HIV Community Planning Council
FULL COUNCIL MEETING
Monday February 25th, 2019
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, Bill Blum, Jackson Bowman, Ben Cabangun, Ed Chitty, Billie Cooper, Zachary Davenport, Michael Discepola, David Gonzalez (Co-Chair), Dean Goodwin (Co-Chair), Ron Hernandez, Lee Jewell, Thomas Knoble (Co-Chair), Helen Lin, Jessie Murphy, Ken Pearce, Darpun Sachdev, Mike Shriver (Co-Chair), Charles Siron, John Paul Soto, Laura Thomas, Linda Walubengo (Co-Chair)

HIV Community Planning Council Members Absent: Orin Allen [A], Margot Antonetty [A], Cesar Cadabes [E], Cicily Emerson [E], Elaine Flores [LoA], Wade Flores [LoA], Matt Geltmaker [E], Liz Hall [E], Paul Harkin [E], Dominique Johnson [A], Juba Kalamka [E], Bruce Ito [E], Kevin Lee [A], T.J. Lee-Miyaki [E], Irma Parada [E], Cassandra Roberts [E], Gwen Smith [A]

Others Present: Bill Hirsh, Diane Jones, Lily Krutel, Courtney Liebi, Amanda Newstetter, Nay Nascimento, Toni Newman

DPH Staff Present: Kevin Hutchcroft
Support Staff Present: Melina Clark, Mark Molnar

Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.
   The meeting was called to order at 3:35 pm by Co-Chair Walubengo. Roll was called and quorum was established.

2. Review and Approve February 25th 2019 DRAFT Agenda – VOTE
   The February 25th 2019 DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve January 28th 2019 DRAFT Minutes – VOTE
   The January 28th 2019 DRAFT Minutes were reviewed, amended and approved by consensus.

4. Announcements
   • CM Pearce announced his idea for honoring past council members who have passed away. He is hoping to make a memorial banner quilt. One issue we may encounter is finding the names of those who have passed. If you know of someone’s name who has passed, please pass it along so we can include them in the quilt.

5. Public Comment
   • None.

6. Council Staff Update
   • CS Molnar noted that the Needs Assessment Work Group will be held by the Community Engagement Committee this year, on the first Wednesday’s from 3-5pm. More meetings will be scheduled if necessary.
     • The first meeting of the Homeless Work Group will be held on March 5th from 12:30-2:30pm.
7. Membership - VOTE
   - The Council voted on a membership renewal. The motion is coming from membership and is already on the floor.
   - MOTION: To approve the renewal or Irma Parada as a member of the SF HIV Community Planning Council.
   - MOTION PASSES: See column (1) for vote breakdown.

   - Lupe Morimune reported:
     - **Strategy A: Improve PrEP Utilization**
       - As of January 16, there are 150 PrEP-Assistance Program (PrEP-AP) enrollment sites covering 54 clinics that currently make up the PrEP-AP Provider Network. As of January 31, there are 1,139 clients enrolled in PrEP-AP
     - **Strategy B: Increase and Improve HIV Testing**
       - OA has been instructed by the CDC to eliminate the use of oral fluid, also known as oral mucosal transudate, as a specimen for HIV screening or diagnosis using 18-1802 funding. OA is working with local jurisdictions to determine a timeline for this elimination. OA is soliciting comments on how this will affect state-wide HIV testing programs.
     - **Strategy D: Improve Linkage to Care**
       - OA’s Transgender Health Specialist, Tiffany Woods, helped development two documents working on the HRSA Special Projects of National Significance (SPNS) Transgender Women of Color Linkage to Care Initiative. These documents are not only valuable for folks who work with trans women of color, but will also help inform OA when working with these communities, especially for linkage to care and reengagement to care activities.
     - **Strategy F: Improve Overall Quality of HIV-related Care**
       - OA staff met with staff of the Kern County Public Health HIV Prevention and Care to review service progress and trends in January. Kevin Sitter facilitated a meeting of the GTZ Community Partnership, where the group identified specific activities in three areas that the partnership wants to work on more specifically over the next year.
     - **Strategy J: Increase Rates of Insurance/Benefits Coverage for PLWH or on PrEP**
       - See the full OA report for details on the number of ADAP clients enrolled in each respective ADAP Insurance Assistance Program.
     - **Strategy K: Increase and improve HIV Prevention and Support Services for People Who Use Drugs**
       - Matt Curtis met with staff and community in Kern County to discuss harm reduction opportunities and syringe service program assessment methods and opportunities.
       - OA received a new application to certify a syringe services program in Lake County.
       - OA has a new toolkit designed to assist health departments expand syringe access through nonprescription syringe sale in pharmacies.
       - OA released a new fact sheet on fentanyl test strips that summarizes public health evidence and the practical use of FTS as an overdose prevention tool.
     - **General OA Updates:**
       - Dr. Marisa Ramos will once again serve as acting Chief of the Office of AIDS. Center for Infectious Disease (CID) is working on finalizing the recruitment for a permanent Chief of OA.
• CM Shriver asked what is the SOA policy regarding contracting with agencies that have policies antithetical to the values of the council, such as not supporting the use of PrEP?
  • Lupe responded that she is not sure, but she can look into it further.
• CM Pearce inquired about the statistics for the Medicare Part D, Premium Payment Program. The report lists 1,589 recipients- that seems very low to the number of Medicare recipients on ADAP.
  • Lupe responded that Sharisse wasn’t able to join the call today, but she would have the answer.
  • The care branch and ADAP branch are meeting tomorrow. She can include that question for tomorrow’s meeting.
• Lupe offered that if you have any additional questions she can pass those along at tomorrow’s ADAP meeting.
• Ken Pearce reported:
  • There are no updates for CPG this month.

9. Council Member Panel
• CM Davenport noted that it’s important to have youth representation on the Council. He wants to advocate and provide excellent service to our community that are seeking care and prevention services. As a behavioral health clinician, he hears clients’ challenges and struggles living with HIV or as consumers of prevention services, as well as issues related to housing, dating, etc... He is interested in prioritizing and allocating funding for data-driven substance use programs that are open to all. Even though we have a lot of services, there are still a lot of people who aren’t accessing them. We also need to hire folks that are part of the communities we’re serving, that are consumers. That way, other consumers may feel more comfortable approaching a provider.
• CM Sachdev noted that in 2014 she started as the LINCS medical director after moving to San Francisco from New York. She is excited about integration and noted that it starts with building shared understanding, and working towards a common goal. As we try to de-silo, and make HIV and STD screening part of routine care, we also run the risk of losing the work force behind it. She wants to make sure that we maintain the HIV work force and continue to meet people where they’re at. She expressed support for funding programs to a level that they can hire and retain staff. There should also be more standardization of training and supervision for the frontline work staff, especially as clients change and political climates change.
• CM Blum noted that he’s one of the mandated DPH seats for the Council. He used to be a consumer of services and has been on the council for many years. He expressed the importance of this council having good information that make good decisions around prioritization and allocation. What kind of creativity can we bring to how we deliver services? The council is lucky to have so many voices in the room to bring new ideas to this table. He emphasized the need to find out how to serve the homeless and marginally housed as well as the importance of the integration of HIV, HCV and STD services as a way to improve the system of care and the lives of the people we serve.

10. EHCSF Micro-elimination- VOTE
• The Council received a presentation from Population Health Division.
• Katie Burke noted that we are the first local jurisdiction to declare a goal to end Hep C. A Micro-elimination approach entails “pursuing elimination goals in discrete populations through multi-stakeholder initiatives that tailor interventions to the needs of these populations.” In essence, when we talk about eliminating Hep C, it means that when people do get it, we deal with it quickly and efficiently.
  • Micro-elimination is less costly and complex than full elimination
  • It also supports momentum and teachable moments for a broader elimination strategy
• This specific project focuses on HIV positive folks. Untreated Hep C among PLWH increases mortality despite antiretroviral treatment.

• Annie Leutkemeyer noted that while HIV surveillance has come a long way, HCV surveillance has a way to go. We can use HIV surveillance as a model. Demographic information often missing from HCV reports.

• CM Walubengo inquired: on page 4, do you have demographic breakdown on folks who are accessing services?
  • Leutkemeyer responded that we have larger demographics on Ward 86, but we don’t have the robust infrastructure required to track data we want to have, such as these demographics.
  • Burke added that we do track the overall race/ethnicity data in those we treat. We track this because there is significant disparity in those who are co-infected.

• CM Discepola asked how the council can support this initiative.
  • Burke responded that we are looking for a letter of support for the recommendations for the micro-elimination plan. We will have the official report coming up soon, once it’s out we can put together a template for the letter of support.

• MOTION: CM Shriver moves that we as a council, in principle, support the micro-elimination of Hep C, among HIV positive folks.
  • CM Knoble seconds the motion.
  • MOTION PASSES: See column (2) for vote breakdown.

11. Break

12. General Updates
• The Council received updates from CHEP and HHS. There are no UCHAPS or CAEAR updates this month.
  • CM Knoble reported:
    • Grant Colfax is the new Director of DPH.
    • We just completed a counselor training. SFAF has started an internship program, focused on hiring young non-binary identified folks and youth of color.
    • Tracey Packer added that she was at a NASDAQ meeting last week, where they talked about the 2030 initiative to end the HIV epidemic that was announced at the state of the union. They’ll get more information on March 11. There will likely be more funding given to majority of states to work on ending the epidemic by 2030. Look up ETE 2030 for more information.
  • CM Goodwin reported:
    • In January we received our Ryan White Part A award.
    • They had a site visit on March 13th, from HHS.
    • The contract negotiation just finished. Shanti will continue to provide Planning Council Support and ALRP will continue to supply legal assistance to clients experiencing challenges in the system of care.
    • They have updated the Spanish language resource guides. They also still have about 1,000 of the 10k they published in English.
    • They had the de-escalation and conflict resolution training on January 18th. Tomorrow is a communication training for HCPC members.
  • CM Jewell noted that the last CAEAR meeting was cancelled- there is no report this month.

13. Getting to Zero
• The Council received a presentation from GTZ Steering.
• CM Gonzalez noted that a lot of this presentation came out of what we talked about in January, particularly around substance use, housing, racial disparities, and how all of these affect the Roadmap. We want your feedback on the presentation today, and what it says about the challenges we have moving forward.
• CM Discepola noted that the work the city is doing around having lower threshold services is working. However, there are not sufficient services that will meet people where they are. We also need to increase PREP intake among people of color. The city also has a lack of initiative around the homeless population. Modesto is putting up tents for our homeless while San Francisco does not.
• CM Shriver added that the city clinic data shows that the uptick in PrEP has been increasing across all demographics, yet African Americans who access city clinic the uptick is not as high. We are not seeing the same equitable benefit.
• CM Thomas thanked Diane for being back with the council. Prop C has huge potential to open up services to folks that need them, especially supportive housing. Housing has been one of the top unmet needs in every needs assessment that we’ve done. It is necessary for those of us in the public health world to speak up about policies that harm people who are homeless. DPW and SFPD are performing sweeps that are taking away crucial belongings of people who are homeless, such as supplies, medications, tents, sleeping bags, etc... These are all of the things they need to stay healthy. How can we use the authority we have to push back and say that this violence against people who are homeless is getting in the way of the health-related goals of GTZ, reducing HCV, etc... Some people believe in the dignity and humanity of people who use drugs, who are homeless, while others want the city to spend less money on ambulances, etc... Whatever the reason, we need to figure out how to push back against these policies.
• CM Gonzalez brought up PrEP uptake and how it’s not equitable among transwoman and men of color. We need to talk about what it means to have PrEP retention in our communities in the long-term.
• CM Sachdev noted that many people don’t see themselves as at-risk anymore HIV - this is one reason she hears about for getting off PrEP. The motivation issue is challenging. We need to have frontline staff who are willing to meet people where they’re at.
• The co-chairs and council thanked the GTZ Steering committee for the work they’re doing and for being here tonight.

14. 2019 Needs Assessment- VOTE
• CS Molnar noted that this motion began at the Community Engagement Committee and was approved there. It was also approved at the Steering Committee.
• MOTION: To approve the 2019 Needs Assessment Target, of people living with HIV over the age of 50. The focus will be on long-term survivors and people over the age of 60.
• MOTION APPROVED by roll call vote. See column (3) for vote breakdown.

15. Next Meeting Date
   The next meeting is tentatively scheduled for Monday, March 25th 2019 at 25 Van Ness, 6th floor conference room, from 3:30pm-6:30pm.

16. Adjournment
• Meeting adjourned at 6:10pm 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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HIV Health Services Planning Council
Planning Council Meetings
MINUTES\2019 Minutes\FINAL\February 25 2019
Minutes.docx
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