doesn’t seem to be an issue with most service providers.
  - CM Chitty asked about how service providers usually address behavior issues. If a client is having a substance use or behavioral issue, are they reported to counselors or specialists who could help address these issues?
    - Tsuchitani-Watson replied: some providers have been good about getting people referrals to programs such as anger management. They hope to see more of this across all service providers.

- Public Comment- None.

15. Small Group Discussion
- The Council broke up into small groups and discussed the following two questions:
  - What are the barriers and challenges that HIV positive and HIV negative consumers of services experience in our system of care?
  - What actions can the HCPC take to rectify or remediate these challenges?
- The council enjoyed robust small group discussions, and shared ideas anonymously on index cards to be used as feedback for the upcoming Steering Retreat.
- Public Comment- None.

16. Next Meeting Date
The next meeting is tentatively scheduled for Monday, April 23rd 2018 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.
  - MOTION: CM Murphy moves to change the date of May’s Full Council meeting to May 21st.
  - CM Sutter seconds the motion.
  - Motion approved by consensus.

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: Votes: Y=Yes; N=No; B=Abstain; R=Recused (deduct from quorum)

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