

HIV Community Planning Council
COUNCIL AFFAIRS COMMITTEE
Tuesday, May 8, 2018
25 Van Ness, 5th Floor Conference Room
3:00-5:00 pm

Committee Members Present: Chuck Adams (Co-Chair), Jackson Bowman (Co-Chair), Ben Cabangun, David Gonzalez, Jessie Murphy, Michael Discepola, Paul Harkin

Committee Members Absent: John Paul Soto [E]

Council Members Present: Darpun Sachdev, Thomas Knoble

Others Present: Vincent Fuqua, Kevin Hutchcroft, Beth Neary

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 Adams. Everyone introduced themselves and quorum was established.

2. Review/Approve May 8th 2018 DRAFT Agenda – VOTE

The May 8th 2018 DRAFT Agenda was reviewed, and approved by consensus.

3. Review/Approve April 10th 2018 DRAFT Minutes – VOTE

The April 10th 2018 DRAFT Minutes were reviewed, and approved by consensus.

4. Announcements

- CS Molnar announced a shift in roles among Council Staff.
 - CS Cone will still have a majority of her time in Planning Council, but is also taking a new role in Shanti that will reduce her time in Planning Council contract.
 - CS Cone will hold Membership committee. Membership-related questions can go to her.
 - CS Jordan is now the official Program Manager for the Council. Please direct all Council-related questions towards him.
 - CS Jordan will hold Community Engagement and PLWH Advocacy Group.
 - CS Jordan will continue to hold Council Recruitment. He will retain many aspects of the Membership, but as CS Cone will be holding Membership, most membership-related questions can go to her.
 - CS Molnar will hold Council Affairs and Steering Committees.
 - Jason Williams has been in the background providing website support for the Council, and will now be taking on a bigger role. He will support CS Jordan with the needs assessment and in other ways.
- CS Molnar announced tangible next steps from Steering Retreat, one of which is on the agenda for today.
 - First step: Expanding PLWH advocacy group to be more of a community advocacy group, open to folks regardless of serostatus.
 - CM Harkin commented that PLWH Advocacy Group is cancelled frequently.

- CS Jordan responded that it's not always a lack of participation but sometimes a lack of agenda items that causes the group to be cancelled.
 - Second step: The potential for the HCPC to change its mission and have purview over multiple funding streams. This conversation will start at Steering this month.
 - CM Harkin inquired if this would involve looking at RFPs.
 - CS Molnar responded: this is a possibility, but the conversation hasn't yet reached that level of detail.
 - CM Discepolo stressed the importance of implementing a policy that has the power and potential to make an impact.
 - Third step: Looking at how standards of care and best practices may be reflected in contracts. The challenge has been whether monitors have been looking at particular agencies and how they are monitoring them. This may or may not entail a review of standards of care and best practices. It currently seems as though agencies may not be enacting philosophies such as harm reduction in ways that are consistent across service categories.
- CS Clark announced: the Group Dynamics Training will occur on Thursday June 21st from 10am-2pm at 25 Van Ness, 8th floor. Council Staff will send out a reminder the week of the training. Until then, the training content survey will remain open.

5. Public Comment

- None.

6. Black Health Disparity

- The Committee reviewed a presentation about Health Disparities from Vincent Fuqua.
 - CM Bowman inquired if on the mortality slide, there would be a way to get some data on how these statistics break out in terms of age. For example, a breakdown of age brackets of 18-24 vs. 25 and up.
 - Also, could the reason heart attacks are going down be due to B/AA leaving the city?
 - CM Sachdev commented that it might be due to older folks moving out of the city.
 - CM Bowman inquired if it would be possible to pull out the HIV statistic separately on the sexual health slide.
 - Vincent Fuqua responded that BAAHI doesn't usually include this, but he will look into it.
 - CS Molnar suggested closing the presentation with a couple HIV related slides—something to highlight the disparity that the Council is already familiar with. One could be more PrEP/prevention focused, and the other could be focused on Care.
 - He added that it may be a good idea to take questions at the end of the presentation. This will be a very emotional topic.
 - Co-Chair Gonzalez noted that STIs are a big cofactor with HIV. It could be helpful to look at co-morbidities as well, with cancers and aging. This could be resonant with long term survivors. It could be helpful to frame the data in this context. Overall, STI health in the city is related to HIV health.
 - CM Discepolo inquired about steps BAAHI is taking to increase funding for local health initiatives- he'd like to see how BAAHI is addressing disparities through these programs.

- CM Discepolo noted that under here behavioral health, the presentation didn't mention crack or meth use.
 - Vincent Fuqua replied that the Steering Committee of BAAHI decided to focus on alcohol.
- CM Harkin noted that he would love to see something about the War on Drugs included in this presentation. He would also like to see something at the end about implicit bias.
 - CS Molnar noted that the fact the BAAHI is working on implicit bias within doctors and service providers could really resonate with the council. It could be worth mentioning that BAAHI has already started doing this.
- CM Cabangun noted that instead of asking what BAAHI is doing to address disparities, the question could be reframed to a discussion of what the Council can do to address these health disparities.
 - He added that he has been enjoying the small group discussions during council meetings. He expressed interest in putting a small group discussion right after this presentation.
 - He CS Molnar stated that this discussion can continue further after the Committee reviews the LINCS presentation, and then discuss how to best process this information with the Council.
- CM Sachdev noted that an opportunity to talk about medical mistrust and implicit bias would be great. BAAHI is about medical data.
 - CS Molnar suggested mentioning implicit bias at the end of the presentation. This might be something tangible that the Council can talk about in a small group afterwards.
 - Co-Chair Knoble noted that it would be great to define implicit bias in the presentation, to make sure all the members are on the same page.

7. LINCS Study

- The committee reviewed a presentation regarding syphilis and partner services within the LINCS Program.
- CM Cabangun asked for clarification on page 8. What is the meaning of the navigation arrow?
 - CM Sachdev responded that they're not doing case management. They're doing short term navigation, trying to find people that have fallen out of the system of care and bring them back.
- CM Cabangun added that he would love to hear more about the definition of tenacity, since it is bolded.
- CM Discepolo inquired about LINCS's connection to CBHS.
 - CM Sachdev commented that it'd be a missed opportunity to not have them at the table.
- CS Molnar requested that they define panel management during the presentation.
- Co-Chair Knoble suggested dropping "investigation" from "disease investigation." What LINCS does seems like the story. This could help in keeping the standard work in focus.
- CM Harkin commented that LINCS has changed over the last few years. He works with these folks too, and directly with LINCS. This specific group that LINCS is targeting can be very resistant to medical spaces, have a lot of trauma, mental health issues, etc. Meeting people where they're at is the future of medical care.
- CM Bowman inquired if there is a future for LINCS in terms of funding, and if this would be worth talking about.

- CM Sachdev responded: they do have some GTZ funding. They will have more information in the coming months.
- CS Molnar noted that the old Care Council used to have a request which was often ignored by providers, which is to have an impact slide about what the council can do with all this information. CM Sachdev mentioned COEs being up to date on standards of care—this could be worth bringing up after the panel.
- CS Molnar inquired where the Q and A should happen-- before or after the Panel?
 - Co-Chair Knoble suggested taking 3-4 questions before panel.
 - Co-Chair Gonzalez offered to close out the presentation with this announcement.
- CS Molnar brought up the question for the small group discussion: should the question be about implicit bias?
 - CM Discepolo suggested adding: What can the planning council do to support these initiatives?
 - CS Jordan noted that implicit bias could be a bogged down conversation. He suggested asking: Given the implicit bias, how can the Council address these issues?

8. Steering Retreat Next Steps- VOTE

- The Committee discussed next steps from last month's Steering Retreat: maintaining harm reduction, patient---centered care and trauma---informed care as models for service provision; ensuring equity across service categories for all consumers in regards to rights, responsibilities, and suspension/termination policies.
- CS Molnar noted that the idea is for there to be equity across all service categories. How are these programs being monitored?
 - Beth Neary provided a snapshot of CHEP and HHS's approach to program monitoring:
 - Business Office of Contract Compliance has two main roles, one is fiscal monitoring and one is annual program monitoring.
 - This includes making sure there is a harm reduction policy. There is an explicit policy on harm reduction that they monitor. Every year, the Program Monitor schedules an assessment appointment to check on the programs that are funded by HHS. At the appointment, the agency needs to have a lot of data compiled in a "Compliance Binder", with 30 items, including: Standardized Objectives, Quality Assurance methods, Units of Service, client satisfaction surveys and any corresponding data.
 - Usually the harm reduction part consists of the agency showing the Monitor their written policy, followed by a verbal explanation.
 - After the visit, the Program Monitor will generate a report regarding the visit, and determine whether the agency will need to write a Plan of Action regarding any agency shortcomings as determined by the report.
 - The monitor will follow up on the Plan of Action the following year.
 - CS Molnar inquired: To what extent does the program monitor take into account the information that HCAP holds?
 - Beth Neary responded: this is usually not part of the monitoring process. HCAP grievances are usually dealt with right away, as part of a separate additional process. For the yearly monitoring, there is a portion that requires the agency to report on their grievance policy, though they don't have to report on all the specific grievances from that year.
 - CS Molnar inquired if HHS already contacted service providers around HCAP issues?
 - Beth Neary responded that they try to, but may be insufficient.

- CS Molnar asked if monitors are looking across all grievance procedures and making sure there's a standard.
 - Beth Neary responded that she is more familiar with DPH policies.
- CM Bowman commented that his organization supports harm reduction, but the policy is a small paragraph. Client satisfaction surveys are not a well-rounded view of the program, especially if client perceives the review as part of contingency of getting services. Some of the processes have devolved to place of just being a checklist—there needs to be more discussion about this system.
- CM Cabangun commented that the steering retreat is pushing the Council to recommend standardizing client experience and standards of care as modeled by providers.
- CM Harkin noted that the people doing the monitoring may not know what harm reduction is. The monitors that come often have no experience in direct service. He suggested standardizing a policy as well as recruiting more community providers to assist with monitoring.
- CM Murphy commented that the Council's work on the Safe Injection Facilities (SIF) got the ball rolling on harm reduction. CBHS do a great job of requiring annual trainings for folks. They administer a system wide client satisfaction survey that goes for a couple weeks. They count how many surveys are distributed, as well as how many they receive back, then publish the results.
 - She noted that the Council could look at forming a work group to review harm reduction policy and provide technical assistance, compile a list of best practices and publish it.
- CM Discepola commented that BOCC staff often do not have an understanding of the systems they are monitoring. Having consumers on monitoring is a great idea, but it would also be helpful to have someone from the Division there at the monitoring to help streamline the process. The current BOCC is very bureaucratic.
- CS Molnar noted that it might be a good idea to have HCAP come in to portray trends. Might also be good to get someone from BOCC here to discuss monitoring. This conversation needs to stay on this agenda.

9. Presentation Calendar

- The Committee reviewed and updated 2018 presentation calendar.
 - The presentation on Black Disparity/BAAHI was moved from June to May.

10. Next Meeting Date & Agenda Item- VOTE

The next Council Affairs Committee meeting is tentatively scheduled for Tuesday, June 12th 2018 at 25 Van Ness 8th Floor Conference Room from 3-5 pm.

Parking Lot:

- System to monitor the Integrated Plan's objectives.

11. Adjournment

- The meeting was adjourned at 4:45 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)

May 8th, 2018

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

1.	Chuck Adams	P										
2.	Jackson Bowman	P										
3.	Ben Cabangun	P										
4.	Michael Discepola	P										
5.	David Gonzalez	P										
6.	Paul Harkin	P										
7.	Jessie Murphy	P										
8.	John Paul Soto	E										
1.	Thomas Knoble	P										
2.	Darpun Sachdev	P										

Ayes											
Nayes											
Abstain											
Recusal											