



## HIV HEALTH SERVICES PLANNING COUNCIL

Bayanihan Community Center, Barangay Hall

1010 Mission Street (6th and Mission)

Monday, April 25, 2011

4:30-7:30 pm

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**Committee Members Present:** Mark Agtane, John Andrews, Margot Antonetty, Billie Cooper, Cicily Emerson, Liz Gatewood, Matt Geltmaker, Chris Harris, Mary Lawrence Hicks, Carol Hudson, Lee Jewell, Steve Manley, Rachel Matillano, Ken Pearce, Gerardo Ramos, Gwen Smith, Don Soto, Michelle Spence, Chip Supanich, Eric Sutter, Lara Tannenbaum, Laura Thomas

**Committee Members Absent:** Jeff Byers [E], Aaron Chandler [LOA], Wade Flores [E], Jesus Guillen [LOA], Matthew Miller [LOA], Mark Molnar [LOA], Catherine Newell [LOA], Maritza Penagos [LOA], Veronica Pillatzke [LOA], Michael Scarce [E], Stacia Scherich [E], George Simmons [E], Charles Siron [E], Channing Wayne [E]

**Others Present:** David Fernandez [Tenderloin Health], Dean Goodwin [DPH-HHS], Loren Meissener Jr. [Graduate Student], Tracy Packer [DPH], Kaye Santos [Dore Urgent Care Clinic], Michael Smithwick [Maitri]

**Support Staff Present:** Enrique Asis, T.J. Lee, Mark Molnar

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### *Minutes*

#### 1. Call to Order and Roll Call

The meeting was called to order at 4:40 pm by Co-Chair Thomas. Roll was called and quorum was established.

#### 2. Review/Approve April 25<sup>th</sup> 2011 DRAFT Agenda – VOTE

The April 25<sup>th</sup> 2011 DRAFT Agenda was reviewed and approved by consensus.

#### 3. Review/Approve March 28<sup>th</sup> 2011 DRAFT Minutes – VOTE

The February 28<sup>th</sup> 2011 DRAFT minutes was reviewed, amended and approved by consensus.

**AMENDMENT:** One correction under Public Comment Agenda Item 5, change “she” to “he.”

#### 4. Announcements

- CS Soto announced that he is host at Tangerine for Dining Out for Life on Thursday, April 28th.
- CS Andrews said the COL event with Black Brothers of Esteem was well attended last Friday.
- CS Jewell has announced CROI Feedback Meeting at the Quaker Meeting House this Wednesday afternoon.

#### 5. Public Comment

There was no public comment.

#### 6. HIV Health Services Report

Bill Blum, from DPH-HHS, gave the following update:

##### 1) San Francisco General Fund

- a) There are no anticipated cuts at this time, but there is the possibility of a contingency cut of \$13M dependent on revenue generation in upcoming months.

## **2) Ryan White Programs**

### **a) RWPA**

i) With the exception of ADAP and a proposed 0.2% rescission on all discretionary programs, the bill containing RWP (All Parts A-F) cleared both houses of Congress and was signed into law by President Obama leaves funding levels (including stop loss funding) intact forward from FY10. ADAP will receive an additional \$25M in funding for FY 2012.

#### **(1) Stop Loss**

(a) The language regarding allocation of Stop Loss funds currently in the language of the bill.

ii) Unknown factors determining SF EMA RWPA FY 2012 award amount:

(a) Base award formula allocation

(b) Competitive supplemental award amount

(c) 0.2% rescission of all federal funding (\$400K for stop loss and \$1.35M RWPA)

(d) Reduction in base award due to definition of hold harmless clause

(e) Number of jurisdictions qualifying for Stop Loss funding

### **b) RWPB**

i) San Francisco received \$2,909,365 for FY 2011. San Francisco received \$3,281,140 in FY 2010. This represents approximately a \$300K or 11.3% of FY 2010 award)

ii) The allocation is formula based on Living HIV and AIDS cases – prevalence and incidence data, Census data, Persons per square mile, Non-English speaking, Person below poverty level, People of color, Medi-Cal HIV positive beneficiaries with one or more claims for HIV specific medications, ADAP clients.

### **c) RWPB MAI**

i) San Francisco received level funding in the amount of \$96,000 for FY 2012.

ii) The award amount is formula driven based on living non-white HIV/AIDS cases (excluding those incarcerated)

## **3) Other Federal Health Programs**

a) Community Health Centers received a significant cut (\$600M below FY 2012 levels and \$890M below the President's request)

b) Final impact on HIV prevention programs at CDC is still to be determined because CDC has some discretion in how it implements its \$763N in cuts across the agency.

## **4) SF DPH**

a) Dr. Marcellina Ogbu, Ph.D. has been promoted to Deputy Director of Public Health. Her portfolio will include HIV Health Services in addition to Community and Behavioral Health Services and Primary Care

## **5) SF DPH HIV Health Services (HHS)**

a) HHS will be submitting the final Ryan White Data Report (RDR) in May 2011. HRSA is streamlining its reportage requirements. ARIES is part of the pilot project partners in implementing the data flow.

b) Data Imports for DPH Primary Care sites (LCR and CHART) into ARIES is in alpha testing phase with the goal of data import by mid-summer.

- c) HHS Staff is preparing ARIES data presentations and updating HHS Service Summary Sheets in anticipation of upcoming HHSPC prioritization and allocation summit.

#### **6) CQI Activities**

- a) EMA-wide Continuous Quality Measure (CQI) and reports will become available pending an EMA ARIES administrative account.
- b) HHS will be presenting a CQI presentation on COE and Primary Care services for the May 2011 HHSPC meeting.

Copies of DPH-HHS materials are on file at the Council Support staff office.

#### **7. CAEAR Updates**

CM Jewell presented the Council with an update from the CAEAR Coalition:

- The Coalition met on April 4<sup>th</sup> and 5<sup>th</sup>
- The Coalition received a Healthcare Reform Update from Craig Martinez, who works as a Health Policy Advisor to the Senate Committee on Health, Education, Labor and Pensions
  - The talk wasn't definitive because everything is in a state of flux
- Met with Senators Boxer and Feinstein, as well as Rep. Woolsey

#### **8. Housing Waiting List Update**

CM Ramos reported back on the process of cleaning up and updating the Housing Waiting List. The last time the list was updated, it was in August 2001. When the list was revised, providers were only able to locate approximately 30% of individuals on the list. The list will not be reopened – it is merely being reviewed. CM Antonetty talked about the unreachable people on the list and the use of the Death Registry in CA. CM Ramos mentioned the many ways people can communicate their current contact information to providers. After culling the list, there are now approximately about 700 individuals waiting for housing right now.

CM Ramos shared a template for letters that will be distributed to clients, the registration form, as well as a flyer that will be sent to providers.

#### **9. Medical Monitoring Project Presentation**

Maree Kay Parisi and Alison Hughes of the San Francisco Department of Public Health presented the Medical Monitoring Project. Maree Kay stated that the Epidemiology Section is excited to present new data specific to San Francisco, Los Angeles and California.

Some highlights of the presentation include:

- MMP is a supplemental surveillance system that monitors clinical outcomes and behaviors of HIV-infected adults receiving medical care in the U.S.
- Matched interview and medical record abstraction
  - 2004-2008, 26; 2009-2013, 23 project areas
  - Annual multi-stage probability sample of HIV+ adults (18 years of age and older) in care in the U.S.
- Results—Needs and unmet needs
  - Services most needed across regions were: HIV case management (36%), mental health counseling (35%) and dental care (29%)

- Respondents in other CA counties reported more unmet need for social services compared to SF and LA
- Participants in SF reported more unmet need for transportation compared to LA
- Participants in SF reported more unmet need for home health services compared to CA
- Implications
  - Identifying differences by region can facilitate the sharing of best practices among local health jurisdictions to improve patient satisfaction, HIV care and prevention among people living with HIV/AIDS
- Characteristics of HIV-infected adults who report discontinuation of antiretroviral therapy, San Francisco 2007-2009.
  - Background:
    - Consistent adherence to antiretroviral therapy (ART) is important for achieving and maintaining viral suppression and improving morbidity and mortality among people living with HIV/AIDS.
  - Methods:
    - This analysis was restricted to patients who reported ever initiating ART.
    - Discontinuation of ART was defined as no current ART use among those ever initiating ART.
    - Logistic regression was used to assess demographic and behavioral factors associated with ART discontinuation
- Unprotected anal intercourse with a discordant serostatus partner among men who have sex with men in care for HIV, San Francisco 2007-2008
  - 235 MSM total
  - 33 (14%) reported UAI with a serodiscordant/unknown last partner
  - 80% of MSM reported that both partners disclosed their HIV status during their most recent sexual encounter
  - 38% of participants reported someone at their usual source of care talking to them about safe sex in the past year

A copy of the presentation is on file at the Council Support staff office.

#### **10. PLWH Update - VOTE**

The PLWH Advocacy Group presented motions for the Council's consideration. The Advocacy Workgroup brought language to the Steering Committee earlier this month, where the group's description was approved. The Group will revisit their mission statement at their next meeting.

**MOTION**-The PLWH Advocacy Group is a group of individuals living with HIV that will meet at least four times a year. All consumers of services on the Planning Council are encouraged to participate.

**The motion passed by consensus. See Voting Sheet.1.**

#### **11. Dinner**

The Council broke for dinner.

#### **12. Hepatitis C Task Force Update**

Emalie Hurliaux, co-chair of the Hepatitis C Task Force, gave the Council a presentation on Hepatitis C. CM Thomas drew connections between Hepatitis C and HIV, whom she says, are often co-infected. About a quarter of individuals living with HIV also live with Hepatitis C. Last year, the HHSPC and the Hepatitis C Task Force co-sponsored a town hall meeting.

The beginning of the presentation gave a broad background of Hepatitis C, its mode of transmission and effects on the body.

- Differences between different forms of Hepatitis
  - Hepatitis A Virus – Contracted through food or water contaminated by infected fecal matter. There is a vaccine.
  - Hepatitis B Virus – Passed through sexual activity or contact with infected blood or blood products. There is a vaccine.
  - Hepatitis C Virus – Passed through contact with infected blood or blood products. There is NO VACCINE!
- HCV
  - HCV infection has an acute phase that can either resolve spontaneously or progress into a long-term chronic infection.
  - Acute HCV infection is a short-term illness that occurs within the first 6 months after a person is exposed to HCV.
  - Most people newly infected with HCV are asymptomatic.
  - In those who do experience acute phase symptoms, symptoms typically occur 4-12 weeks after infection.
  - Acute HCV infection leads to chronic infection in approximately 80-85% of people infected with HCV.
  - In 10-25% of people with chronic HCV, the disease progresses over 10-40 years.
  - May lead to serious liver damage, cirrhosis, and/or liver cancer.
  - Among people with chronic HCV, 1-5% may die from the disease.
  - HCV is the leading indication for liver transplants.
- HIV/HCV Co-infection
  - HCV one of most common coinfections w/ HIV
    - 25% of HIV infected persons are coinfecting with HCV (CDC, 2008)
    - Standard of care that people living with HIV should be tested for HCV (how often?)
    - 43% of people in SF's CARE services coinfecting
  - HIV speeds up the progression of HCV in most coinfecting people
    - HCV has little impact on the progression of HIV
  - Treatment options may be limited due to interactions and side effects
    - Risk of transmitting HCV may be greater because co-infected people are more likely to have higher HCV viral loads.
- HIV-positive gay men and other MSM are disproportionately impacted by HCV
  - Sexual transmission of HCV is documented in HIV-positive MSM in the context of:
    - multiple partners

- high-risk sexual behaviors
  - concurrent STDs such as syphilis and gonorrhea (and possibly herpes)
- HCV-related mortality rates in CA doubled from 1995 to 2004
  - In SF rates were 60% higher than the state average during that time, rising from
  - 2.30 deaths per 100,000 in 1995 to
  - 5.37 deaths per 100,000 in 2004.
- In 2009, SFDPH received 3340 new reports of past or present HCV infection.
  - In that same year, SFDPH received:
    - 1110 reports of new probable & confirmed hepatitis B cases
    - 411 reports of newly diagnosed HIV cases
    - 116 reports of new active TB cases
  - Estimated 91% of injection drug users (IDUs) in San Francisco have been infected with HCV at some point.
    - 45% for young (under 30 y.o.) IDUs.
    - 43% of people in SF's CARE-funded services are co-infected with HIV & HCV.
- Strategic Direction 1: Research & Surveillance
  - To improve surveillance capacity and data use
- Strategic Direction 2-4: Prevention, Education, Awareness & Testing
  - To educate the public and providers about HCV
  - To increase hepatitis C testing
  - To provide accurate risk information and effective hepatitis C prevention interventions

A copy of the presentation is on file at the Council Support staff office.

### **13. GPA Presentation Template – VOTE**

CM Geltmaker presented a draft copy of guidelines for all presenters to the Council so that all presentations would be more relevant and accessible to Council Members and their decision-making process. The guidelines fall into two broad categories: formatting and content.

The guidelines not only ask presenters to tailor the presentation to answer questions about possible impacts to services and Ryan White-eligible clients, but to ensure that presentations are legible, both on screen and printed. Council Members suggested that presenters should send the final presentation to Council Support at least five days before the Council meeting.

The Council discussed, amended and voted on approving the guidelines, which passed by consensus.

A copy of the guidelines is on file at the Council Support staff office.

### **14. Policy and Procedure Update – VOTE**

The Council reviewed and approved the following Policies:

- Table of Contents
- 2.2 Amended HIV CAP to be removed from Organization Chart; CM Jewell/CM Manley
- Council Co-Chair Job Description

- Committee Co-Chair Job Description  
**The policies were approved by consensus.**

#### **15. Next Meeting Date & Agenda Items**

*The next Council Meeting is tentatively scheduled for Monday, May 23<sup>rd</sup> 2010 between 4:30-7:30 pm at the Bayanihan Community Center, Barangay Hall, 1010 Mission Street (6<sup>th</sup> and Mission), San Francisco, CA 94102*

Parking Lot:

#### **16. Adjournment**

The meeting was adjourned at 7:23 pm by Co-Chair Thomas.