

# 2018 YEAR IN REVIEW

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SAN FRANCISCO EMA  
HIV COMMUNITY PLANNING COUNCIL

# JANUARY

Meeting Evaluation Score: 9.1

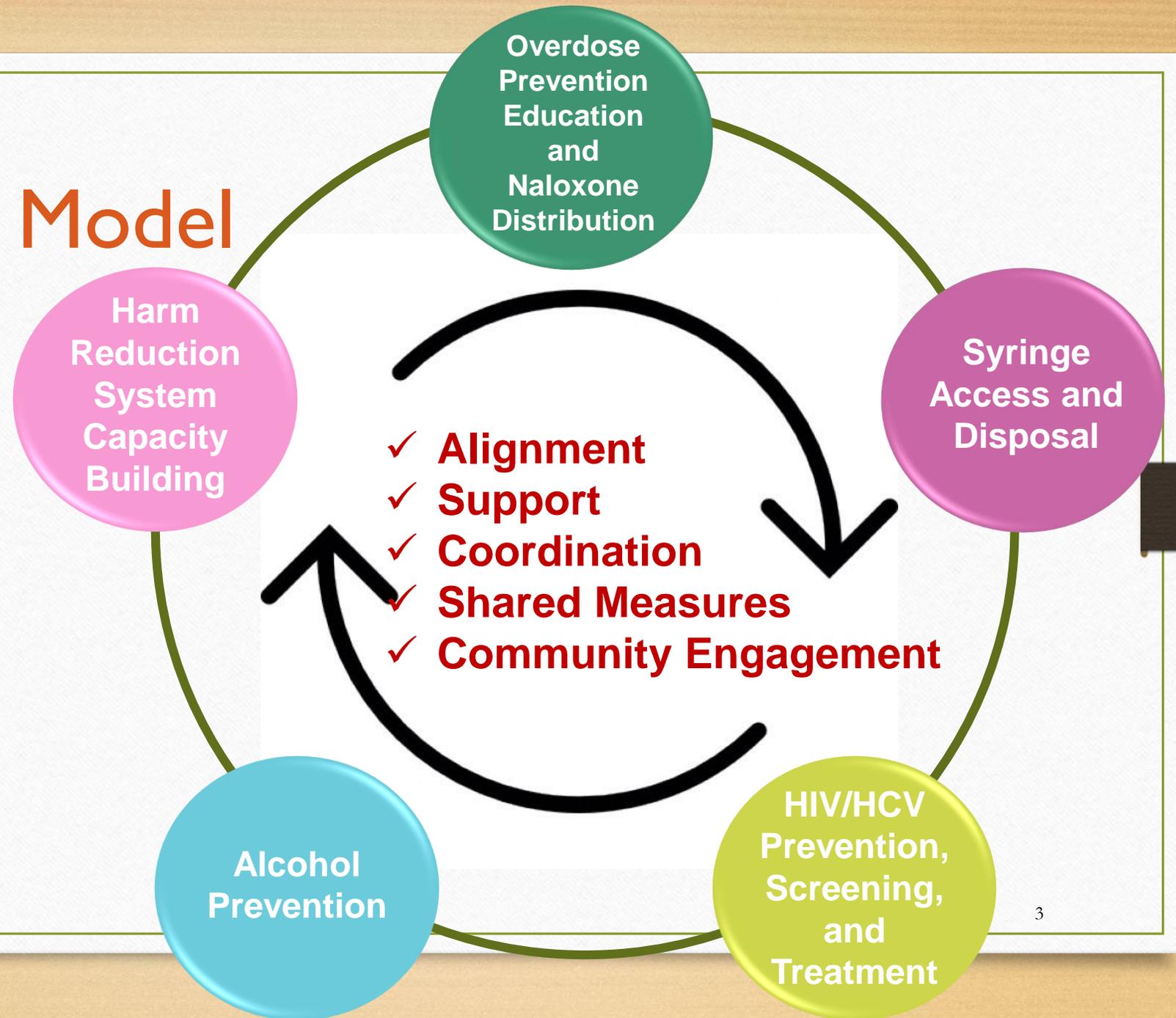
*“Panel discussion was an engaging and different format to communicate.”*

*“It’s crucial that the council remains engaged in drug users health initiative work. Drug use is a huge part of HIV transmission and the treatment cascade. Harm reduction is crucial.”*

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- ❑ Drug User Health Initiative presentation by Hanna Hjord
- ❑ U=U presentation by Matt Spinelli. Included provider panel
  - ❑ Cassandra Roberts approved for council membership
- ❑ Ken Pearce elected as At-large Steering Committee member

# DUHI: An Integrated Model



# #UequalsU

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- **“The science really does verify and validate U=U.”** Anthony S. Fauci, M.D., Director, NIAID, NIH [Speech at United States Conference on AIDS](#) (September, 2017)
- **”People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.”** CDC (September, 2017)
- **“It is time, to end the fears!” “I really think these community members who were active on U=U did a great job.”** Pietro Vernazza, author of Swiss Commission Statement (November, 2017)

*From the minutes: Matt Spinelli, an HIV and PrEP provider, gave a presentation on the U=U campaign.*

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- ❖ Evidence for U=U has been accumulating since 1998, when they first learned that women who suppressed their viral load didn't transmit HIV to their babies. Multiple studies have been conducted since then which support the evidence that an HIV-positive partner with an undetectable viral load cannot transmit the virus to an HIV-negative partner.
- ❖ The most compelling evidence was found in during two 2016-17 studies, PARTNER and Opposites Attract, which found that out of 65,000 condom-less sex acts, there were 0 HIV transmissions within partnerships. This evidence swayed many people who were previously opposed to U=U, such as Tony Fauci.
- ❖ The CDC is supportive of the U=U campaign. They said in a statement, "people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner."- CDC (September 2017)
- ❖ Getting to Zero (GTZ) is also supportive of the U=U campaign.

# FEBRUARY

Meeting Evaluation Score: 9.35

*"True integration will be great for marginalized populations. Reduce all silos."*

*"Small group was a great idea, hopefully it will be used more in the future."*

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- ❑ Supervised Injection Facility Task Force presentation and recommendations (approved).
  - The HCPC full membership endorses the Safe Injection Services (SIS) Task Force's recommendations for operating safe injection services in San Francisco.
  - The HCPC supports Assembly Bill 186
  - The HCPC supports the implementation of safe injection services.
- ❑ Needs Assessment target population discussed and approved:
  - Consumers of Ryan White services who use substances
- ❑ Integrated Planning presentation from CHEP & HHS, small group discussion (notes to Roadmap group)
- ❑ Home Committee policy passed
- ❑ Ken Pearce elected representative to California Planning Group (CPG); David Gonzalez elected alternate

# HARM REDUCTION

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- Public health philosophy
- Promotes methods of reducing the physical, social, emotional, and economic harms associated with harmful behaviors that impact individuals and their community
- Free of judgment and directly involve clients in setting their own health goals

## *Examples in San Francisco*

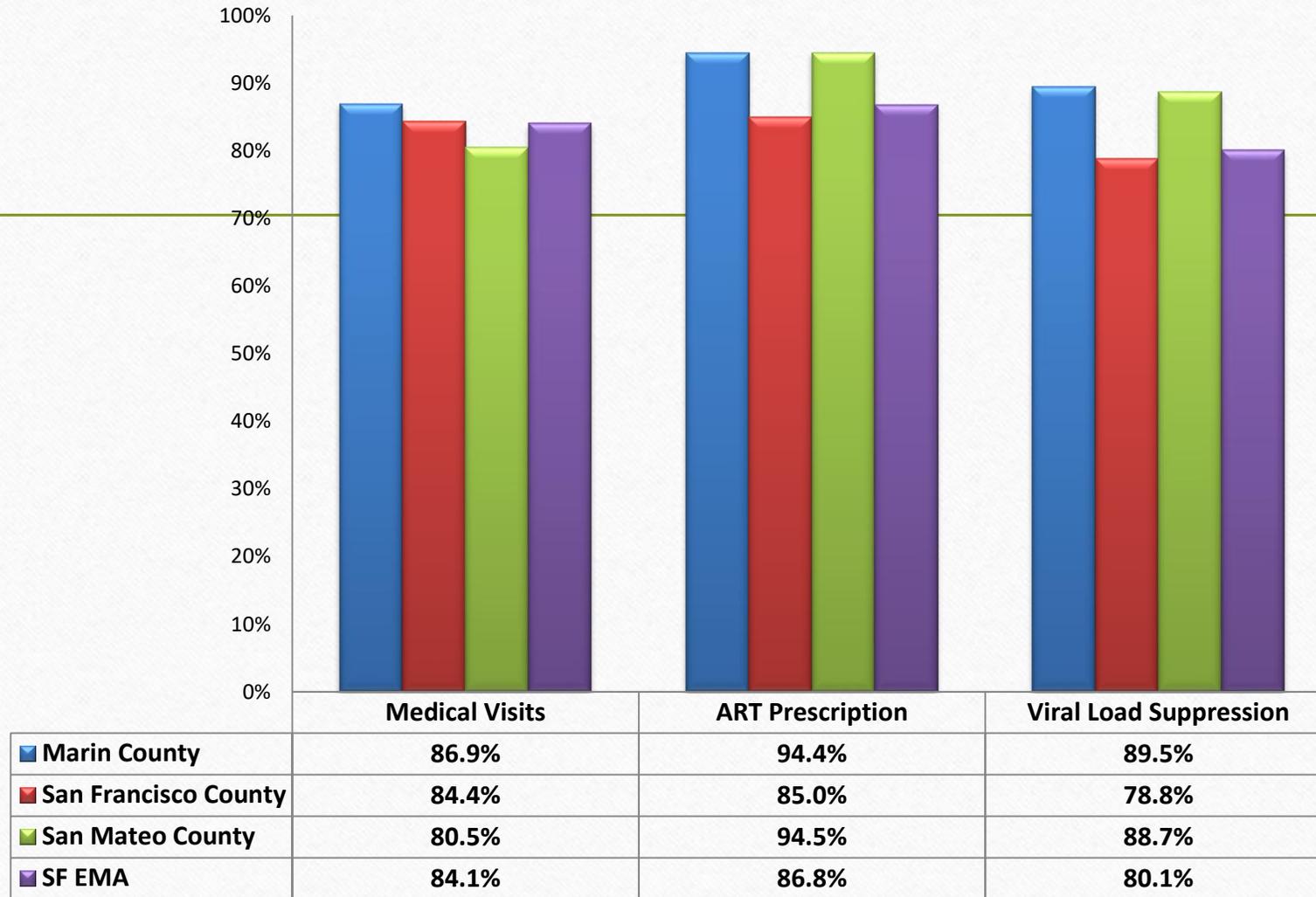
- Syringe Access & Disposal
- Naloxone
- Medication-Assisted Treatment (e.g. methadone, buprenorphine)
- Sobering Center

# MARCH

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- ❑ CQI/Quality Assurance presentation by John Aynsley/HHS
- ❑ HIV Consumer Advocacy Project (HCAP) annual report by  
Jeremy Suchitani-Watson/ALRP

# SF EMA QA – County Performance Summary 2017



# CONSUMER CHALLENGES

## HIV CONSUMER ADVOCACY PROJECT

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### Mental Health & Substance Use

- ❖ Large number of consumers with mental health issues, substance use issues, or both
- ❖ Barriers to service
- ❖ Feel they are judged by service providers for their past
- ❖ Interactions with service provider may be negatively impacted
- ❖ Can impact housing
- ❖ Can impact participation in other services

### Housing & Homelessness

- ❖ Ongoing crisis
- ❖ Percentage of cases stayed the same, but number of cases increased
- ❖ Causes difficulty:
  - ❖ *Keeping appointments*
  - ❖ *Following up on their cases*
  - ❖ *Maintaining good health*
- ❖ Increasing chance of homelessness due to:
  - ❖ Financial Issues
  - ❖ Mental Health Issues
  - ❖ Addiction
  - ❖ Behavioral Issues



# APRIL

Meeting Evaluation Score: 8.5

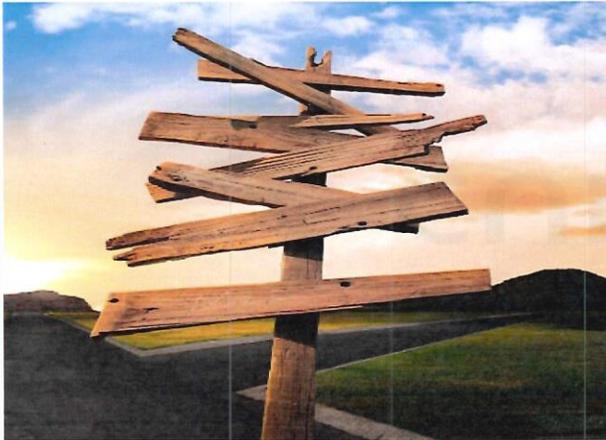
*“This training is much needed.”*

*“In the small groups I felt like I could finally share”*

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- ❑ Group Dynamics and Communication Training discussion led by Jamie Moran, consultant
- ❑ Anal Cancer/ANCRE Study presentation by Dr. Michael Berry
- ❑ Thomas Knoble approved as Government Co-Chair (replacing the outgoing Jose Luis Guzman)
- ❑ Megatrends discussion by Bill Blum/HHS and Tracey Packer/CHEP
- ❑ Small group discussion of Megatrends:
  - HIV & Aging
  - Integration/implementation of PrEP & U=U within COEs
  - Strategies to reduce health outcome disparities
  - Overall integration of HIV prevention and care, HCV, STD testing

# HIV, HCV & STD at a Crossroads



## Disease Trends

- ↓ New HIV infections
- ☀️ HCV curable
- ↑ STD rates

## Changing Needs

- Aging HIV+ population
- Populations with more severe needs
- Persistent inequities

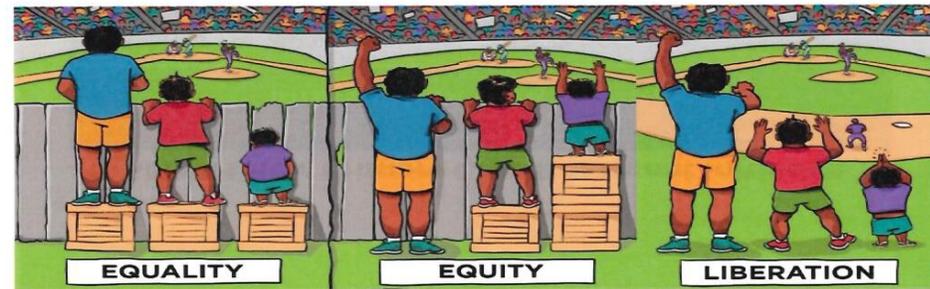
## Uncertain Future

- Funding
- Access to care
- Biomedical advances
- Shifting populations and values in SF

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## Achieving Health Equity: Much Work to Do

- Across all three diseases, Black/African Americans are disproportionately affected and experience worse health outcomes than other populations
- Impact of social determinants of health is significant
  - Homelessness, substance use, mental illness, incarceration, poverty, care access, etc.
- With HIV, biggest challenge is retention in care
  - Significant # of individuals in high need populations still fall through the gaps in the system



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## Strategic Issues for Consideration

- Disparities in new HIV diagnoses by race
- Health of people experiencing homelessness and/or drug use
- Evolving models of care for:
  - PLWH age 50+
  - Transitional aged youth

# MEGATRENDS

## SMALL GROUP DISCUSSION

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### INTEGRATION OF PREP, HIV CARE, U=U WITHIN COES

- Focus on the person and not the separate contracts – this is also easier for the social workers and case managers
- Do media messaging that put U=U and PrEP together
- Add components to COEs
- Contractually integrated so that PrEP, U=U, and HIV Care are within one contract

### HIV AND AGING

- Other medical conditions outside of HIV, e.g. Mental Health
- Cultural aging
- Challenges with money
- Need for companionship
- How are geriatric services going to integrate with HIV care services? Will there be geriatric professionals proficient with HIV?

# MEGATRENDS

## SMALL GROUP DISCUSSION

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### Integration of HIV, HCV, STD

- Integrating full service care (sexual, behavioral, PrEP) into homeless care services
- Eventually integrating housing into prevention and care services
- Sexual health, HIV, and primary care needs (including prevention) must be integrated into substance use treatment and services

### Disparity

- Strategies to reduce health outcome disparities:
  - Comprehensive drug user health and harm reduction, including supervised consumption services and STD treatment on demand
  - Housing, especially supportive housing
  - Stop criminalizing and stigmatizing homeless population
  - What strategies are working for other health disparities (outside of HIV)?
  - Trauma-informed system
- Evaluate programs and strategies that work
- Address root causes of health disparities e.g. structural racism, discrimination, etc.

# MAY

Meeting Evaluation Score: 8.3

*“The small group discussions provide interactive opportunities and different space for folks to give input, but often not for enough time and the questions too big – need to ask more specific questions.”*

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- LINCS update – panel presentation and discussion
- Black/African-American Health Initiative (BAAHI) presentation by Vincent Fuqua/SFDPH
- Small group discussion:
  - *What can we do to support LINCS goals?*
  - *What can we do to support BAAHI goals?*
- Ad-hoc work group formation to plan and provide feedback on “Roadmap” integration efforts

*From the minutes: The Council was provided an overview and panel discussion of the LINCS program.*

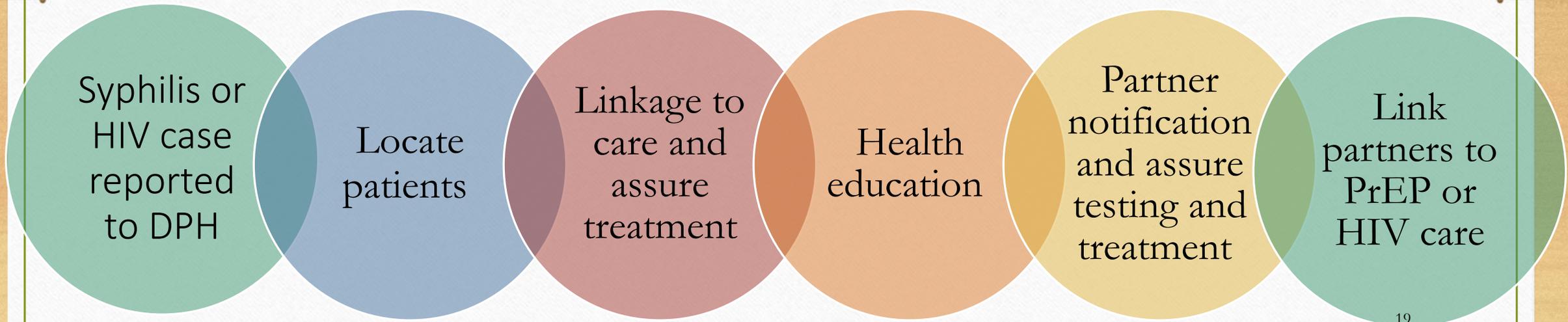
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- ❖ LINCS started in 2010 with CDC prevention dollars. LINCS is the city's team ensuring access to free and confidential sexual health services.
- ❖ STDs are increasing even as HIV diagnoses decline, both in SF and nationwide.
- ❖ Susan Phillip added that LINCS is interested in looking at the intersections of these diseases. They want to make sure partners are identified, treated and have access to the services they need, as well as reach the most vulnerable positive folks.
- ❖ Priority populations include men who have sex with men (MSM), adolescents and young adults of color, transgender persons and pregnant women.
- ❖ There are significant disparities in viral suppression, the biggest of which is for HIV+ homeless folks. Homeless folks are only 31% virally suppressed compared to an average of 65% of those who are stably housed.

# What does the LINCS team do?

## Disease intervention and navigation to health services

**We work closely with clinical providers and surveillance data to ensure patients and partners are linked to sexual health services**



# Lessons learned and Planning Council opportunities

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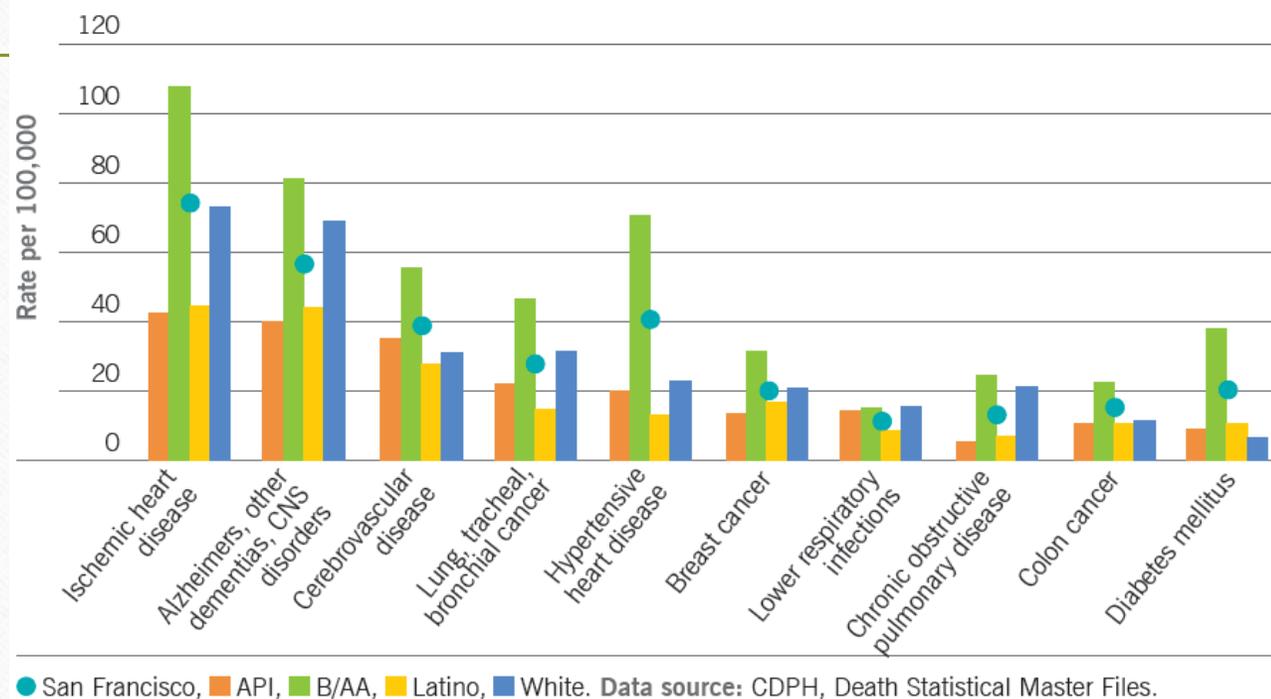
- **Field-based navigators** who worked closely with clinical teams were able to **effectively identify, locate and re-link and virally suppress** patients who had fallen out of care. **Warm hand off** to case management is critical.
- The Council has an opportunity to ensure that **all COEs include field-based navigators**. **Field-based navigators need access to the clinical record system** to ensure labs are drawn and check for viral suppression and to **document within that system** (so that the care team communicates with them)
- The Council has an opportunity to **ensure all Health Network clinics streamline care re-entry** and **offer drop-in HIV care primary care** if indicated (low barrier access to antiretrovirals and STD screening!)

# B/AA Mortality

9 of 10

B/AA are 1<sup>st</sup> in leading causes on death in San Francisco

**Figure J:** Age-adjusted mortality rates by race/ethnicity and leading ten causes of death in San Francisco females, 2009–13



# LINCS & BAAHI

## SMALL GROUP DISCUSSION

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### LINCS

- Peer counseling should be available when folks get diagnosed. People feel more comfortable with those who share their experience. Consider peer outreach programs
- #1 barrier is getting clients to follow through with appointments, etc. Folks that use drugs can be hard to retrain in care. Peer counseling groups can help with this.
- Increase funding for case management, care navigation, early interventions

### BAAHI

- How do we integrate these ideas into existing COE structures?
- Approach should not be “what can we do” but instead should be “how can we contribute to what’s already been done”
- Why aren’t African-Americans being maintained in care?

# JUNE

Meeting Evaluation Score: 9.21

*“I wish presenters would ‘bottom line it’ in their presentation.”*

*“Food was great but the panel took the cake!!”*

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- ❑ Mayor Farrell commits to backfill federal cuts to HIV care and prevention, and to continue funding Getting to Zero initiatives. No commitment to funding housing subsidies or safe injection sites.
  - ❑ 75/25 Waiver Request:
    - Council approves request for 75/25 waiver
  - ❑ National Update – panel presentation
  - ❑ Hepatitis C presentation by Katie Burke and Dr. Annie Leutkemeyer
  - ❑ Group Dynamics training on June 21<sup>st</sup>

*From the National Trends panel minutes: Ernest Hopkins responds to questions regarding substance use & mental health...*

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- ❖ ...this is a conversation that needs attention. He noted that he was recently in a conversation where it was suggested that it is stigmatizing to associate all substance users with mental health challenges. At the federal level, there is a lot of conversation about opioids, but not much talk of HCV. When mental health issues are discussed, it seems to be more often in the context of insurance access...
- ❖ ...there has been a historic heroin epidemic among Blacks and Latinos. It was historically treated as a criminal issue, rather than a health issue. Right now, there are a significant number of low-income white people with an opioid problem and high rates of suicide. These are the people now who are dying of overdose, and these are the folks that the Republicans are concerned about...

# Current HCV Treatment

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- Well tolerated with minimal side effects
  - Headache, Nausea, Fatigue most common and usually mild
- Highly effective- cure in >95%
- Options for previously hardest to treat: cirrhosis, kidney failure, prior treatment failure, etc.
- Equivalent regimens & outcomes in HIV(+)

# JULY

Meeting Evaluation Score: 9.23

*“The breakout meeting were thought-provoking. I’m interested in participating in developing Opt-In services.”*  
*“Would have liked more information re: the carryover funds and what those funds could have also been used for.”*

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- Helen Lin approved for council membership
  - Carry Forward Allocation discussion and motion to approve:
    - \$200,000 Emergency Financial Assistance/HIPP
    - Up to \$20,000 Ensure Liquid supplemental for providers
    - Up to \$88,881 Client Incentive Vouchers (Grocery/food)
    - Up to \$60,000 Trainings for security personnel
  - Immigration Update by Carmen Ramirez/ALRP
  - At-large Steering Committee Members approved/renewed: Elaine Flores, Paul Harkin, Ken Pearce, Charles Siron
  - HIV-HCV-STD Integration Roadmap presentation by Thomas Knoble/CHEP, Bill Blum/HHS and Tracey Packer/CHEP

## THE ICE CHALLENGE



- SF DPH implemented a protocol which HIV SP's should be familiar with
- Official ICE policy is that medical treatment and healthcare facilities are considered “sensitive locations” not subject to ICE raids
- Patient records at very low risk of being subject to ICE raid since need a warrant to search patient records and are also protected by the physician-patient privilege and HIPAA law
- Consult with the San Francisco City Attorney's office to verify whether there is a SF DPH policy in place on how to handle sensitive information or if you have any additional concerns
- SFAF has a sign which HIV SP's may consider posting

# AUGUST

Meeting Evaluation Score: 9.14

*“Round robin was a nice change of format, but most people didn’t follow instructions of “choose 1, and under 1 minute.”*

*“Round robin ensured everyone had an opportunity to talk. Thank you!”*

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- Safe Injection Site demonstration project opens
- ARIES Report by Maria Lacayo and Flor Roman from HHS
- Council member panel: Chuck Adams, David Gonzalez, and Dean Goodwin
- Ryan White Eligibility Criteria/Special Populations and Severe Need Definitions discussion and approval
- Roadmap Input Session report-back by council co-chairs. Round-robin discussion.
- Charles Siron approved as Getting to Zero alternate (current representatives are Mike Shriver and Jessie Murphy)

# EMA Factoids

- **EMA-Wide** – The Unduplicated Client (UDC) is 7,224
  - 627 or 8.9% of clients served in the EMA were “new” in ARIES
  - 44 or 0.6% died during the reporting period
  - 175 or 2.4% **shared clients** across counties within the EMA.

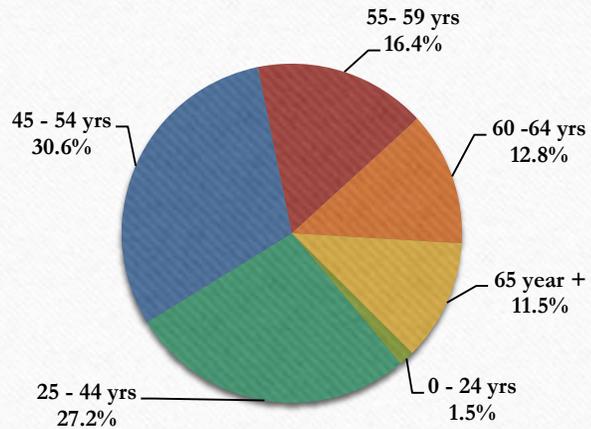
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- **Marin County** – UDC is 279 or 3.8% of total EMA UDC
  - 30 or 10.8% clients served in Marin were “new” in ARIES
  - 1 or 0.4% died during the reporting period
- **San Francisco County** – UDC is 6,609 or 91.5% of total EMA UDC
  - 560 or 8.5% clients served in San Francisco were “new” in ARIES
  - 42 or 0.6% died during the reporting period
- **San Mateo County** –UDC is 511 or 7.1% of total EMA UDC
  - 43 or 8.4% clients served in San Mateo were “new” in ARIES
  - 3 or 0.6% died during the reporting period

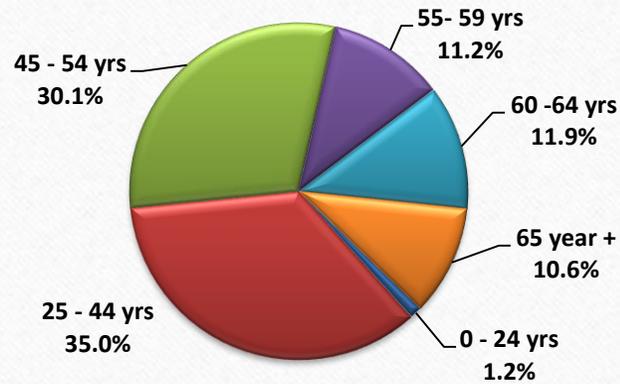
# AGE for EMA

<b>0 - 24 years</b>	<b>25 - 44 years</b>	<b>45 - 54 years</b>	<b>55- 59 years</b>	<b>60 -64 years</b>	<b>65 years &amp; older</b>
<b>n=106</b>	<b>n=2005</b>	<b>n=2,209</b>	<b>n=1,163</b>	<b>n=906</b>	<b>836</b>
<b>1.6%</b>	<b>27.5%</b>	<b>33.5%</b>	<b>15.9%</b>	<b>11.5%</b>	<b>10.0%</b>

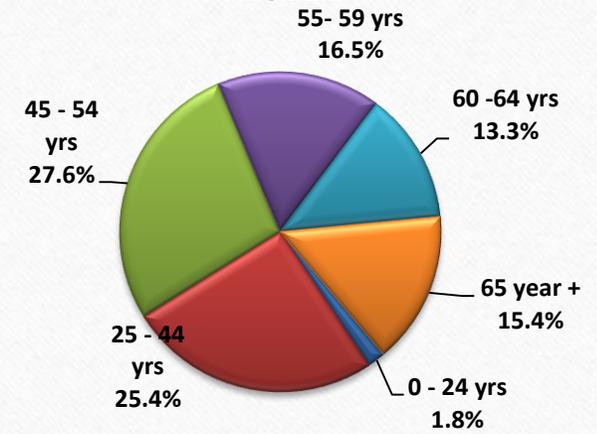
**San Francisco**



**San Mateo**



**Marin**



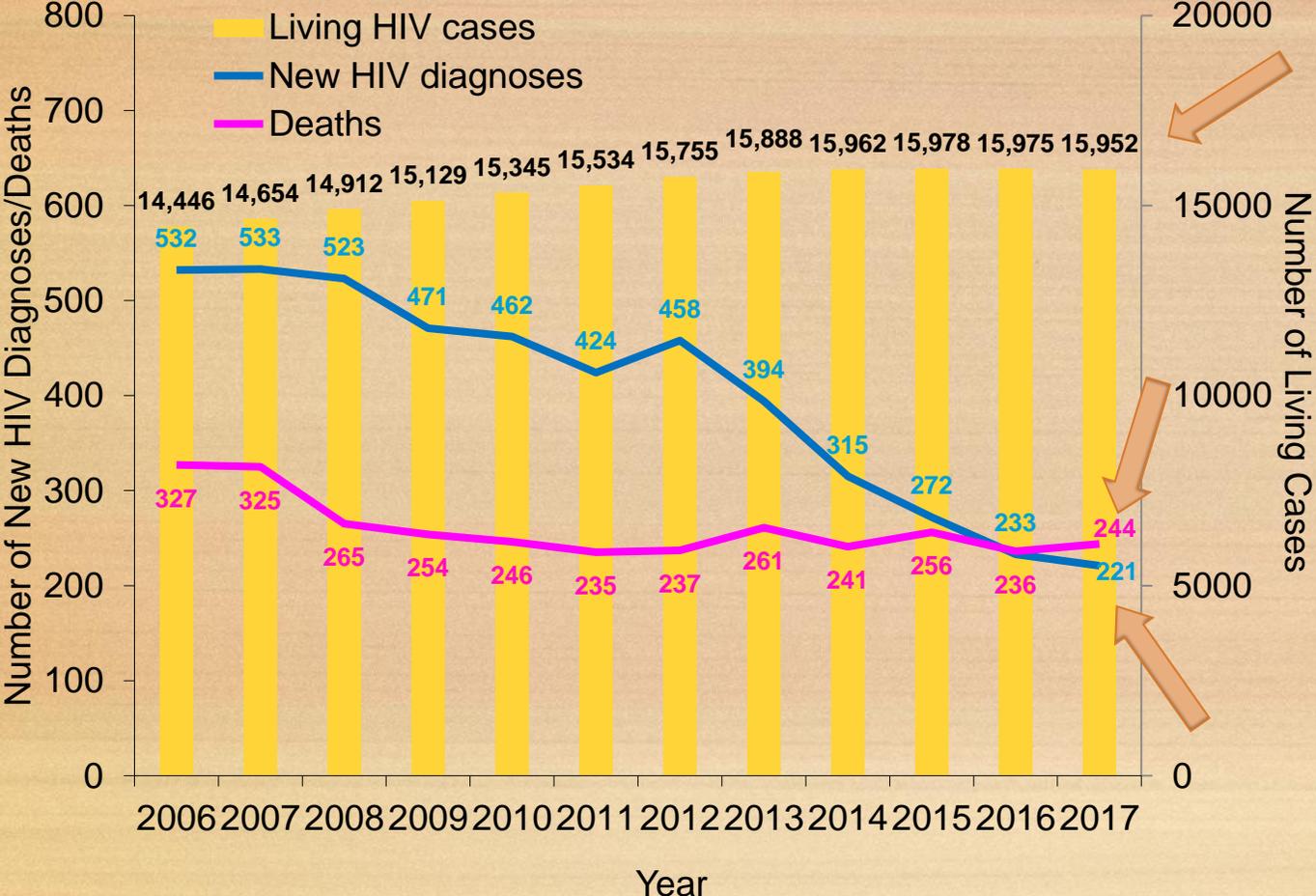
# SEPTEMBER

## *Annual Service Category Prioritization and Resource Allocation Summit*

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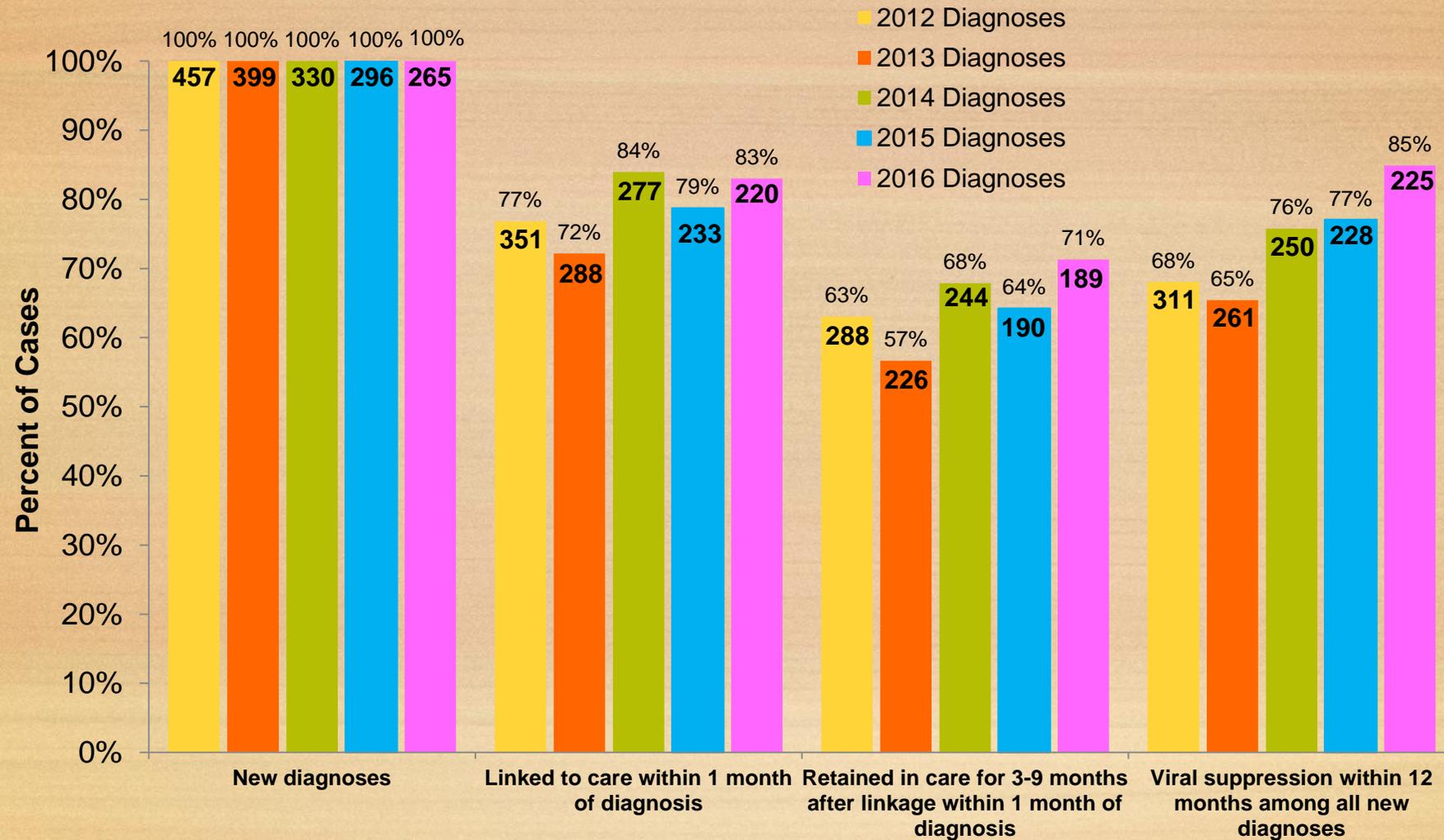
- ❑ HRSA Mandate review by Mark Molnar
- ❑ Epidemiology report by Maree Kay Parisi and Susan Scheer/ARCHES
- ❑ Needs Assessment report by David Jordan
- ❑ Service Summary Sheets presentation by Dean Goodwin/HHS
- ❑ Resource Allocation discussion and approval:
  - Increased Funding: If increased funding occurs, the council will reconvene to discuss this scenario.
  - Flat Funding: If funding remains at the current level, service category resource allocation will remain level across all categories
  - 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.

# New HIV diagnoses, deaths, and prevalence, 2006-2017, San Francisco



- Overall 94% of PLWH are aware of their HIV status
- New diagnoses **decreased** 5% between 2016-2017
- Number of deaths is level and may be slightly increasing
- Survival is **improving**; 65% of PLWH >50yrs
- Late diagnoses declined from 21% in 2012 to 11% in 2016

# Continuum of HIV care among persons diagnosed with HIV, 2012-2016, San Francisco



# Needs Assessment Conclusions

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- **The San Francisco system of care appears to be largely effective, though those who are experiencing the greatest amount of chaos and external challenges still have barriers to accessing and maintaining care.**
- **Mental health and substance use appear to be closely associated, and continue to represent some of the largest challenges for individuals in maintaining health and wellbeing. This is often exacerbated by housing instability.**
- **Gentrification and lack of housing continue to be a source of anxiety among our participants. For some experiencing homelessness, this represents an acute and substantial barrier to health and wellbeing as well as a correlative factor to many of their other reported challenges.**
- **Though the basic philosophies of compassion, harm reduction, trauma informed care and cultural humility are well represented in the San Francisco system of care, our participants continue to deal with stigma, structural class and educational issues, over policing, and lack of resources that fall outside of our purview, but still are important as context in how they affect their health, wellbeing, and quality of life.**

# Needs Assessment Recommendations

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- Continue to develop more responsive, adaptive and individualized substance use treatment programs.
- Explore options for laundry/hygiene resources, and afterhours services, possibly linked with syringe services, outreach, STI testing, or safe injection sites.
- Continue to explore adaptive, individualized, and mobile case management/linkage to care for those for whom current system is less effective in maintaining engagement.
- Explore options for providing additional logistical and financial support for those in need of identification cards and birth certificates.
- Continue with trainings designed to reduce stigma and improve cultural humility, harm reduction, and trauma informed care.
- Continue to place increased focus on overdose prevention.

# SEPTEMBER

## *Annual Service Category Prioritization and Resource Allocation Summit*

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- ❑ Service category prioritization discussion and approval.
- ❑ Motion from council member Mike Discepola (approved):
  - That Steering develop a work group to look into disparities and structural needs around the homeless population and HIV
- ❑ Motion from council member R. Lee Jewell (approved):
  - To create a work group to look at the system of care, and have a recommendation to bring to Full Council in one year

# OCTOBER

Meeting Evaluation Score: 8.9

*“Bottom line it’ when presentations are given..”*

- 
- Juba Kalamka approved for council membership
  - Linda Walubengo renewed as council co-chair
  - Roadmap update by council co-chairs and Dara Geckeler; round-robin discussion.
  - San Mateo report/San Mateo prioritization and allocation approval
  - Marin report/Marin prioritization and allocation approval
  - Ryan White Part A reallocation (approved):
    - That funding will be reallocated, for the remainder of the fiscal year, to the Ambulatory/Outpatient Health Care service category

Feb – Sep  
2018

Stakeholder Input

Oct-Nov  
2018

Stakeholder Feedback  
on DPH Goal  
Statement &  
Implementation Plan

2019 &  
beyond

Implementation



Today is an opportunity for HCPC to give feedback to DPH on the proposed Goal Statement & Implementation Plan.

### Core Principles

1. Community- and Patient-Centered
2. Integrated Services
3. Partnerships
4. Sustainability

# “Health Access Points”

Goal: Reduce disparities by addressing vulnerabilities through focused community investment.



# NOVEMBER

Meeting Evaluation Score: 9.4

*“Loved the focus on racial justice, capacity-building priorities, appreciate DPH for having an authentic collaborative process with community partners.”*

*“Having consumers present would make a great difference to fully understanding needs.”*

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- Wayne Rafus approved for council membership
- Zachary Davenport membership renewal approved
- Council member panel: Irma Parada, Billie Cooper, Linda Walubengo
- California Planning Group report-back by Liz Hall and Ken Pearce
- Roadmap presentation by Dara Geckeler and Thomas Knoble and motion for policy adoption (approved):
  - *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.*
- Needs Assessment report part 2: provider feedback by David Jordan



“The California Planning Group (CPG) is the statewide HIV planning body that enables key stakeholders, communities, and providers to engage in active and ongoing dialogue with the Office of AIDS (OA) to reach the goals of the National HIV/AIDS Strategy and the statewide Integrated Plan. The main functions of this group are to work collaboratively with OA to develop a comprehensive HIV/AIDS surveillance, prevention, care, and treatment plan; to monitor the implementation of this plan; and to provide timely advice on emergent issues identified by OA and/or other key stakeholder parties. CPG is committed to working openly in a group to make decisions and is guided by the principles of equity, fairness, and respectful engagement.”

# COMMUNITY ENGAGEMENT

*Co-Chairs: Orin Allen and Eric Sutter*

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- Reviewed 9 HCAP reports
- Reviewed 6 Getting to Zero updates
- Needs Assessment target population established
- 2 meetings canceled (January and March)
- Quorum not established in 4 meetings (February, May, June, September)
- Carry-forward and resource allocation scenarios discussed and moved

# COUNCIL AFFAIRS

*Co-Chairs: Chuck Adams and Jack Bowman*

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- ❑ Reviewed 14 presentations
- ❑ Reviewed presentation calendar in 10 meetings
- ❑ 0 meetings canceled and all meetings achieved quorum
- ❑ The following item from the Steering Retreat was discussed across 5 meetings:
  - *maintaining harm reduction, patient-centered care and trauma-informed care as models for service provision; ensuring equity across service categories for all consumers in regards to rights, responsibilities, and suspension/ termination policies*
- ❑ Carry-forward and resource allocation scenarios discussed and moved

# MEMBERSHIP

*Co-Chairs: Richard Bargetto and Ken Pearce, Cesar Cadabes and Ed Chitty*

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- Reviewed 7 membership applications
- Interviewed and approved 6 applicants for council membership
- Approved renewal for 32 council members
- Council demographic profile and meeting attendance reviewed at all meetings
- Home Committee policy, Renewal policy, Membership Approval policies developed and approved
- 9 Notices of Attendance and 1 Letter of Probation sent
- 1 meeting canceled (February); quorum established at all meetings
- Carry-forward and resource allocation scenarios discussed and moved

# STEERING

*Co-Chairs: David Gonzalez, Dean Goodwin/HHS, Thomas Knoble/CHEP, Mike Shriver, Linda Walubengo  
(Co-Chair: Jose Luis Guzman/CHEP)*

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- Met with HIV/AIDS Provider Network (HAPN) to discuss budget strategy
- Steering Retreat set for April 13
- Reviewed and discussed committee updates, meeting evaluation results, and full council agendas at all meetings; reviewed 5 presentations to the HCPC
- The following item from the Steering Retreat was discussed across 5 meetings:
  - *review Mission and Values in light of potential for expanded scope of work and mission of HCPC.*Committee determined that existing Mission and Values allowed for expansion of scope of work
- Roadmap/Integrated Planning discussed at 3 meetings
- SIF Task Force Recommendations and Letter of Support for AB186 approved
- RWPA Eligibility Criteria and Severe Need, Special Populations definitions approved
- 0 meetings canceled and all meetings achieved quorum
- Carry-forward and resource allocation scenarios discussed and moved

# STEERING RETREAT

*April 13*

- 
- Always remember: We are the safety net
  - HCPC mission expansion parallels service providers and national trends
  - How do we integrate things that are important with things we have to do?
    - Housing (beyond “community feedback”)
    - Substance use
  - Shared definitions:
    - Trauma-informed care
    - Harm Reduction
    - Patient-centered models
  - How does HIV fit within other challenges (e.g. drug user health)
  - PrEP user challenges = HIV+ challenges (e.g. navigation, substance use, mental health, housing)

# EVALUATION QUOTES

EVALUATION SCORE FOR 2018: 9.01

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*“I appreciate the opportunity of sharing and getting to know each other.”*

*“I’d like to see report-backs from CBOs that receive funding from SFDPH, and see different break-out groups that work on specific issues that negatively impact people living with HIV.”*

*“I was mildly impressed, great job.”*

