HIV Community Planning Council
FULL COUNCIL MEETING
Monday November 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, Billie Cooper, Zachary Davenport, Cicily Emerson, Matt Geltmaker, David Gonzalez, Dean Goodwin (Co-Chair), Liz Hall, Ron Hernandez, Bruce Ito, Lee Jewell, Juba Kalamka, Helen Lin, Thomas Knoble, T.J. Lee-Miyaki, Jessie Murphy, Irma Parada, Ken Pearce, Cassandra Roberts, Darpun Sachdev, Mike Shriver (Co-Chair), Charles Siron, John Paul Soto, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [LoA], Bill Blum [E], Jackson Bowman [A], Ben Cabangun [E], Cesar Cadabes [E], Ed Chitty [E], Michael Discepola [E], Elaine Flores [E], Wade Flores [E], Matt Geltmaker [E], Paul Harkin [A], Dominique Johnson [E], Kevin Lee [A], Gwen Smith [A], Eric Sutter [A], Laura Thomas [E]

Others Present: Barbara Green-Ajufo, Michael Alexander, Bill Hirsh, Sharisse Kemp, Tracey Packer, Wayne Rafus, George Reynolds, Jeremy Tsuchitani-Watson

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

Support Staff Present: Melina Clark, Ali Cone, Dave Jordan, Mark Molnar

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 Shriver. Roll was called and quorum was established.

2. Review and Approve November 26th DRAFT Agenda – VOTE
The November 26th DRAFT Agenda was reviewed and approved by consensus.
   • CS Molnar announced that there will be no client panel, due to scheduling conflicts with the clients.
     o Agenda item #13 was amended to remove the client panel, and will read “Needs Assessment Report Part 2.”

3. Review and Approve October 29th 2018 DRAFT Minutes – VOTE
The October 29th 2018 DRAFT Minutes were reviewed, amended and approved by consensus.

4. Announcements
   • CM Shriver announced that the PLWH Advocacy Group will be holding a meeting sometime in January, to discuss future intentions for the group. Please talk to him or CS Jordan for more information.
     o There is an event this coming Saturday for World AIDS day at 12pm at the Grove. We will be honoring the Asian/Pacific Islander communities as well as folks whose parents died of AIDS. The event is free and lunch will be served.
     o CM Pearce added that they will be honoring CM Shriver at the Grove with a lifetime of service award.
   • CM Lee-Miyaki announced that he is now employed at Positive Resource Center, working with folks who were recently incarcerated.
5. Public Comment
   • None.

6. Council Staff Update
   • CS Molnar announced that this is the last Full Council meeting of the year.
     o There will be a Planning Council holiday party on December 6th from 5-7pm at the Sugar Lounge in Hayes Valley. The first drink is on us and snacks will be provided.
     o The Steering Committee meeting on January 17th 2019, will most likely be moved to 2-4pm instead of 3-5pm, to accommodate for the event honoring Barbara Garcia.

7. Air Quality Announcement
   • CM Goodwin noted that DPH sent out an announcement through Council Staff informing folks of the Air Quality Status and associated health concerns. Please reach out to Council Staff if you did not receive this memo.
   • CM Pearce stressed the importance of having a policy in place that would allow the Council to act in future cases of unhealthy air quality. He wants to make sure the leadership of the Council knows when to step in.

8. Membership - VOTE
   • The Council considered two applicants for membership and one current member for renewal.
     • One of the applicants was not able to attend today. Her vote will be pushed to the next meeting, due to the Membership policy that requires applicants to be present at the meeting at which they will be voted on.
     • MOTION: To approve Wayne Rafus as a member of the SF HIV Community Planning Council.
       • Wayne Rafus introduced himself and shared some of his relevant work experience. He now works at the SF LGBT Center as the Director of Workforce and Economic Development Programs. He expressed his passion for engaging with folks and reaching out to the community. He apologized for not being able to attend last month and is very excited for the opportunity to be here today.
       • MOTION PASSES: See column (2) for vote breakdown.
   • MOTION: To approve the renewal of Zachary Davenport as a member of the HIV Community Planning Council.
   • MOTION PASSES: See column (1) for vote breakdown.

9. Council Member Panel
   • Council Members Cooper, Parada and Walubengo answered questions and spoke to their experiences living with or working in the world of HIV.
   • CM Cooper announced that she attended the trans-giving, at the St Johns Family and Children’s Clinic in LA. There were about 200 trans folks and 100 allies. She recalled becoming interested in the Council through former member, Norman Tanner, may he rest in peace. She wants to advocate for transwomen of color, adding that it seems like transwomen are often left out of the conversation when it comes to HIV and STIs. Transwomen are still dying in the street. We are not represented enough in our community.
   • CM Parada noted that she works in the jails in San Francisco as a part of SF Department of Public Health. She was inspired to join the Planning Council in order to bring the needs of her clients to the table, especially because these voices are often not heard or overlooked. She added that many folks in
jails in San Francisco are not being adequately treated for HIV and Hepatitis C, which is one reason Integration and the Roadmap are so important going forward.

- CM Walubengo was working at Larkin St Youth Services when she joined the Council. She stressed the importance of addressing disparities, and she wants to be sure that traditionally marginalized groups have a voice at the table. She advocated for working together across agencies and professions rather than working in silos.

- Sharisse Kemp reported:
  - On October 15, all ADAP enrollment workers received Management Memorandum 2018-30, information them of the Covered California open enrollment period and OA-HIPP Program requirements.
  - Also in October, CDPH mailed letters to ADAP-only clients to inform them of their Covered California healthcare options and how to apply.
  - On October 18th, all ADAP enrollment workers received Management Memorandum 2018-31, informing them of the open enrollment period for off-exchange plans and OA-HIPP Program requirements.
  - CM Shriver noted that the AIDS Healthcare Foundation has opposed PrEP in the past, and they are now in a contract to provide PrEP services in the Bay Area. He wants to make sure that all contractors are supportive of PrEP.
    - Sharisse Kemp responded that she wasn’t aware of this, and she agrees with CM Shriver about needing contractors to be wholeheartedly supportive of PrEP.
- CM Hall reported:
  - **Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) Utilization**
    - As of October 31st, there are 151 PrEP-AP enrollment sites, and OA has executed 31 contacts covering 46 clinics that currently make up the PrEP-AP Provider Network.
  - **Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**
    - The Covered California open enrollment period for 2019 coverage is October 15, 2018 through January 15, 2019.
    - The Medicare Part D open enrollment period is October 15, 2018 through December 7, 2018 for coverage starting on January 1, 2019.
  - **Strategy K: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs**
    - CDPH, OA completed two new syringe services program (SSP) authorizations in October- one in Sacramento and one in Humboldt.
    - OA has provided assistance to some SSPs in applying for the Department of Healthcare Services (DHCS) Naloxone Distribution Project. DHCS is making Naloxone available for free to qualified organizations.
    - The CDC 18-1802 HIV Prevention grant program is now requiring funding for SSPs. This represents the first time many jurisdictions will support syringe access through dedicated SSPs, nonprescription pharmacy syringe sales, and other means.
  - **Strategy N: Enhance Collaborations and Community Involvement**
    - On October 15 and 16, Kevin Sitter, OA Integrated Plan Implementation Specialist, attended the Steering Committee and General Membership Meeting for the Adolescent Sexual Health Work Group (ASHWG). This is a coalition of state and community providers all working within adolescent sexual health.
    - An in-person OA California Planning Group (CPG) meeting was held in Long Beach on October 23-25. OA staff provided presentations to the CPG on work related to the Integrated Plan. Presentation slides and meeting notes are available by request.
• On October 30, staff from OA participated in the Center for Infectious Diseases (CID) “Health Equity Think Tank.” This meeting brought representatives from all CID programs together to discuss how CID can collaborate better to attend to health inequities within its programs.

• CM Pearce reported on the California Planning Group (CPG):
  • The Office of AIDS will soon be changing its format slightly to include integration with STDs and Hepatitis C. The new title is still in the works. There will be a strong emphasis on Harm Reduction, and they will be using the term HIV rather than AIDS.
  • CM Hall added that we hope to have a plan for integration worked out early next year.
  • In the future he will be part of the group that reports back. He was very impressed with the range and content of presentations at the recent CPG meeting in Long Beach. He offered to pass along any questions you may have back to folks at the CPG.
  • After the most recent meeting, he asked for better data breakdown by age, because a lot of folks living with HIV now are aging.
  • CM Lee-Miyaki commented on the removal of the word AIDS. Many people feel that the erasure of the word AIDS erases their experiences as long-term survivors, many of whom were diagnosed with AIDS.
  • CM Pearce commented that they chose to focus on HIV because it allows them to focus on folks no matter where they are in disease progression. They also don’t want to forget about long term survivors.
  • CM Hall added that by using the term HIV, it encompasses all stages of HIV. They don’t want to forget folks who have or had an AIDS diagnosis.

11. Roadmap Policy Adoption
• The Council considered a motion from Steering regarding concurrence with the Roadmap policy.
  • CM Shriver added that the Council directed DPH to come back to the Council with a policy proposal. This motion has gone through Community Engagement and Steering, and is the result of months of fine tuning and hard work.
  • CM Pearce asked the Council to look at how to incorporate this integration effort into the mission statement of the Council.
  • Tracey Packer noted that the most rewarding part of her job has been collaboration with the Planning Council. We always do a better job when we work together. Another future goal is to turn this into an RFP (Request for Proposal).

  • MOTION: To approve the following motion regarding concurrence with the Roadmap policy:
    • The HIV Community Planning Council endorses the SF Department of Public Health’s integration policy regarding HIV, STD and Hep C services (“Roadmap proposal”). The stated goal of this policy is “to reduce HIV, STD and Hep C disparities by addressing vulnerabilities (as evidenced by data) through focused community investments” which is consistent with and in alignment with the goals and objectives of the HIV Community Planning Council. The HCPC looks forward to working collaboratively with the SFDPH to refine, evaluate, target and improve this policy as it is implemented.

  • MOTION PASSES by roll call vote: See column (3) for vote breakdown.

12. Break

• CS Jordan reported:
• He sent a survey to providers as a follow up to the Needs Assessment. The target was frontline service providers. The survey questions were developed in response to issues brought up by Needs Assessment participants.
• He reported on the feedback he received from the service providers:
  • Folks universally reported housing as a pressing challenge for their clients. Some specified community housing as well as case management. Others spoke of a need for housing programs that are not contingent on a client’s sobriety. Another person brought up concerns for higher behavioral thresholds, like looking at ways to get people back into services if they’re been banned.
  • These providers were wanting to meet clients where they’re at, and provide a non-judgmental support system. There was also talk of having more syringe access services and frequent check-ins.
  • Other than primary health care, folks reported that mental health and substance use treatment programs were the most important for clients. Some also reported needing better, durable links between clients and service providers.
  • Regarding the positives/negatives of the efficacy of communication between service providers, many folks mentioned being challenged by changing organizational structures. This constant change makes it harder to figure out who to approach with service referrals, etc…
    a. One person said that this was the year when they saw a significant drop off in care, where many clients were not able to access the same level of services.
      i. CS Jordan added that this really speaks to the roadmap, and the importance of communication between agencies.
  • People had mixed reviews in response to whether their organization was adequately trained in cultural humility and harm reduction practices. Most folks said for the most part, yes, while others reported that harm reduction and de-escalation were deeply lacking. Some folks felt there needed to be greater skills around de-escalation.
  • In response to the question, “do you have challenges around consistency of language around access to service providers,” folks responded:
    a. The respondents have heard a lot of confusion from clients. Many clients wonder why a certain agency doesn’t provide a certain service, when the name is the same as another agency. One person said the term navigator was too broad.
  • Most agencies provide naloxone or other overt overdose prevention strategies. One said they are in the process of sorting this out.
  • When asked for additional insights, one person thanked the Council for taking interest in provider feedback. Another person said that they were limited by location for harm reduction programs as many drug dealers spend a lot of time in front of housing such as SROs. There was a call for diversifying location of service. People want to adapt to different needs of clients.

14. CHEP, HHS, UCHAPS, Public Policy and Getting to Zero Updates
• Co-Chair Goodwin reported:
  • Since August 2018, there have been 51 BOCC site visits, with 86% having been attended by HHS staff.
• HHS is moving forward based on results from recent Needs Assessment, as well as the recent RWPA Carry Forward funding, to create trainings for security staff at HHS funded clinics to provide security in a context of better meeting the needs of all clients we serve. They are putting together the surveys, instruments and tools to get this rolling.
• Upcoming Quality Management Trainings include:
  • Burnout Session 2 was held on November 1st and attended by 15 staff members.
  • Best Practices in Providing Care to Transgender Clients
  • HIV Treatment Update
  • De-Escalation 2.0
  • Effective Communication
• Co-Chair Knoble reported:
  • They had an HIV counselor training that lasted 4 days; there are usually 4 per year. They want to make sure they are culturally competent and understand STDs. He will keep everyone updated on how that rolls out.
  • There’s an encampment engagement tomorrow, November 27th at Civic Center. They will be partnering with Lava Mae, who provide showers.
• Co-Chair Shriver reported:
  • The main topic for tomorrow’s GTZ consortium meeting will be on Black/African American health disparities.
• CM Jewell noted that there’s an upcoming election for Nancy Pelosi in San Francisco.

15. Next Meeting Date
*The next meeting is tentatively scheduled for Monday, January 28th 2018 at 25 Van Ness, 6th floor conference room, from 3:30pm-6:30pm.*

16. Adjournment
• Meeting adjourned at 6:10pm by Co-Chair Shriver.
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