

HIV Community Planning Council  
COUNCIL AFFAIRS COMMITTEE  
Tuesday, September 12, 2017  
25 Van Ness, 8<sup>th</sup> Floor Conference Room  
3:00-5:00 pm

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**Committee Members Present:** Chuck Adams (Co-Chair), Jackson Bowman (Co-Chair), Ben Cabangun, Matt Geltmaker, David Gonzalez, Lee Jewell, Charles Siron

**Committee Members Absent:** Michael Discepola [E], Jessie Murphy [E], John Paul Soto [E] Linda Walubengo [A]

**Council Members Present:** Mike Shriver

**Others Present:** Kevin Hutchcroft, Dominique Johnson

**Support Staff Present:** Ali Cone, Dave Jordan, Liz Stumm

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### *Minutes*

**1. Introductions**

The meeting was called to order 3:02 pm by Co-Chair Adams. Everyone introduced themselves and quorum was established.

**2. Review/Approve September 12<sup>th</sup> 2017 DRAFT Agenda – VOTE**

The September 12<sup>th</sup> 2017 DRAFT Agenda was reviewed, and approved by consensus.

**3. Review/Approve August 8<sup>th</sup> 2017 DRAFT Minutes – VOTE**

The August 8<sup>th</sup> 2017 DRAFT Minutes were reviewed, and approved by consensus.

**4. Announcements**

- None.

**5. Public Comment**

- None.

**6. Needs Assessment Review- VOTE**

- The committee reviewed conclusions and recommendations from the HIV+ homeless/unstably housed needs assessment.
- CS Jordan noted that he interviewed 74 participants over the last 4 months. The data gathering portion is completed.
- Conclusions:
  - Participants expressed that they faced a high degree of stigma
  - Participants expressed that SF was becoming unlivable
    - Co-Chair Bowman inquired if participants indicated where they wanted to go after they are able to leave SF.
    - CS Jordan noted that people responded in different ways. Some wanted to go back to their home state or other major cities in California.

- Those experiencing homelessness described a deep sense of hopelessness and a lack of motivation maintaining med adherence and sobriety.
- Participants noted that the first point of contact when accessing services acted as gatekeepers and needed more training.
  - CS Jordan noted that at the last needs assessment work group a Council member was not allowed to attend the meeting due to the receptionist not allowing them access, which is an example of this point.
- A large percentage of participants reported being unable to prepare food, including those that were housed.
- Nearly 19% of the participants reported that GA was their only source of income, which is a navigation issue.
  - Co-Chair Bowman inquired if participants had SSI at one time and are no longer on it.
  - CS Jordan responded that his perception was that a large percentage were primarily on GA due to their chaotic lifestyle. It is hard to navigate SSI, and noted that this was a higher percentage than former needs assessments.
- Recommendations:
  - To address participant's inability to prepare food, it is recommended that future low income housing include in-unit refrigerators and microwaves or shared kitchen facilities that are readily available. In the future, additional carry forward funds be provided for pre-prepared or shelf-stable foods including liquid nutritional supplements.
  - Kevin Hutchcroft noted that HHS just put in a request for unspent Part B funds for nutritional classes and farmer's market tokens. He commented that some nurses do nutrition and cooking classes and tours of the farmer market.
  - CS Jordan commented that when we hear the prevention demo project that wants to reach the last 10% of new infections who are the most difficult clients to engage. For some clients, it's not a priority to eat and they may not have the ability or the desire to cook fresh food.
  - Co-Chair Bowman suggested coming up with more creative ways to make shared kitchen facilities available, such as mobile kitchens or utilizing a current service provider's kitchen.
  - The group discussed how fast food vouchers are not the healthiest option but are what some people live off of.
    - Co-Chair Bowman discussed that the Council may need to be more comfortable with compromising in terms of interventions, especially to reach the last 10% of new infections.
    - Kevin Hutchcroft noted that he was encouraged about the response surrounding the farmer's market tokens. He feels that a lot of people prefer to eat more healthily if given the option.
  - Co-Chair Adams inquired about nutritional supplements funded through Ryan White.
    - CS Jordan noted that nutritional liquid supplements are covered under Medical/Medicare for people who are considered wasting.
    - CM Shriver suggested thinking about buying Ensure from a bulk purchaser similar to how condoms are bought.
    - Co-Chair Bowman noted that food is universal, this intervention would tie in HIV prevention and would cross over multiple sectors of people.
  - To address training concerns among contracted staff, we work with DPH to explore extending quality improvement training opportunities to these individuals.

- CS Jordan noted that CM Soto suggested selling the trainings to security companies as professional development for their employees. The Council/HHS cannot legally require security guards to attend QI trainings.
    - Kevin noted that HHS can make a better effort to make sure contracted security staff are made aware of QI training opportunities.
- To address the concerns that participants are not accessing financial benefits available to them, we would follow-up with benefits counseling service provider to insure that service providers are trained to recognize when clients are in this circumstance, and how to address it.
  - CS Jordan noted that many clients try to access benefits but are declined due to outside factors, such as challenges with security, sitting still, filling out paperwork etc. Many participants need intensive case managers who physically are with them at appointments.
  - Kevin noted that in the Integrated Plan, there were 5 different trainings for FOG (Frontline Organizing Group) to take on.
    - CS Jordan noted that a provider follow-up indicated that the FOG trainings have been helpful.
  - The group discussed that there is no codified way to identify which clients need intensive case management services.
  - Co-Chair Bowman noted that there are different definitions of what case management and intensive case management look like
  - The group discussed that GTZ has funded an intensive case management program.
- To address concerns around emergency housing services, it is recommended that we explore ways in which to bolster navigation and placement into stable housing to those transitioning out of this program.
  - The group discussed that the problem is that there is not housing for people to transition into.
  - CS Jordan noted that CM Soto who runs the 28 day emergency housing program stated that case workers are overwhelmed with getting people into the program and the transition piece is not a priority due to their limited bandwidth.
  - The group discussed that it takes substantially longer than 28 days to find alternate housing.
  - Co-Chair Bowman inquired if more staff at LSS is needed so that they can have greater bandwidth or to bolster their clients from the outside with additional intensive case management services.
  - CS Jordan commented that most of the participants he interviewed as well as providers were not aware of the DAHLIA portal.
  - Kevin noted that HHS are the temporary custodians of the HIV housing list. The initial letter has not been sent out.
- CS Jordan noted that 3 participants that he interviewed for the needs assessment have passed away. This is a significant percentage that depicts how vulnerable this population is.
- CM Gonzalez commented that he wants to ensure that there is community input on the recommendations that are coming out of the needs assessment.
  - CS Jordan noted that the recommendations are coming from the needs assessment work group which is open to the community. The recommendations were developed

from qualitative data that was collected during interviews of community members who are homeless or unstably housed.

- Public Comment: Dominique Johnson stated that she has stayed at the emergency housing provider and it was an unpleasant experience. There was no heat and she would wake up cold and sick. She went to the food provider but was unable to cook the food she was given. She inquired if there were any better hotels that the council could fund.
  - The group discussed the historical context for why the emergency housing location was chosen.
- The group discussed actionable motions to come out of the needs assessment recommendations.
- **MOTION: CM Geltmaker moved to ask the AIDs office to look at a more intensive case management service for those who are receiving emergency housing.**
- Co-Chair Bowman suggested asking HHS to provide the Council with information about what different emergency housing options have been looked at.
- The group discussed defining case management and creating a metric for who can access intensive case management services.
- **MOTION: CM Shriver moves to have HHS explore bulk purchasing and distribution of liquid nutritional supplements for contracted agencies who serve highest needed populations i.e. Boost or Ensure.**
- **CM Bowman seconds the motion.**
- **VOTE: Motion Passes. See column [1] for a vote breakdown.**

#### 7. Resource Allocation- VOTE

- The committee will vote on resource allocation funding scenarios.
- **Increased Funding: In the event of increased funding, 50% of the increase will be allocated towards Food and 50% of the increase will be allocated towards Emergency Housing.**
- **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.**
- The group discussed that it has been many years since the Council received increased funding.
- Co- Chair Adams commented that he feels that this coming year there will be not a lot of change, however the following year resource allocation will be more important. If ACA is cut we will have to discuss what to do with primary care funds.
- **MOTION: CM Geltmaker moves to approve the resource allocation as a slate.**
- **Co-Chair Siron seconds the motion.**
- **VOTE: Motion passes. See column [2] for a vote breakdown.**

#### 8. Next Meeting Date & Agenda Item- VOTE

*The next Council Affairs Committee meeting is tentatively scheduled for Tuesday, October 10<sup>th</sup>, 2017 at 25 Van Ness 8<sup>th</sup> Floor Conference Room from 3-5 pm.*

##### **Parking Lot:**

- System to monitor the Integrated Plan's objectives

**10. Adjournment**

- The meeting was adjourned at 4:54 pm by Co-Chair Bowman.

**Council Affairs Committee**

HIV Community Planning Council

Roll Call: **P**=Present; **A**=Absent; **E**=Excused; **L**=Leave of Absence

Votes: **Y**=Yes; **N**=No; **B**=Abstain; **R**=Recused (deduct from quorum)

**September 12, 2017**

roll [1] [2] [3] [4] [5] [6] [7] [8] [9]

|     |                          |   |   |   |  |  |  |  |  |  |  |  |
|-----|--------------------------|---|---|---|--|--|--|--|--|--|--|--|
| 1.  | <b>Chuck Adams</b>       | P | Y | Y |  |  |  |  |  |  |  |  |
| 2.  | Jackson Bowman           | P | Y | Y |  |  |  |  |  |  |  |  |
| 3.  | Ben Cabangun             | P | Y | Y |  |  |  |  |  |  |  |  |
| 4.  | <b>Michael Discepola</b> | E | - | - |  |  |  |  |  |  |  |  |
| 5.  | <b>Matt Geltmaker</b>    | P | Y | Y |  |  |  |  |  |  |  |  |
| 6.  | David Gonzalez           | P | Y | Y |  |  |  |  |  |  |  |  |
| 7.  | <b>Lee Jewell</b>        | P | Y | Y |  |  |  |  |  |  |  |  |
| 8.  | Jessie Murphy            | E | - | - |  |  |  |  |  |  |  |  |
| 9.  | <b>Charles Siron</b>     | P | Y | Y |  |  |  |  |  |  |  |  |
| 10. | John Paul Soto           | E | - | - |  |  |  |  |  |  |  |  |
| 11. | Linda Walubengo          | A | - | - |  |  |  |  |  |  |  |  |
|     |                          |   |   |   |  |  |  |  |  |  |  |  |
| 1.  | Mike Shriver             | P | Y | Y |  |  |  |  |  |  |  |  |
| 2.  |                          |   |   |   |  |  |  |  |  |  |  |  |
| 3.  |                          |   |   |   |  |  |  |  |  |  |  |  |

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|--------------|--|---|---|--|--|--|--|--|--|--|--|--|
| <b>Ayes</b>  |  | 8 | 8 |  |  |  |  |  |  |  |  |  |
| <b>Nayes</b> |  |   |   |  |  |  |  |  |  |  |  |  |

|                |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|
| <b>Abstain</b> |  |  |  |  |  |  |  |  |  |
| <b>Recusal</b> |  |  |  |  |  |  |  |  |  |