

## HIV Community Planning Council

### FULL COUNCIL MEETING

May 22<sup>nd</sup>, 2023

25 Van Ness Ave Room 610

4:00-6:30 pm

**HIV Community Planning Council Members Present:** Chuck Adams, Cesar Cadabes, Ed Chitty, Pedro Felix, Elaine Flores, Matt Geltmaker, David Gonzales, Paul Harkin, Ron Hernandez, Lee Jewell, Chris Kent, Thomas Knoble, T.J. Lee-Miyaki, Derrick Mapp, Irma Parada, Gwen Smith, J.P. Soto, Richard Sullivan, Laura Thomas.

**HIV Community Planning Council Members Absent:** Ms. Billie Cooper [E], Zachary Davenport [LOA], Juba Kalamka [LOA], Nga Le [E], Helen Lin [E], Maneul Vasquez [E].

**Others Present:** Vincent Cristostomo, Dr. Meredith Greene, Bill Hirsh, Ande Stone, Guilherme Sttellett

**DPH Staff Present:** Maria Lacayo, Bill Blumm

**Support Staff Present:** David Crown, Kira Perez

### *Minutes*

#### **1. Call Meeting to Order and Roll Call. Introduction of Public. Co-Chair Welcome.**

The meeting was called to order at 4:03 pm by CM Gonzales. Roll Call was called, everyone introduced themselves and quorum was established.

#### **2. Review and Approve May 22nd 2023 DRAFT Agenda – VOTE**

The May 22<sup>nd</sup> 2023 DRAFT Agenda was reviewed and approved by consensus.

#### **3. Review and Approve April 24<sup>th</sup> 2023 DRAFT Minutes – VOTE**

The April 24<sup>th</sup> 2023 DRAFT Minutes were reviewed and approved by consensus.

#### **4. Announcements**

- None.

#### **5. Staff Announcements**

- None.

#### **6. Public Comment**

- None

#### **7. General Updates**

- CAEAR Coalition – CM Jewell.
  - None.
- HHS – Bill Blum
  - Blum updates the group that the HAB EHE grant award totals were received for FY23-24.
  - The EHE funding plan is to be approved by HRSA/HAB in the late summer.
  - EHE Site visits coming up are scheduled for July and tentatively in August.
  - Blum announces the continuation of Robert Whirry's landscape analysis of SF HIV Mental Health Services, centering long-term survivors.
  - Training development funding moved from RWPA to SF General Fund in March, 2023.
  - Blum shares staffing updates from HHS.
- CHEP & CPG – CM Knoble
  - None.
- SOA – CM Kent
  - None.

- ETE Update—CM Sullivan
  - None.
- ADAP Update—Nikki Gracey
  - None.

### **8. Membership Update- VOTE**

- The Membership Committee is moving forward with Guilherme Sttellet as a new member and discussed whether the council wants to approve Sttellet as a new member.
- Sttellet gives a brief summary of who he is and the work he does.

**The group approves Guilherme Sttellet’s application to the council through consensus, refer to column (1).**

### **9. HIV & Aging – Vincent Crisostomo**

- Crisostomo notes the unique social and emotional challenges that long-term survivors of HIV experience on top of issues with medical providers as well.
- Crisostomo breaks down the efforts of SFAF of tackling isolation among HIV long-term survivors for folks living on limited income, have accessibility needs, and other complicated needs.
  - Crisostomo shares a robust list of efforts that tackle these unique needs. Some efforts to note are meal kits, community events, tickets to special events, ensuring events are ADA accessible, allowing support animals, larger font materials, linkage to information and services, and many more.
- The ongoing needs of better affordable mental health services and client advocacy services persist.
- Crisostomo reviews the many programs at SFAF that support long-term survivors of HIV.
  - 50-plus network efforts include community advisory board, expansion of collaborations, coordination amongst providers, and the connection of members to areas on aging services.
  - Transgender and gender non-conforming programs include, creative arts programming, legacy papers, and death duelas.
  - Healing and Uniting Every Sista programs include establishing/strengthening community advisory board, creating engagement with long-term survivors, and expansion of collaborations.
  - LTS community liaison programs include the expansion of collaboration and creating opportunities for long-term survivors
- Crisostomo mentions that Case Management services are no longer offered as it was found to be not successful
- Crisostomo displays Policy and Education collaborations
- Blum asks about death duelas, and the long-term survivor liasons.
  - Crisostomo answers that death duelas do some spiritual work and helping folks with talking about death.
- CM Knoble asks why didn’t case management work?
  - Crisostomo answers that clients weren’t able to be helped by the team as they were consistently being referred out to other orgs and other case managers.

### **10. Break**

### **11. HIV & Aging—Dr. Meredith Greene**

- Dr. Greene reviews demographic data, and states that 70% of people living with HIV in SF are 50 years old or above.
  - Dr. Greene notes a little over 7,000 newly diagnosed cases of HIV in folks 50 years and above.
- Dr. Greene Breaks down that HIV in folks 50 and older usually pairs with other chronic conditions which often leads to polypharmacy.
- Dr. Greene breaks down the psychosocial issues that coming with HIV and aging, long-term survivors. Notes the intense feeling of isolation and lack of social circles.

- Increasing complexity, geriatrics approach can help. Dr. Greene breaks down the 5M's of Geriatrics; Mind, Mobility, Medications and What Matters most which describes the whole person's multi-complexity experience of living with HIV.
- Difficulty navigating systems, determining eligibility, housing, mental health, social support, accessing complimentary alternative therapies have continued to be needs for Folks aging with HIV since 2010.
- Dr. Greene breaks down the golden compass system:
  - Heart & Mind, Bones & Strength, Network & Navigation, Dental, Hearing & Vision.
- Ongoing gaps: long waits for mental health services, knowledge transfer to new generation of providers, and financial concerns.
- More issues that came up during COVID
  - Increased isolation, mental health conditions, decreased physical activity, difficulty with keeping caregivers, decline in cognitive and physical function, and an increase in falls.
- Breaks down the digital divide among older adults.
  - Access to internet, email, and consistent phone number.
  - Though some found it difficult to use Zoom, others found it as an extension to care or social circles which was easier than having to commute.
- Dr. Greene explains the planning around long-term care(LTC).
  - More costs are shifting to Medicare, however ART still remains a protected class.
  - Older adults with HIV rely more on formal long term care supports while there is still less known about the quality of HIV care in LTC settings.
- Dr. Greene explains that Laguna Honda hospital has 1/3 of the cities LTC beds yet they are not vacant. With changes in RCFIs and TRCFs there is a need for more ICM.
  - Long-term care coordinating council makes sure the needs of folks living with HIV needs are being met.
- Dr. Greene displays efforts that address factors before incapacity is met. These factors require support in these areas; income and insurance, housing and utility, employment and education, as well as personal and familial stability.
- Dr. Greene thanks the group for the all work that they do, and announces her departure from UCSF, last day will be June 30<sup>th</sup>.
- The council thanks Dr. Greene for her time and all the work that she has done.
- Blum asks how to prep for the coming complex struggles for folks aging with HIV.
  - Dr. Greene answers that better training and knowledge around aging, and aging with HIV is required. Dr. Greene suggest a strategy of getting someone to vet the 5M's with an aging patient before the geriatric doctor is involved or supports.
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## 12. HIV Advocacy—Bill Hirsch, Lance Toma, Ande Stone

- Bill Hirsch reminds the group that the Mayor's budget is available June 1<sup>st</sup>, and that the mayor determines what the city budget is. Hirsch also provides context to how funding works, and notes the district specific budget being \$1 mil, per district supervisor.
- Hirsh reminds the group of the backfill cuts that they have been able to do. No cuts have been made to RW.
- Hirsch reviews the budget asks:
  - The mayor is supporting the increase of cost of doing business with an ask of 500K a year.
  - HIV housing subsidies asks for \$3.6 million, which would fund 200 housing subsidies.
  - Mental health for long-term survivors; asks for \$500k.
  - Intensive case management services asks for \$500k.



