

HIV Community Planning Council
COMMUNITY ENGAGEMENT COMMITTEE
Wednesday, August 1st 2018
25 Van Ness, Room 810
3:00-5:00 pm

Committee Members Present: Lee Jewell, Mike Shriver, Charles Siron, Eric Sutter (Co-Chair)

Council Member Present:

Committee Members Absent: Orin Allen (Co-Chair) [A], Wade Flores [E], Dominique Johnson [A], Kevin Lee [E], T.J. Lee-Miyaki [A], Laura Thomas [E]

Others Present: John Aynsley, Jeremy Tsuchitani-Watson (HCAP), Nyisha Underwood

Support Staff Present: Melina Clark, Dave Jordan, Mark Molnar

Minutes

1. Introductions

The meeting was called to order at 3:05 pm by Co-Chair Sutter. Everyone introduced themselves and quorum was established.

2. Review/Approve August 1st 2018 DRAFT Agenda – VOTE

The August 1st 2018 DRAFT Agenda was reviewed and approved by consensus.

3. Review/Approve July 3rd 2018 DRAFT Minutes– VOTE

The July 3rd 2018 DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- CS Molnar noted that the Summit will occur on September 21st, from 10-4pm at the Women’s Building. The September Full Council Meeting will be cancelled.
- CM Shriver reported on the most recent Roadmap input session. He noted that the session yesterday was the best attended so far. It’s starting to feel like DPH is creating a really legitimate partnership with the Council.
 - The first group focused on HIV, HCV and STDs. The second was on substance use and treatment. The third was about looking at the system as a whole—what is the goal of integration? Some key themes emerged, including:
 - ☐ DPH needs to have more agile system in place, to be able to quickly respond to trends and target them.
 - ☐ The threshold of access needs to be as low as possible.
 - ☐ What is the point of integration? Is it around the elimination of disparities or HIV in general? Are they at odds or complementing each other?
 - He noted that CM Thomas mentioned that it’s not just about disparity, but social determinants of health.
 - ☐ It was clear the prevention system needs to have an analogous system as care.
 - The recommendation of yesterday’s small group was to come up with the principles that mirror the Care principles around priority setting. They will ideally have a document ready before the Summit that reflects the HCPC’s priorities around disparity, vulnerability, etc... They would like to have this document inform the summit, then looking at the Council post-summit, and look at the over-arching themes of integration, and how to consider the partnership down the line.

- ☐ This would essentially be an updated integrated plan. The Council would have the opportunity for input.
 - The Magnet, City Clinic and COE model seems to be working, especially because it's very community-centered. How can we look at that concept and adapt it as a standing model next year?
- CS Molnar inquired: was there any discussion of how COEs might be restructured?
 - CM Shriver responded: without CBHS at the table, we are not doing a thorough job. This wasn't discussed in detail at the meeting.
- CM Jewell asked: would this process be just during RFP years, or an annual thing?
 - CM Shriver responded: this process needs to be visited every year. He added that the merge evaluation document has been very helpful.
 - CM Jewell added that this should be part of an evaluation process. It would be great to be able to evaluate how it's going on a yearly basis.

5. Public Comment

- None.

6. HCAP Report

- Jeremy Tsuchitani-Watson updated the Committee on the HIV Consumer Advocacy Project (HCAP) report:
 - He reported on a number of cases with Service Categories including Housing, Dental, Ambulance/Outpatient, Psychosocial Support, Emergency Financial Assistance and Non-medical Case Management.
 - In March-July 2018, the highest number of cases was in the Housing service category, with 16 cases (or 31% of all cases). The next highest was Medical Case Management with 8 cases (16%), followed by Ambulatory/Outpatient with 7 cases (14%).
- Co-Chair Sutter noted that Shanti got a report from Tom Waddell dental, which seems to have current openings.
 - John Aynsley added: I believe they have a navigator to assist clients. He added that Tom Waddell is not the main clinic on Golden Gate.

7. Getting to Zero Update Review

- Co-Chair Shriver reported:
 - They are in negotiation with the GTZ steering committee, to try and change the date of the meeting because it conflicts with the Co-chairs' meeting.
 - Co-Chair Sutter inquired about the potential partnership with Oakland.
 - ☐ CM Shriver noted that this is in the works. He will have more information next month.
 - ☐ CM Jewell noted that there always seems to be a lack of services in the East Bay, which seems to be mostly due to budgetary constraints. How would they manage this?
 - CM Shriver responded that he is not sure, but Steve Gibson who used to work in HIV in SF is now in Alameda County. He added that SF is very resource rich-- there are many clients that move both ways across the bridge.
 - ☐ CM Sutter added that while many clients receive their care here, they live across the bay.

8. Needs Assessment Update

- CS Jordan reported on the progress of the 2018 Needs Assessment.
 - They are moving forward, in the process of assessing needs. They are on schedule. They are likely to hit 90-100 people by the end of August. They have about 60 participants as of now. He has been doing interview at Shanti, LSS, and a focus group at Baker Places.
 - He has scheduled drop-in one-on-ones at the AIDS Foundation. He is also looking to do something at GLIDE, and perhaps the Castro Country Club and Larkin. He would also like to do a group

in San Mateo and Marin, but they have had trouble with turnout in the past. Perhaps they could do some sort of drop-in situation.

- o Housing continues to be everyone’s biggest concern. There are many people who are engaged in care and undetectable, but not stably housed or who are using. This is a testament to how well the system works for most people.
- o For most people, the system of care itself is mostly effective, but there still exist many challenges that have less to do with HIV, and more to do with mental health, substance use, homelessness, class, race, gender issues, etc...
- o The focus is substance use, but often folks’ greatest barrier to health and wellness is always stable housing so I can get clean, or getting clean in order to manage stable housing, and manage mental health issues.
 - ☐ CM Jewell suggested presenting these results to HAPN.
 - CS Molnar noted that the Council could do a specific ask to HAPN to ask them to come to the Council meeting/summit.
 - ☐ CS Jordan added: he would like to do a participant panel sometime after the summit, along with the provider follow up presentation.
 - ☐ CM Jewell emphasized the importance of the Needs Assessment, especially with new leadership in San Francisco.

9. COLA Update

- He noted that they are thinking of doing a COLA of folks who have failed out of PrEP.
- They have made contact, and hope to get it scheduled by the end of the month.

10. Next Meeting Date & Agenda Items

The next Community Engagement Committee meeting is tentatively scheduled for Wednesday, September 5th 2018 at 25 Van Ness 8th floor Conference Room from 3-5 pm.

11. Adjournment

The meeting was adjourned at 4:30 pm by Co-Chair Sutter.

Community Engagement 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)

August 1, 2018

roll [1] [2] [3] [4] [5] [6] [7] [8] [9] [10]

1.	Orin Allen	A											
2.	Wade Flores	E											
3.	Lee Jewell	P											
4.	Dominique Johnson	A											
5.	Kevin Lee	E											

6.	T.J. Lee-Miyaki	A										
7.	Mike Shriver	P										
8.	Charles Siron	P										
9.	Eric Sutter (Co-Chair)	P										
10.	Laura Thomas	E										

Ayes										
Nayes										
Abstain										
Recusal										
Total										