

HIV Prevention Planning Council (HPPC) Meeting
Thursday, March 13, 2014
3:00-6:00 PM

San Francisco Department of Public Health
25 Van Ness Avenue, Conference Room 610 (6th Floor)
San Francisco, CA 94102

Minutes

Voting Members Present: Richard Bargetto, Jackson Bowman, Claudia Cabrera-Lara, Ed Chitty, Michael Discepola, David Gonzalez, Jose Luis Guzman, Paul Harkin, Bruce Ito (Housing), Andrew Lopez, Aja Monet, Jessie Murphy, Nan O'Connor (CBHS), Tracey Packer, Frank Strona (STD Prevention and Control), Laura Thomas (HHSPC)

Voting members Absent: Bill Blum (COPC), Chadwick Campbell, Kate Monico Klein (Jail Health Services), Gwen Smith

Non-Voting Members Present: Darryl Lampkin (San Mateo), Chris Santini (Marin), Ben Cabangun (new member)

Alternate Member Present: Brian Cheu (Housing)

DPH Staff Present: Tomas Aragon, Vincent Fuqua, Hanna Hjord, Emalie Hurliaux, Thomas Knoble, Betty Chan Lew, Eileen Loughran, Oscar Macias, John Melichar, Michael Paquette

Public Present: Michael Bare, Seth Hemmelgarn, Ken Hornby, Isaac Jackson, Byron Mason, Chip Supanich

Welcome, Introductions, Announcements, Agenda Changes

- Co-Chair David Gonzalez called the meeting to order at 3:06 pm and welcomed attendees.
- Members introduced themselves including their affiliation and had the opportunity to make any announcements.
- David asked the public to provide their name and affiliation and if they have an announcement to please fill out a public comment card.
- David welcomed Ben Cabangun and Laura Thomas as new members of the Council. He noted that Laura is now a non-appointed member on the Council – she is no longer the HIV Health Services Planning Council (HHSPC) appointed seat.
- David announced that Kate Monico Klein will not be at today's meeting and that her alternate (David Leiva) will try to attend depending on his assignment in San Bruno.
- There was one change to the agenda. Agenda item 5 will be facilitated by Brian Cheu, Director of the Mayor's Office of Housing and Community Development.

1. Review and Approval of Minutes from 1/09/2014 (Action item/Vote)

- Minutes approved by consensus.

2. General Public Comment

- There was one public comment at this point on the agenda. A member of the public and HHSPC member spoke of his previous comment at January's Council meeting on the distribution of crack pipe stems in San Francisco. He supports further investigation into this as a possibility in the future.

3. Executive Committee/Directors Report (Action item/Vote)

- Tracey provided a few updates on behalf of the Executive Committee:
 - She talked about the Affordable Care Act (ACA) and the Healthcare Delivery System planning that is currently taking place. This will have implications for the next Request for Proposal (RFP) process. One of the upcoming HPPC work groups will begin to address this, and will provide an opportunity for community input.
 - Tracey talked about another upcoming work group – Current Trends in Substance Use work group. A consultant will be hired to lead this group. They are currently in process of identifying this person. It is anticipated that this group will begin in April.
 - Tomas Aragon (Population Health Division Director) is on the agenda at 4:35 pm and will provide his vision for integrating HIV prevention efforts across all branches given the new structure of the division.
 - David Gonzalez pointed out the blue handout in the packet of materials for today's meeting is a summary of updates from the 2/27/14 Executive Committee meeting.
 - The next Executive Committee Meeting will be on March 27th, 2014.

4. Update from HIV Health Services (Discussion item)

- The Director of the Health Services Section was not present at today's meeting so this item was tabled until a future meeting.

5. Input on Mayor's Office of Housing and Community Development's Consolidated Plan (Discussion item)

- Brian Cheu from The Mayor's Office of Housing and Community Development facilitated this agenda item. He walked us through the powerpoint presentation which was on the salmon-colored handout in the packets.
- Brian then posed the following questions to the group:

What are the greatest needs of the clients you serve?

- Brian - Traditionally we have not funded health. From the HIV Prevention planning document, MOHCD's programs most clearly align with the cofactors of homelessness and poverty.
- Work with both HIV+ and HIV-, which requires different lenses. Work primarily with HIV-. Looks at how people use housing and how limited housing puts them at risk for HIV. For example, those without housing often couch surf, and "pay" for this by having sex with the tenant. Housing stability and housing for survival are issues. Many moving to other places
- Of the 2700 HIV+ in SF, almost half are 50 and over and a significant chunk are over 60. Many are long term city residents who are getting Ellis Acted out. The income to rent ratio is getting worse.
- Residents of SROs consider it transitional housing. It is hard to get past "transitional" when it's considered permanent housing.
- Biggest needs are HIV care and prevention. Housing HIV- clients is part of a difficult, difficult system. Minimum income requirements exclude all of his clients.

How do you think CDBG/ESG/HOPWA/HOME funds should be prioritized in your service area?

- Are new developers providing low income opportunities?
Brian's response: There are BMR rental and ownership opportunities. BMRs are set aside with new

developments. BMRs are usually onsite. However, even if one is successful at lottery, there are often other barriers to moving in. City is working with developers to not have hard and fast credit score requirements, etc.

- Need LGBT specific shelters and more space. Need LGBT competencies in shelters. Need a shelter system that is more workable.
- Better legal eviction protections for people with HIV, could be stronger particularly with Ellis Act evictions. Laws need to be strengthened; current local laws are overridden by state laws like the Ellis Act. SF needs to strengthen protections locally or work on a statewide effort on behalf of those with HIV and disabilities.
- Regarding HOPWA rental subsidies, there needs to be a way to use other funds or local supplements to negotiate the difference in costs.
- Housing first model and provide wet housing.
- More capacity for housing that is safe and meets the needs of residents. Need to foster the resilience to keep people HIV-.
- Reduce criminal background checks as a way to screen out clients. BOS is limiting the use background checks for employment and housing. Especially important for reentry from prison.
- If developer pays a fee, where can they build? Brian's response: Usually in the TL or SOMA because the zoning regulations allow to them to build. Also the Mission, Mission Bay and the Bayview. Doesn't have to be in a specific geographic radius
- Affordable housing needs to be in same neighborhood, often built in less desirable neighborhoods.
- Will the City build the will to increase fines, compel developers to make BMRs in the same neighborhoods. The Boston model has been successful.
Brian's response: Ability to tell what developer does is limited. Would become like commercial rent control. The concept of increase fees is under advisement.
- Need supportive services/housing for those with alcohol or substance issues. Wet housing.
- The way that people access housing doesn't often fit with their needs. They are offered what's available, not necessarily what they need. Housing referral system is not flexible.
- Behavioral health issues are a barrier to retention. Need better equipped housing.
- Need TG competency and safety in shelters.
- Provide TG competency training. Agency worked with DSCS on TG competency issues, though not funded to do so. For example, in the shelter reservation system, a MTF client had to identify as male to get into DSCS.
- Large portion of LGBT Transition Aged Youth (TAY) housing and transitional housing is not available, not stable.
- Needle exchange has been aligned with homelessness. Community members are making complaints that because of needle exchange in certain neighborhoods it draws homeless to that neighborhood. In the last 6 months, with new housing going up there are more homeless and more complaints. The reality is that most needle exchange sites have been at their current site for over 20 years.
- Provide community building in neighborhoods with new residents to understand neighborhood culture and integrate existing residents.
- TAY are living in streets, for example, the Haight. TAY have already gone through Larkin's services and the adult system is hostile, so they cluster in groups and stay on streets. Also need ancillary services. Even if there was housing, it still requires money. Youth depending on survival sex.
How can City segment out this type of housing?
Brian's response: City is prioritizing perm housing, eviction prevention with less for shelters.
Create a distinction between shelters v. adult hostels. Reach out to owners of old industrial buildings,

that can't be rented, or the owners don't want to. Convert these spaces dorm style accommodations. Set a one year limit for residents and require an action plan. Will result in rehabs of old properties in different areas. For the lower middle income or couples on LT disability, there are no tools to re-engage professionally. Move away from shelter philosophy for the short term.

- For TAY, needs really extend past 24. Need safety net services for young people. There are health risks after someone turns 25, they lose their housing, case management, therapist, etc. Increase the capacity of adult providers to work with 25-30 and those coming out of support services. Integrate these services into adult systems. No more money is coming in. City still have larger issues, such as structural problem. City still too expensive.
- Programs for people in SROs to save money, work, get on housing waiting lists.
- Brian thanked the group for a rich discussion and useful feedback.

Break

6. Update from Population Health Division Director, Tomas Aragon (Discussion item)

- Tomas Aragon, Director of The Population Health Division, provided an update on SFDPH, the Population Health Division (PHD) of SFDPH and HIV prevention.
- The overall guiding question he addressed was:
 - How are you ensuring HIV prevention remains a priority in the DPH and what accountability measures are in place? This question was written on butcher paper and posted in the front of the room.
- Tomas also distributed a handout called "PHD Strategic Organization Framework (physiology)" and described the different components.
- Several members asked questions about ensuring HIV is a priority.
- Tomas announced that the CHE&P group housed at 25 Van Ness, 6th floor will not be moving to 1360 Mission.

7. Update From San Mateo County (Action item/vote)

- Darryl Lampkin from the San Mateo County STD/HIV Program walked us through a Power Point presentation titled, "Using Geo-locating Applications to reach MSM". This was the goldenrod handout in the packet of materials.
- This presentation was an overall summary of their strategy utilizing an internet/mobile application-based intervention to refer MSM for HIV testing and education.
- A discussion facilitated by Darryl followed and he answered questions from the group.

8. Facilitated Brainstorm to gather input into scope of work for Current Trends in Substance use work group (Action item/vote)

- Due to lack of time remaining, it was decided by the co-chairs to not break into small groups for this activity but rather do it as a large group brainstorming session.
- The questions for the members to respond to were 1) what are the gaps and strengths of substance use HIV interventions and 2) what new substance use issues are we seeing that might affect HIV prevention?
- Members contributed many ideas and Tracey wrote responses down on butcher paper. The list of responses is below:
 - Cocaine use - lack of experience
 - Shooting pills
 - Crystal meth among African Americans and unprotected sex

- Association of substance use and unprotected anal sex
- Alcohol use
- Stimulant use
- Are we doing everything we can?
- What can we learn from other areas?
- Combination interventions - are we maximizing the tools we have?
- Substitution tx/med tx - what are studies reporting?
- Party drugs - GHB + Viagra, ecstasy, etc.
- Relapse prevention (people who choose sobriety)
- Including harm reduction in new buildings/services
- Supervised injection sites
- Increase in use of prescription drugs, opiates
- Sex drug connection - support to navigate the issue
- Overdose prevention
- Aging & its effects
- After hours "day tx" (residential, harm reduction)
- New synthetic drugs - register new drugs so there is a catalog of data, about effects, etc.
- Ongoing use of alcohol & its relationship to HIV infection & transmission
- Rise of episodic binge drinking & binge club drugs (paired with sexual encounters)
- Ongoing use of stimulants (esp. crack, coke, meth)
- Opiate pill education
- Overdose prevention
- Increase use of opiates & other pills

9. Summary, Evaluation and Closure of Meeting

- Members were reminded to fill out the evaluation forms and submit to staff before leaving.

10. Adjournment

- The meeting was adjourned at 6:00 pm.

Minutes Prepared by Michael Paquette, Eileen Loughran and Bruce Ito.

Next meeting is May 8, 2014 from 3-6 PM, 25 Van Ness Ave, Conference Room 610.