HIV Community Planning Council
FULL COUNCIL MEETING
Monday August 26th, 2019
25 Van Ness, 6th Floor Conference Room
San Francisco, CA
3:30-6:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Bill Blum, Ben Cabangun, Cesar Cadabes, Cicily Emerson, Ed Chitty, Zachary Davenport, Michael Discepola, Cicily Emerson, Elaine Flores, Matt Geltmaker, David Gonzalez, Dean Goodwin (Co-Chair), Thomas Knoble (Co-Chair), Paul Harkin, Ron Hernandez, Bruce Ito, Lee Jewell, Juba Kalamka, Helen Lin, T.J. Lee-Miyaki, Jessie Murphy, Ney Nascimento, Irma Parada, Darpun Sachdev, Mike Shriver (Co-Chair), Charles Siron, Gwen Smith, John Paul Soto, Michelle Spence, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [LoA], Margot Antonetty [E], Jackson Bowman [LoA], Billie Cooper [A], Dominique Johnson [E], Ken Pearce [LoA], Wayne Rafus [A], Eric Sutter [E]

Others Present: Jovon Bright (SFAF), Lily Krutel, Valerie Martin, Joseph Cecere, Amanda Newstetter (BANCC), Barbara Green-Ajufo (CAPS), Bill Hirsh (ALRP), MJ Isabel (Curry Senior Center), Lydia Jones (Shanti), Antwan Matthews (Glide), CJ Peoples, George Reynolds (HDT), Talia Roven (Shanti), Michelle Sobers (Janssen), Stephen Spano (ALRP), Wanda Vazquez (Janssen), Anne Walubengo, Johnston Walubengo

DPH Staff Present: Kevin Hutchcroft, Maria Lacayo, Beth Neary, Flor Roman

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 Walubengo. Roll was called and quorum was established.

2. Review and Approve August 26th 2019 DRAFT Agenda – VOTE
   The August 26th 2019 DRAFT Agenda was reviewed, amended and approved by consensus.

3. Review and Approve July 22nd 2019 DRAFT Minutes – VOTE
   The July 22nd 2019 DRAFT Minutes were reviewed, and approved by consensus.

4. Announcements
   - CM Walubengo announced her resignation from SF AIDS Foundation and the Council. She thanked everyone for the chance to work with them.
     - CM Gonzalez thanked Linda for all of her hard work and many years of leadership on the Council.
   - CM Thomas announced a town hall on meth use in the LGBT community. It will take place on September 9th from 6:30-8:00pm at the LGBT center in the rainbow room.
   - CM Jewell announced that Nancy Pelosi is hosting a town hall tomorrow, focused on gun violence and health care. For details see the post to the council yahoo group.
• CM Harkin announced that for Overdose Awareness Day on August 30th, there will be a celebration of lives saved at the Tenderloin National Forest from 1-3pm.

5. Public Comment
• Bill Hirsh spoke to budget advocacy, and thanked everyone who has contributed to the budget successes this year.

6. Council Staff Update
• CS Molnar announced that the Annual Prioritization and Allocation Summit is taking place on Friday September 27th, from 10am-4pm in this room. Breakfast and lunch will be served.
  • CS Molnar explained this year’s HRSA Service Category Prioritization worksheet. It will be passed out at committees this month as well as emailed out by CS Clark.
  • Resource allocation scenarios will also be going through the Committees, and will incorporate any recommendations that come up.
  • CS Molnar noted that Council staff is having issues with the website. CS Clark will be sending out the summit documents via email until the website starts working again.
• For the Summit icebreaker, CM Cabangun asked everyone to bring a photo that represents a milestone in their lives. He asked that Council Staff send out a reminder in preparation for the Summit.

7. At-Large Steering Committee Member and Co-Chair Election
• CS Molnar noted that the current At-Large Steering members are Ken Pearce, Paul Harkin, Elaine Flores, Charles Siron.
  • MOTION: To approve the nominees’ renewal of the At-Large Steering Committee Member.
    • CM Thomas nominates CM Harkin. CM Siron seconds the nomination.
    • CM Jewell nominates CM Siron. CM Walubengo seconds the nomination.
    • CM Goodwin nominates CM Flores. CM Siron seconds the nomination.
    • CM Siron nominates CM Pearce. CM Thomas seconds the nomination.
  • MOTION PASSES: See column (1) for vote breakdown.

• CS Molnar noted that since CM Walubengo is leaving the Council, a new Co-Chair needs to be elected.
  • MOTION: CM Shriver nominates CM Parada as Co-Chair. CM Chitty seconds the nomination.
  • CM Lee-Miyaki nominates CM Spence as Co-Chair. CM Soto seconds the nomination.
• Results will be presented after the break.

8. Membership Update
• The Council voted on three applicants for membership.
  • MOTION: To approve Alexandria Andrews as the Part B representative and member of the HIV Community Planning Council.
  • MOTION APPROVED: See column (2) for vote breakdown.

  • MOTION: To approve Lily Krutel as a member of the HIV Community Planning Council.
  • MOTION APPROVED: See column (3) for vote breakdown.
• MOTION: To approve Antwan Matthews as a member of the HIV Community Planning Council.
• MOTION APPROVED: See column (4) for vote breakdown.

9. **ARIES Report**

Flor Roman and Maria Lacayo presented the latest ARIES data: An Analysis of the San Francisco Eligible Metropolitan Area, All Ryan White and San Francisco General Fund, including:

- ARIES Background
  - Funding sources are Ryan White funding Part A, B, C and D, as well as HHS funding.
- Total EMA to ARIES EMA-primary care
- EMA factoids
  - EMA wide Unduplicated Clients (UDC) total 7,144
    a. 91% are in SF county, 7.9% in San Mateo County, and 3.77% in Marin County
- Current gender for EMA
- Race for EMA
- Age for EMA
- Federal Poverty Level Percentage for EMA
- Current Living Situation for EMA
- Insurance Status for EMA
- EMA Anti RetroViral Therapy (ART)
  - EMA ART by race
  - EMA ART by gender
  - EMA Viral Load by race
  - EMA viral load by age
  - EMA viral load by gender.

Maria and Flor noted that on the ART by age slide, most of clients are on ART. They apologized for the unintentional omission of this slide, and will send an updated copy to Council Staff for distribution.

They noted that due to limitations with the report, they were unable to break out the EMA viral load by age, as specifically 50+.

The council thanked Maria and Flor for the report.

10. **2019 Needs Assessment**

CS Jordan presented the 2019 Needs Assessment and Recommendations, including:

- Needs Assessment Work Group
  - The work group this year was part of the Community Engagement Committee.
- Background and Methodology
- Data Acquisition
- Participant Demographics
• Participant Prioritization Total
• Medical Care, including:
  • Engaged in care, ART, Viral Load, Medication Adherence, Co-Morbidities, STI Testing and Treatment, Hep C testing and treatment
  • CS Jordan noted that since most participants were found through service providers, it is more likely that they would be engaged in care. This is likely not accurately reflective of the entire system of care.
• Mental Health
• Psychosocial and Community
• Navigation and Case Management
• Benefits and Finance
• Housing
• Wellbeing and Quality of Life

• The Conclusions and Recommendations will be reviewed after the break.
• The Council thanks CS Jordan for his work and presentation.

11. Senior/Long Term Survivor Panel
• Chip, Lydia, Colin, and Nancer were featured on the Senior/LTS Panel.
• Cicily spoke to aging services in Marin and asked how they could be improved.
  o Chip responded: we need to get all the disability specialists and older folks in a room together to talk about HIV and aging. I want to choose if I should go to an HIV center, a senior center or a disability center.
  o Nancer responded that federally run services are the hardest to deal with (social security, etc...) There are places that specialize in older care, but they don’t know HIV. I would like an advocate when I go to access services- I don’t know what services are available for older folks.
  o Colin responded: we are human beings who need more than to be just kept alive. When you go to social security, the first person you meet is an armed guard. Too many people have too much money, and too few people have too little. There needs to be more outreach from knowledgeable, kind people that will help us get what we need.
• CM Thomas noted that one recommendation coming from the Needs Assessment was for durable medical equipment, like hearing aids. Another was to expand mental health services to include support groups and ongoing psychotherapy. The third was to have more intensive HIV case management for folks with complex needs, as well as peer advocates. What are your thoughts? Do these feel in line with what you think we need?
  o Chip responded: mental health is a complex issue and the biggest problem is continuity—it’s helpful to have the same therapist. It’s hard seeing many doctors who aren’t talking to each other. We need people on our side who are with us over time.
  o Nancer responded: Medical equipment is the biggest issue for many people. Art classes for folks with HIV have also made a big difference. I wish we had enough money to support the arts.
12. Needs Assessment Conclusions and Recommendations

- CS Jordan reviewed the conclusions, including:
  - Housing, fear of losing benefits, mental health care, and intersection of HIV and age related issues.
- Recommendations:
  - Prioritize one-time only emergency funds for durable medical equipment (eyeglasses, hearing aids, mobility assistance equipment, and specialty dental care).
  - Explore ways to augment mental health services, specifically to address issues surrounding aging. These services should include individual psychotherapy as well as support groups, with an emphasis on therapies by licensed staff or those with significant clinical expertise. These services would not be limited to clients with severe mental health diagnosis, but would be made available to those dealing with mental health challenges common to the ageing population, such as depression, anxiety, loneliness and isolation.
  - As new funds become available to create intensive case management program specific to the ageing population, inclusive of case managers skilled in working with those with complex challenges around both medical and benefits, as well as increased mobile peer advocacy.
  - The Community Engagement Committee will compile demographic data by COE in order to assess the possibility of bolstering gerontology services within the current COE model. The committee will also explore collaboration with LTCC and the Department of Aging as well as seek ways to educate and share information within the aging population.

13. CHEP, HHS, CPG, GTZ, UCHAPS, CAEAR Coalition, SOA Updates

- CM Andrews provided the SOA update, including:
  - Strategy A: Improve Pre-Exposure Prophylaxis (PrEP) utilization
  - Strategy D: Improve Linkage to Care
  - Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP
  - Strategy L: Increase and Improve HIV Prevention and Support Services for People Who Use Drugs
  - Strategy N: Enhance Collaborations and Community Involvement
  - Strategy O: Further Leverage Existing Resources to Better meet the Needs of People at Risk for and Living with HIV in California
- Co-Chair Knoble passed out written CHEP Updates for HCPC Community which includes:
  - CDC HIV Prevention Jurisdictional Meeting
  - UCHAPS
  - HIV/Hep-C/STD Counselor Training August 2019
- Co-Chair Goodwin spoke to HHS Updates for HCPC Community which includes:
  - HRSA/Ryan White Part A Related
• California State Office of AIDS/Ryan White Part B Related
• HHS Quality Management Trainings
• CM Murphy introduced the documents from the Getting to Zero Consortium:
  • GTZ Consortium Meeting
  • 2018 HIV Epi Report
  • Preparation for AIDS 2020
• There are no CAEAR, CPG or UCHAPS updates this month.

14. Next Meeting Date
   The next meeting, the 2019 HCPC Annual Summit, is scheduled for Friday, September 27th 2019 at 25 Van Ness, 6th floor conference room, from 10:00am-4:00pm.

15. Adjournment
• Meeting adjourned at 6:25pm 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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