

HIV Community Planning Council

FULL COUNCIL MEETING

April 22nd, 2024

25 Van Ness, Room 610

4:00-6:30 pm

HIV Community Planning Council Members Present: Chuck Adams, Robert Arnold, Cesar Cadabes, Franco Chevalier, Ed Chitty, Zachary Davenport, Pedro Felix, Elaine Flores, Matt Geltmaker, Reina Hernandez, Ron Hernandez, Lee Jewell, Juba Kalamka, Chris Kent, Thomas Knoble, Nga Le, Derrick Mapp, John Paul Soto, Charles Siron, Guilherme Sttellet, Richard Sullivan, Laura Thomas, Manuel Vasquez

HIV Community Planning Council Members Absent: Bill Blum [E], Elyse Griffin [A], Jesus Guillen [E], T.J. Lee-Miyaki [E], Helen Lin [A], Irma Parada [LOA], Gwen Smith [LOA]

Others Present: Dara Geckeler, Bill Hirsh, Kimberly Scrafano, Stephen Spano

DPH Staff Present: Nicole Gracey, Maria Lacayo

Support Staff Present: Mark Molnar, Kira Perez, Kat Tajgeer

Minutes

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

The meeting was called to order at 4:06 pm by CM Davenport. Roll Call was called, everyone introduced themselves and quorum was established.

2. Review and Approve April 22nd, 2024, DRAFT Agenda – VOTE

The April 22nd DRAFT Agenda was reviewed and approved by consensus.

3. Review and Approve March 25th, 2024, DRAFT Minutes – VOTE

The March 25th DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- CM Le provides an update on Marin County. The County has hired a medical case manager, a service coordinator, and someone who runs a long-term survivor's support group. Their staff has made calls to clients to ensure they are aware that they are now the service provider and to provide contact information for their new case managers.
- They are having their HIV Community Forum on Wednesday, April 24th, 2024. They will have Spanish interpreters at the event. The main objective of this meeting is to gather feedback on how services are going.

5. Public Comment

- None.

6. Staff Announcements

- CS Tajgeer announced that she will be updating the Zoom meeting links for all meetings and she will be sending out updated calendar invitations.

7. General Updates

- CAEAR Coalition – CM Jewell
 - CM Jewell updates the Council that on April 16th, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) held a hearing on the FY2025 Executive Budget Request to Congress. Rep. Tom Cole (R-OK), the new House Appropriations Chair, programmatic and language request guidance for FY2025, enabling member offices to submit funding requests for federal programs. Rep. Cole has signaled that he wants to work quickly to close out this year's spending process, but FY2025 negotiations may be complicated by lingering partisan disagreements and the statutory

spending caps put in place by the bipartisan debt limit compromise. The next CAEAR Membership meeting scheduled for 6/3/24 and 6/4/24.

- HHS – CM Blum
 - Maria Lacayo provides the HHS update in CM Blum’s absence.
 - Lacayo updates the group that HHS is pending notification of complete funding for Ryan White Part A (RWPA), Ryan White Part C (RWPC), and Ending the HIV Epidemic in the US (EHE) for FY24/25. She states they hope to have an update in the next month or two.
 - The CA State Office of AIDS HIV Care Connect (HCC) go-live date has been postponed and they are working on a new go-live date. Agencies have been told to continue using ARIES in the meantime. If anyone needs ARIES training they should contact Flor Roman.
 - CM Jewell asks if they know why the go-live date was postponed. Lacayo says they were not provided a reason for the postponement.
 - CM Thomas asks if the new consent forms will change and if they should start using those? Lacayo says to hold off until there’s a go-live date for HCC. They should continue using the ARIES form until they receive an update from HHS to retire that one.
 - HHS, Mayors Office of Housing and Community Development (MOHCD), and Disability and Aging Services (DAS) are working together to figure out how they can cross collaborate. They are working to come up with ideas on how to better serve aging folks and long-term survivors.
- CHEP & CPG – CM Knoble
 - CM Knoble updates the group that there are doxy-PEP guidelines that have been put forth with regards to chlamydia, gonorrhea, and syphilis.
 - San Francisco Department of Public Health (SFDPH) is looking for proposal from organizations providing HIV and HCV screening, and HVC treatment and navigation services for clients in Narcotic Treatment Programs (NTP) and Medication for Addiction Treatment (MAT) programs. Proposals are due by April 23, 2024.
 - The California Planning Group (CPG) will be hosting an in-person meeting in Sacramento this June. CM Knoble will provide more updates as the meeting gets closer.
- SOA – CM Kent
 - CM Kent highlights pages 3 and 4 of the OA Voice, which provides updates on the Strategic Plan and Implementation Blueprint. He notes there are YouTube links for the first three of four sessions that were held, which focused on the Implementation Blueprint. Session Four will be held on May 6th, 2024 at 2:00 pm and the registration link can be found on page 4.
 - CM Kent notes that on page 7 there is a resource available through OA’s Local Capacity Building and Program Development Unit. The CDC has free training and technical assistance on a variety of topics including cultural competency, cultural humility, and cultural responsiveness. There are instructions included for how to access the resource and an email address for any questions.
- ETE Update – CM Sullivan
 - CM Sullivan updates the group that the Ending the Epidemic (ETE) Steering committee met on April 16th, 2024. They met with Dara and Savannah from Facente Consulting.
 - The meeting focused on laying the groundwork for the event they will be hosting in the Spring of 2025. They are working on creating learning modules and proposals.
 - CM Knoble notes they are really rallying around focusing on the question “What do staffers need to know in the first two years?”
- ADAP Update – Nikki Gracey
 - Nikki Gracey does not have any ADAP updates this month.

8. Membership Update – VOTE

- CS Molnar notes that there is a motion on the floor to accept Robert Arnold’s new member application.
 - The potential new member, Robert, introduces himself to the group.
 - The group then votes on whether to approve Robert’s application.

Motion was approved through consensus, refer to column (3).

- CS Molnar notes that there is a motion on the floor to accept Franco Chevalier’s new member application.
 - The potential new member, Franco, introduces himself to the group.
 - The group then votes on whether to approve Franco’s application.

Motion was approved through consensus, refer to column (4).

9. Eligibility Criteria Update – VOTE

- CS Molnar provides annual update on the Eligibility Criteria. He highlights the only change to the Eligibility Criteria is an adjustment for the 2024 Federal Poverty Level.
- CS Molnar reviews the criteria for Severe Needs and Special Populations.

Motion was approved through roll call vote, refer to column (5).

10. SFE ETE Plan Update – VOTE

- Dara Geckeler of Facente Consulting provides updates on the SF Implementation Blueprint, contracted by the State Office of AIDS to aid California jurisdictions. Geckeler outlines the plan's contents and engagement process, noting input from various groups, resulting in generally positive reception. She discusses feedback incorporation, particularly emphasizing accountability, with upcoming discussions planned with CHEP and HHS.
 - CM Thomas notes concerns around approving the plan without more information on the accountability process.
 - Geckeler notes they need a process for gathering information on the progress of the activities, with the prevailing idea being that DPH would report back on some of the activities. She says they do not want to come up with new metrics because all of the activities have their own metrics that are dictated by the funders. She asks the Council if they have any ideas of what it is they would like to hear back.
 - CM Thomas says because it is describing activities with a lot of different mandates with different funding streams. She notes it is important because part of this is getting all of these different entities to work together and share the same vision. Maybe it’s about figuring out how to reconvene in six months with the key entities and have everyone give a progress report.
 - Geckeler says one of the things she will do is put a name next to every activity based on who contributed to it and who is responsible for it.

○ CM Thomas notes some of these activities may be on funding that is not as stable and wants to know who reviews these items to see if they’re still being funded or in place and does that rise to the level of trying to find other funding to continue it or has it been completed? How can they determine which of these activities needs more community and more policy engagement to make sure it continues? She notes these are questions that can be addressed in 6 months – 1 year and do not need to have the answers for them now.

- Geckeler states this is important because there are some items that may require follow up if they do not receive funding for the activities.
- CM Mapp agrees with CM Thomas’ questions around accountability and would also like a report back on the accountability process.

- CS Molnar states that there would need to be a motion made for this.
- CM Knoble expresses concerns around the administrative side of this as they aren't sure what team would be handling this.
- CM Thomas notes that the Blueprint has taken a lot of work and is very important. She said if there is already an existing process they envisioned for these updates happening, she is happy to work with an existing process because she does not want to create new work for them. She said this document contains a lot of good work and she does not want it to turn into something that only gets reported to the Centers for Disease Control (CDC) on an annual basis. She wants to ensure there is a way to make sure these things are being done and documented.
- CM Jewell said he would like to fill in some of the ambiguity.
- CM Knoble says they would like to take these ideas back to their leadership team to ask what can be done and then bring that information back to the Council.
- CM Geltmaker suggests the update gets scheduled yearly for the Council Affairs committee.
 - CS Molnar confirms this can be added as an annual presentation.
- CM Reina Hernandez asks if part of the narrative report can include client satisfaction data.

Motion: CM Mapp moves to approve the Blueprint and for DPH to meet every six months to discuss and troubleshoot the process, with a report back at the end of the Fiscal Year for the Council.

Second: CM Siron seconds this motion.

Motion was approved through a roll call vote, refer to column (6).

11. Break

12. HAPN Update – VOTE

- Bill Hirsch provides the HAPN update. He emphasizes the City's budget as a crucial public document that they have worked to ensure reflects the needs of the City's most vulnerable populations. The city crafts its budget based on revenue projections and anticipated expenses, facing a \$700 million deficit for the upcoming two-year budget cycle. The Mayor releases the budget proposal on June 1st, 2024, integrating updated revenue projections for the fiscal year starting on July 1st, 2024. While the Mayor primarily shapes the budget, the Board of Supervisors can reallocate funds around the edges, typically around \$20 million, known as the add back process. The Board must reach a budget agreement by the end of June, officially voting on it in the first week of July.
 - CM Knoble asks what it means that the Mayor and Board of Supervisors agree on the budget.
 - Hirsch explains the "add back" night, where service provider coalitions advocate for their priorities in the final budget. Negotiations occur between the Mayor's office and the Board of Supervisors budget committee, aligning with both the Mayor's outline and Supervisors' priorities. The budget is voted on in the first week of July and requires approval from both the Mayor and the Board of Supervisors.
- HAPN collaborates with various organizations, including HCPC and the Getting to Zero Steering Committee, to coordinate budget advocacy efforts. Hirsch provides the HAPN HIV Budget Proposal for FY24-25 to be voted on by the Council.
 - (1) To ensure the preservation of the HIV safety net at a time when our City is making remarkable strides in stemming the HIV epidemic, HAPN has always advocated for backfills for any and all federal level HIV funding reductions. At this time the City has not heard about its Ryan White grant award. But we have learned that the CDC funding will be reduced in the range of \$478,000-856,000 from the City's HIV prevention funding starting in August. These prevention services are essential if the City is to achieve its Getting To Zero goals. *Ask: At least \$478,000 (CDC); Ryan White funding level is still outstanding*

- (2) 3% Cost of Doing Business (CODB) increase for all grant-funded contracts to address and ensure sustainability for all safety net programs is necessary and fair. Regarding cost of living increases, there is a lack of parity between City-funded grants and Ryan White funded programs. CODB increases that are given to general fund contracts creates a growing disparity between funding sources, making it difficult to uniformly apply increases across programs/agencies. HAPN respectfully requests a CODB increase equal to those given to general fund contracts. ***The City included a CODB for Ryan White funded grants last year but was only able to commit funding for the first year of the City 's two year budget. Ask: \$500,000***
- (3) It is critical to support new housing subsidies for people living with HIV, to address the greatest disparity in health outcomes – housing status and homelessness. HAPN's goal is to house 1500 individuals living with HIV over the next eight years (200 individuals/year). For this upcoming year, we request funding for housing subsidies for 200 households. \$3,600,000 will fund 200 housing subsidies at an average cost of \$1500 per month per client (200 client x \$1500 per month x 12 months) ***Ask: \$3,600,000***
- (4) The Department of Public Health recently released a needs assessment of the mental health service needs of people living with HIV. There is significant need for expanded funding for enhanced mental health services to benefit long term survivors (LTS) of HIV especially as 73% of individuals living with HIV are aged 50 years and over. This demographic experiences accelerated aging due to the ravages of HIV on the immune system. Co-morbidities can appear in LTS some twelve years earlier and at three times the rate seen in their negative counterparts. Their health concerns are exacerbated by the intersectional problems of poverty, depression, the costs of and access to healthcare, and unstable housing. One of the greatest unmet needs for LTS identified in *The San Francisco Principles 2020* is mental health care concerns, including but not limited to substance use, complex PTSD, racism, sexism, ageism, homophobia and transphobia. To continue to keep pace with the growing demands and needs of LTS mental health concerns HAPN is asking for \$1,000,000 to strengthen the system of care for LTS. ***Ask: \$1,000,000***
- (5) For many years, members of the HIV services client and provider community have expressed the need for expanded behavioral health services to address people living with HIV who struggle with acute psychiatric and mental health challenges and the recently released DPH assessment of the mental health serviceneeds of people living with HIV makes clear. There is increased need to build upon proven-successful intensive case management programs focused on the highest utilizers of emergency services, most of whom are experiencing acute and severe behavioral challenges and who are out of care due to these challenges. To expand intensive case management programs with experienced behavioral health staff who have high levels of clinical training and/or experience (e.g., LCSWs, MSWs, or providers with significant years of experience with the system of care and resources in San Francisco) and who are working in close coordination with each other, strengthening care coordination throughout the system, and working closely with the SFDPH system, will ensure the most complex clients living with HIV are continually engaged in care and treatment. This request involves increasing intensive case management staffing across several organizations by a total of 4 FTE. ***Ask: \$500,000***
- (6) While San Francisco has seen an overall decrease in new HIV diagnosis over the last ten years, that is not reflective for all communities. In fact, the 2022 DPH Epidemiology Report shows that LatinX individuals made up 43% of new diagnosis and 15% for Black individuals despite Hispanic or Latino and Black individuals making up 15.9% and 5.7% of San Francisco's population respectively. This clearly shows that new HIV infections disproportionately impact Black and LatinX communities. To ensure rates of HIV transmission do not continue to rise for

Black and Brown communities, we must invest in cultural competency and bilingual staff in existing PEP & PrEP programs, as well as invest in bringing PEP & PrEP to clinics that already serve these populations. Cultural competency in the healthcare setting is important for clients as there is a long history of medical distrust. Hiring and investing in Black and LatinX staff can help clients feel comfortable in seeking help in situations when they need PEP & PrEP. Additionally, having more staff who are bilingual in Spanish would alleviate barriers for clients who are monolingual Spanish speakers and seeking PEP & PrEP access. *Ask: \$500,000*

- (7) HAPN is committed to supporting the launch of overdose prevention services (or safe consumption sites). *Ask: \$1-2 million*
- CM Jewell notes that the SF budget contributes more than the federal Ryan White funding does, which is why the City's budget is so important.
- So far, HAPN has met with a number of City departments, the Mayor's budget director, the Mayor's Office of Housing and Community Development (MOHCD), and DPH. They have been setting up meetings with members of the Board's budget committee and some of their closest allies on the Board. They want to make sure that folks on the Board are aware of these issues so that when they have final discussions at City Hall they know what the HIV community's budget priorities are.
- Hirsch provides options for how folks can get involved to have an impact on the City's budget deliberations.
 - CM Thomas announces that the HIV Advocacy Network will host a budget advocacy training in early May focused on the SF City budget. She emphasizes the importance of maintaining the City's commitment to funding services despite the challenging budget year. CM Thomas stresses the need for unified advocacy across the community to ensure existing services and prevent cuts.
 - CM Mapp asks if there are Supervisors in City Hall that are our allies that might be good to reach out to.
 - Hirsch states the most significant ally on the Board of Supervisors is Rafael Mandelman, who has advocated for HIV services for many budget cycles. Hirsch says, for better or worse, they have had the strongest relationships with the LGBTQIA+ members of the Board of Supervisors.
 - CM Mapp asks if there are any members that are considered hostile.
 - Hirsch says he does not consider anyone on the Board to be hostile and that they all say they're supportive of these initiatives, but they need members who are more than just supportive and who can be a champion. He says Supervisor Mandelman is often in the role of being a champion of these initiatives.
 - Stephen Spano notes that the City's budget in 2023 was \$14.6 billion and, altogether, these asks are roughly \$6 million so they are not asking for a whole lot of the budget.
 - Hirsch highlights that most of the budget is not discretionary funding and most of it goes to support the airport and the two large institutions in the Health Department, which are San Francisco General Hospital and Laguna Honda.

Motion: CM Vasquez motions to concur with HAPN's advocacy efforts.

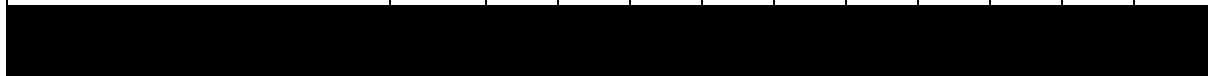
Second: CM Jewell seconds this motion.

Motion was approved through a roll call vote, refer to column (7).

13. Standards of Care Update – VOTE

- Robert Whirry provides updates on the Ryan White Standards of Care (SoC), which outline service parameters for each service category. These standards define service category purposes, parameters, conditions, and units of service. The upcoming HRSA site visit will review these SoC. Approximately seventeen SoC are being updated and divided into four sets for presentation to the Steering Committee and Full Council over the next four months. Subject matter experts review and

Reina Hernandez	P	Y	Y	Y	Y	Y	A	Y	Y		
Ron Hernandez	P	Y	Y	Y	Y	Y	Y	Y	Y		
Lee Jewell	P	Y	Y	Y	Y	Y	Y	Y	Y		
Juba Kalamka	P	Y	Y	Y	Y	Y	Y	-	-		
Chris Kent	P	Y	Y	A	Y	Y	A	A	Y		
Thomas Knoble (Co-Chair)	P	Y	Y	Y	Y	Y	A	A	Y		
Nga Le	P	Y	Y	Y	Y	Y	A	Y	Y		
T.J. Lee-Miyaki	A	-	-	-	-	-	-	-	-		
Helen Lin	A	-	-	-	-	-	-	-	-		
Derrick Mapp	P	Y	Y	Y	Y	Y	Y	Y	Y		
Irma Parada	LOA	-	-	-	-	-	-	-	-		
John Paul Soto	P	Y	Y	Y	Y	Y	Y	Y	Y		
Charles Siron	P	Y	Y	Y	Y	Y	Y	Y	Y		
Gwen Smith	LOA	-	-	-	-	-	-	-	-		
Guilherme Sttellet	P	Y	Y	Y	Y	Y	Y	Y	Y		
Richard Sullivan	P	Y	Y	Y	Y	Y	Y	Y	Y		
Laura Thomas	P	Y	Y	Y	Y	Y	Y	Y	Y		
Manuel Vasquez	P	Y	Y	Y	Y	Y	A	Y	Y		



Ayes		23	23	22	23	23	19	20	22		
Nayes		0	0	0	0	0	0	0	0		
Abstain		0	0	1	0	0	4	2	0		
Recusal		0	0	0	0	0	0	0	0		
Total		23	23	23	23	23	23	22	22		