

HIV Community Planning Council
ANNUAL PRIORITIZATION AND ALLOCATION SUMMIT
Friday September 21st, 2018
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
10:00 am-4:00 pm

HIV Community Planning Council Members Present: Chuck Adams, Margot Antonetty, Bill Blum, Jackson Bowman, Ben Cabangun, Cesar Cadabes, Ed Chitty, Zachary Davenport, Michael Discepola, Cicily Emerson, Elaine Flores, Matt Geltmaker, David Gonzalez (Co-Chair), Dean Goodwin (Co-Chair), Thomas Knoble (Co-Chair), Liz Hall, Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Helen Lin, T.J. Lee-Miyaki, Jessie Murphy, Irma Parada, Ken Pearce, Darpun Sachdev, Mike Shriver (Co-Chair), Charles Siron, John Paul Soto, Eric Sutter, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [E], Billie Cooper [E], Dominique Johnson [E], Kevin Lee [E], Irma Parada [E], Cassandra Roberts [E], Gwen Smith [E]

Others Present: Jonathan Jump (POH), Deborah King, Edward Machtinger (UCSF), Alynia Phillips (ALRP), George Reynolds, Cassandra Septo, Michelle Spence, Marlene Stoeckl, Jeremy Tsuchitani-Watson, Lance Toma, Lila Rubenstein, Jorge Zepeda (SFAF)

DPH Staff Present: Dara Geckeler, Kevin Hutchcroft (HHS), Beth Neary (HHS), Maree Kay Parisi, Susan Scheer, 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 10:15 am by CS Molnar. Roll was called and quorum was established.

2. Review and Approve September 21st 2018 DRAFT Agenda and August 27th DRAFT Minutes – VOTE

The September 21st DRAFT Agenda and the August 27th DRAFT Minutes were reviewed and approved by consensus. Council members introduced themselves and declared their conflict of interests.

3. Announcements and Public Comment

- Jonathan Jump spoke on behalf of Project Open Hand. While they are deeply grateful for Ryan White funding, this funding has not increased since they started receiving the funding. It is currently covering about 65% of their work. There has been recent UCSF research that is proving that the nutrition work we're doing is working. It is bringing down re-hospitalizations for the people that access POH programs. They serve four times the clients they are contracted for. They are humbly grateful for the support they've received and continue to ask for the Council's support.

4. Roadmap Statement

- Co-Chair Shriver briefly discussed the next steps for the Roadmap. All the feedback we've given to DPH has been taken into account in building a framework. The first iteration of this framework will premiere at October's Full Council Meeting. It will return in November for a Full Council Vote.

5. HRSA Mandate

- The Council received an overview of the HRSA-mandated planning council activities.

- CS Molnar outlined the roles and responsibilities of the Council. These include:
 - Define and determine how conflict of interest will be handled.
 - Planning Council support staff
 - Assess Needs
 - Assess the efficiency of the administrative mechanism
 - Develop standards of care and evaluate services
 - Set priorities and allocate resources
 - The difference/similarities of roles and responsibilities of the Grantee and the Planning Council
- He also went over the current eligibility, severe need and special populations definitions, which were officially approved at August's Full Council meeting.

6. Epi Report

- The Council received its annual presentation from Maree Kay Parisi and Susan Scheer of ARCHES.
- CM Pearce inquired how do you determine the number of PLWH in SF? Also, can you comment on the highest leading causes of death that are not due to HIV? How does this compare to leading causes of death for people who are not living with HIV?
 - Maree Kay Parisi responded that they've been diagnosed. Susan Scheer added that there are two sources for the 94% figure. They use national HIV behavioral surveillance estimates. They interview folks and ask HIV their status. If they say no, they are tested. This year, the CDC created an algorithm to calculate this for us. We compared this with the Behavioral Surveillance statistic, and they matched very closely. The other 6% is reported in behavioral surveillance.
 - Susan Scheer added that regarding underlying causes of death, most of that information comes from the national death index. This information is just coded causes of death from death certificates. We find that HIV as the reported causes of death has declined over time.
- CM Discepola commented on the substance use-related accidental overdose information on page 3. He emphasized the need to continue to press the issue of getting supervised injection sites established. He also inquired: How does mental health fit in with the slide on page 3?
 - Susan responded that the information reflected is not just folks had a mental health issue. The high proportion that the slide shows means that the physicians that reviewed their records determined that mental health issues contributed to their deaths. She added that they are very concerned with drug overdose. They want to collect more information on housing, substance use, mental health issues for the people who pass away.
 - CM Discepola stressed the importance of addressing non-injection drug use as well as injection—both are related to HIV transmission deaths. He expressed that it is shameful that we are doing so poorly in viral suppression for homeless populations. The City and County needs to look at other ways of addressing homeless populations that don't rely on criminalization. He proposed a motion to create a work group to address treating homelessness, including looking at sanctioned encampments, until SF can start offering housing. We need to stop criminalizing homelessness.
 - a. CS Molnar noted that we can officially put this during a later agenda item that is noted as a vote.
 - Susan added that the reason we look at PWID is because the CDC determined that as a big cause of transmission. If you ever injected drugs in life, CDC will always classify you as PWID in terms of surveillance, even if you haven't injected in 20 years.
- CM Murphy asked: is "undetermined intent" suicide? This is referring to the slide on underlying causes of death.

- Susan responded that suicide is a different category.
- CM Murphy commented on the high level of tobacco use among leading causes of death. We don't talk about it very much, but based on this data it could be very important in terms of the care work that we do.
 - Susan: we have a lot of data that says how high tobacco use is among PLWH and people at risk for HIV. It's really difficult to collect this information from medical records. It's a very important and impactful health issue.
- CM Harkin noted that there should be conversations about naloxone when folks come in to primary care appointments—the amount of overdose deaths is very alarming. In a place where drug users and homeless drug users are being harassed and having sterile syringes confiscated (by police, shelters, etc...)—this is bad policy. He added that it is dangerous when folks are having Narcan confiscated as well. When we look at the Roadmap, these are the most exploited and marginalized folks. Have you heard of interventions or things that are happening elsewhere, around homeless, drug users, HIV, Hep C, etc...?
 - Susan noted that the increases in PWID and MSM PWID worry her. Given national trends, I think these trends may be real. Perhaps homelessness is worse here than nationally, but the overdose trends are happening everywhere.
- CM Bowman noted that the lifespan of PLWH is longer than it used to be. In the future, could we also see the age of folks who are dying?
 - Maree Kay responded that they can provide this information.
- CM Walubengo inquired if there is an explanation regarding the new infections spike among African American women in 2011 and 2014?
 - Susan responded that with such small numbers, it's hard to infer much meaning from a spike like this. Some of the people who are diagnosed in 2014 may not have been picked up until 2015. She added that they get these numbers from the finance department, who are in charge of tracking in and out migration, which may or may not be totally accurate.
- CM Blum noted that the set of data is everyone in SF. It's a mix of folks with a lot of privilege, great insurance, as well as folks within the safety net population. Many people within this data are not within our system of care. He pointed out that we still have a lot of folks that are not in care. HHS has been talking a lot about preventable deaths. HIV care is in primary care. Should smoking cessation be more robust in terms of what we ask for from the COEs?
- CM Antonetty noted that she's here representing department of homelessness and supportive housing. This was with DPH before, and we did unofficial studies around folks moving into permanent supportive housing. I'm interested in looking at permanent supportive housing. Some SROs are PSH, some are not. Have you looked at overdose occurrence with non-injection drug users?
 - Maree Kay noted that they'll look into this.

7. Break

8. Needs Assessment- VOTE

- CS Jordan presented on the results of the HIV+ Substance Users Needs Assessment.
- CM Jewell thanked CS Jordan for the section with comments from the NA participants. These are important and provide a context we can't get anywhere else.
- CM Soto noted that most of the folks we're working with are within the Severe Need population of folks.
 - CS Jordan added that besides being part of the Special population definition, most of the folks included are part of the severe need population.

- CM Emerson noted that you mentioned challenges with behavioral health services—do you have specifics?
 - CS Jordan responded that many consumers don't differentiate between different programs and services, but they often expressed that their mental health needs were not being met. Many people expressed that being on psychiatric medications was not a substitute for other types of support, such as therapy.
- CM Sachdev noted that working with this population comes with a high degree of burnout. Supporting our staff requires a lot of work. Part of this conversation needs to be about how we can support our staff and reduce turnover.
 - CS Jordan noted that he will be taking the NA conclusions and sending out a survey to agencies he collaborated with to ask for feedback- he can include questions about self-care and burnout.
- CM Blum added that they recently got funding for a pilot program that will mostly function as a drop-in clinic for HIV positive folks.
- CM Pearce commented that we have medical and non-medical case management. Was it clear which type the participants were talking about?
 - CS Jordan noted that for most of the people interviewed, there is no difference for them.
- CM Bowman commented that a lower percentage of people reported that they were virally suppressed compared to the Epi data. Are you able to explain this discrepancy?
 - CS Jordan: for that chart, about 20% of people checked that they don't know. Perhaps we could improve in the future by adding an N/A to that question.
- CM Discepolo asked: regarding the testing for STI questions, did you also ask if they were sexually active?
 - CS Jordan responded that this question was not asked. The purpose of the questions was more focused around substance use and mental health. Although going forward, this could be a useful thing to add.
 - CM Discepolo added that it could be useful to have information regarding harm reduction related treatment programs as well.
- Public Comment:
 - Jorge Zepeda: I want to pay attention to the pain experienced by folks. Do we have any recommendations to do pain assessments? This could be important regarding mental health assessments. He added that not everyone is eligible for GA. Undocumented immigrants are not eligible, unless they are going to die in 6 months. We need to change the wording for GA as it could help a lot of people.
 - Deborah King commented on the recommendation for hygiene facilities. They exist, but not in the areas where they are needed. She reflected on her life experience and the importance of having these facilities to keep people healthy, especially people living with AIDS. She expressed her passion for advocating for people who live on the street. If you meet them where they're at, you'd be surprised at what happens.
- CS Jordan added that he is hoping to put together a participant panel for folks that participated in the needs assessment.

9. Lunch

10. Service Summary Sheets

- CM Goodwin provided an overview of currently funded services.

- CM Sachdev noted that the cost of business is making it hard to continue doing our work. She emphasized the importance of supporting staff and reducing burnout, and brought up how this may fit in with service category prioritization.
 - CM Goodwin noted that this is a tough question. We have multiple trainings on how to recognize and avoid burnout. In a world of diminishing resources, it's always tough to figure out what services need to be cut to keep others going.
- Public Comment:
 - Edward Machtinger introduced himself as the director of the Women's HIV program at UCSF. He noted that many cisgender and transgender women wanted to come speak here today. For this reason, the brief comments from Cassandra and I are hoping to send a message. Women and people of color represent a minority in the city, but they are very vulnerable. Data shows that women with HIV have very high rates of trauma. They also historically have poor outcomes with HIV care. We've effectively flattened the HIV transmission rates. None of this could have happened without the Ryan White Part A dollars.
 - Cassandra reflected on her life experience as a 62-year-old SF resident who has been living with HIV since 1987. While the data shows that women only make up 6-7% of PLWH, the number doesn't tell the whole story. She shared more of her story and expressed her passion and support for women living with HIV.
 - Lance Toma introduced himself as the CEO of the SF Community Health Center and the co-chair of HAPN. He noted that every year they are advocating for agencies. We need increases in funding to keep these programs going. Bill Hirsh and I are committed to doing that.
 - Jeremy Tsuchitani-Watson noted that long term survivors are feeling like they're being erased. From the consumer side, he expressed frustration on behalf of long term survivors. He added that there is not an increase in staff that goes along with the client increase.
 - Alynia Philips of ALRP noted that many landlords are using their powers to evict folks. This has a significant effect on the populations we serve. We need attorneys to keep people in housing. The demand for eviction defense is growing every day. It's government benefits, immigration needs, debt and credit card lawsuits. Most folks can't navigate this on their own. Legal services are a big part of that, and we need funding.
 - Jorge Zepeda expressed his support for supporting homeless folks living with HIV. He questioned where the additional resources are for homeless folks living with HIV. There needs to be a program to address this.

11. RWPA Resource Allocation- VOTE

- The Council voted on Ryan White Part A resource allocation funding scenarios.
 - Increased Funding: If increased funding occurs, the council will reconvene to discuss this scenario.
 - CM Geltmaker noted that given the high cost of living, even with addbacks, it seems like flat funding is a cut. At some point, we're really going to have to look at cutting Service Categories, in order for other service categories to be able to function at the capacity they need to.
 - **MOTION: To approve the Increased Funding scenario.**
 - **MOTION APPROVED by roll call vote. See column (1) for vote breakdown.**
 - Flat Funding: If funding remains at the current level, service category resource allocation will remain level across all categories.
 - **MOTION: To approve the Flat Funding Scenario.**
 - **MOTION approved by roll call vote. See column (2) for vote breakdown.**

- **Decreased Funding:** In the event of decreased funding, for the first 10% of reductions, allocations for services that are covered under California’s essential health benefits package* will be reduced proportionately. If further reduced allocation is required, reductions will occur proportionately across all service categories.
 - CM Sachdev commented that if we do receive cuts, we’re not going to be able to provide services across all service categories at the level that we will do now. What would be the process, in the case that reduced funding occurs?
 - a. CS Molnar noted that if this does happen, we would have an advocacy group such as HAPN or Council leadership look at this more closely. The council could also decide to reconsider what it has decided on, and make some hard decisions.
 - b. Co-Chair Goodwin noted that if the efforts to add back were unsuccessful and we have to cut programs, it would be a process of negotiating between the system of care and the contractors.
 - CM Cabangun inquired: what if we changed the language to the council will reconvene to discuss this scenario?
 - a. CM Goodwin noted that part of what we have to describe in our grant process is describing the potential course of action for reductions. It is part of the charge of this council to determine what the decreased funding scenario would be.
 - Public Comment:
 - Edward Machtinger noted that just because a service is covered by essential health benefits, it doesn’t mean that this would backfill the people who are receiving medical case management services. We are prohibited from using Ryan White funds-- a lot of money is being sent to places that are un-fundable. If there are cuts, those programs won’t be backfilled by the essential health benefits package.
 - **MOTION: To approve the Decreased Funding Scenario.**
 - **MOTION approved by roll call vote. See column (3) for vote breakdown.**

12. Break

13. RWPA Service Category Prioritization - VOTE

- The Council will vote on Ryan White Part A service category prioritization.
- The Council broke out into small groups to discuss the prioritization.
- The following changes and corrections were made:
 - Early intervention services is General Fund (GF) only.
 - Housing: Emergency Housing is General Fund (GF) only.
 - Legal Services is #8.
 - Non-Medical Case Management is #9.
 - Transportation is #10.
 - Outreach is #11.
- **MOTION: CM Jewell moves to approve the 2018 RWPA Service Category Prioritization.**
- **CM Chitty seconds the motion.**
 - Public Comment: Jorge Zepeda commented that there are going to be some consumers that cannot move. We need to invest in legal services, as well as more navigation and case

management. There needs to be an established legal framework to move from Ryan White to other coverage, as well as support folks in navigating the system.

- **MOTION APPROVED by roll call vote: See column (5) for vote breakdown.**

14. Co-Chair Elections- VOTE

- Nominations for Council Co-Chair are open.
- CM Siron nominates CM Walubengo. CM Hernandez seconds the nomination.
- The vote for Council Co-Chair will happen at next month’s Full Council meeting.

15. Additional Business- VOTE

- The group discussed additional items that were brought up earlier in the day and developed two motions.
- **MOTION: CM Discepola moves that Steering develop a workgroup to look into disparities and structural needs around the homeless population and HIV.**
- **CM Antonetty seconds the motion.**
 - Jorge Zepeda commented that homeless populations experience a lot of disparity. We need to invest resources to support them.
- **MOTION APPROVED by hand vote: See column (5) for vote breakdown.**
- **MOTION: CM Jewell moves to create a workgroup to look at the system of care, and have a recommendation to bring to Full Council in one year.**
- **CM Bowman seconds the motion.**
- **MOTION PASSES: See column (6) for vote breakdown.**

16. Next Meeting Date

The next meeting is tentatively scheduled for Monday, October 29th 2018 at the 25 Van Ness, 6th floor conference room, from 3:30-6:30pm.

17. Adjournment

- Meeting adjourned at 3:24pm by Co-Chair Walubengo.

Annual Prioritization and Allocation Summit
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)

Date: September 21, 2018	[roll]	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
Chuck Adams	P	Y	Y	Y	Y	Y	Y				
Orin Allen	E	-	-	-	-	-	-				
Margot Antonetty	P	Y	Y	Y	Y	Y	Y				
Bill Blum	E	Y	Y	Y	Y	Y	Y				
Jackson Bowman	P	Y	Y	Y	Y	Y	Y				
Ben Cabangun	E	Y	Y	Y	Y	Y	Y				

Cesar Cadabes	P	Y	Y	Y	Y	Y	Y				
Ed Chitty	E	Y	Y	Y	Y	Y	Y				
Billie Cooper	E	-	-	-	-	-	-				
Zachary Davenport	P	Y	Y	Y	Y	Y	Y				
Michael Discepolo	P	Y	Y	Y	Y	Y	Y				
Cicily Emerson	P	Y	Y	Y	Y	Y	Y				
Elaine Flores	P	Y	Y	Y	Y	Y	Y				
Wade Flores	E	-	-	-	-	-	-				
Matt Geltmaker	P	Y	Y	Y	Y	Y	Y				
David Gonzalez	P	Y	Y	Y	Y	Y	Y				
Dean Goodwin (Co-Chair) Thomas Knoble (Co-Chair)	P/ P	A	A	A	A	Y	Y				
Liz Hall	P	A	A	A	A	A	A				
Paul Harkin	P	Y	Y	Y	Y	Y	Y				
Ron Hernandez	P	Y	Y	Y	Y	Y	Y				
Bruce Ito	E	Y	Y	Y	Y	Y	Y				
Lee Jewell	P	Y	Y	Y	Y	Y	Y				
Dominique Johnson	A	-	-	-	-	-	-				
Kevin Lee	E	-	-	-	-	-	-				
Helen Lin	P	-	-	-	-	-	-				
T.J. Lee-Miyaki	P	Y	Y	Y	Y	Y	Y				
Jessie Murphy	P	-	-	-	-	-	-				
Irma Parada	E	-	-	-	-	-	-				
Ken Pearce	P	Y	Y	Y	-	-	-				
Cassandra Roberts	E	-	-	-	-	-	-				
Darpun Sachdev	P	Y	Y	Y	Y	Y	Y				
Mike Shriver	P	Y	Y	Y	Y	Y	Y				
Charles Siron	P	Y	Y	Y	Y	Y	Y				
Gwen Smith	E	-	-	-	-	-	-				
John Paul Soto	P	Y	Y	Y	Y	Y	Y				

Eric Sutter	P	Y	Y	Y	Y	Y	Y				
Laura Thomas	P	-	-	-	-	-	-				
Linda Walubengo (Co-Chair)	P	Y	Y	Y	Y	Y	Y				
	Ayes	24	24	24	23	24	24				
	Nayes										
	Abstain	2	2	2	2	1	1				
	Recusal	2	2	2	2	2	2				
	Total	28	28	28	27	27	27				