Minutes

1. Call to Order and Roll Call. Introduction of Members of the Public.
The meeting was called to order at 3:37 pm by Co-Chair Siron. Roll was called and quorum was established.

2. Review and Approve November 27th, 2017 DRAFT Agenda – VOTE
The November 27th DRAFT Agenda was reviewed and approved by consensus.
   • MOTION: CM Lee-Miyaki moves to have the Co-Chair Election become agenda item #4.
   • Co-Chair Siron seconds the motion.
   • VOTE: Motion passes. See column [1] for a vote breakdown.

3. Review and Approve October 23, 2017 DRAFT Minutes – VOTE
The October 23, 2017 Minutes were reviewed and approved by consensus.

4. Co-Chair Elections- VOTE
   • The Council will vote on nominees for two Council Co-chair seats.
   • Co-Chair Siron noted he and Mike Shriver have been nominated as Co-Chairs.
   • CM Jewell nominates David Gonzalez as Co-Chair.
   • David Gonzalez accepts the nomination.
   • CM Lee- Miyaki nominates Eric Sutter as Co-Chair.
   • Eric Sutter declines the nomination.
   • Ballots were turned in and counted by Council staff.
   • CS Cone announced that Mike Shriver has been nominated as Co-Chair. There was a tie vote for the other Co-Chair seat. Council members were asked to re-vote for the remaining nominees.

5. Announcements
6. Public Comment
   - None.

7. Council Staff Update
   - CS Cone noted that all committee meetings for December have been cancelled. She noted that CS Stumm is taking a job at Shanti with the HIV services department and this is her last Council meeting as Council staff.

8. CHEP & HHS Update
   - Co-Chair Guzman reported:
     - CDC FOA: The CDC application was submitted on September 12th. This included a Component A application, which represents our ongoing regular funding from CDC. It also included a Component B competitive demo project named by CM Harkin “Project OPT-IN” (“Opt-in” to outreach, prevention, and treatment). We expect to hear back about funding for Component A in December and Component B in February.
     - Syringe Disposal Boxes: We have been in discussion with the Main library about placing an outdoor kiosk somewhere along the perimeter of the building for several months. It was placed in late October on Fulton and Hyde.
     - Harm Reduction Training Institute: in collaboration with CBHS, we are contracting with HRC to offer harm reductions to DPH and DPH funded agencies and staff.
       - On Tuesday, December 12th from 8:30am-4:30pm there will be a training on Harm Reduction with a focus on PWID and people who engage in sex work.
     - End Hep C: On November 14th End Hep C SF had an article in STAT news published about its efforts to eliminate Hep C in San Francisco.

   Beth Neary reported:
   - RWPA Site Visit: The Part A site visit the week of October 23rd went well and we will share information from the report once it arrives.
   - ARIES Annual meeting: We held the annual providers ARIES meeting on November 9th and over 60 people attended. The purpose of this meeting is to help providers prepare for the RSR uploads of 2017 data in January 2018.
   - Upcoming Trainings:
     - Client de-escalation for HHS Providers is scheduled for December 14th
     - Group Communication, Facilitation Strategies and Skills Development
     - Immigration Legal Issues and Creating a Welcoming Environment

9. Getting to Zero Update
   - CM Shriver announced
   - The next Consortium meeting and World AIDS Day event is on Wednesday, November 29th from 6-8PM at 25 Van Ness. The topics will include a health policy updates, committee updates and a panel discussion on Undetectable=Untransmittable and its implications for eliminating HIV transmissions and stigma.

10. Public Policy Update
    - CM Jewell reported:
    - On November 16th the House passed their tax bill which had a provision to end individual mandates.
• Over 600,000 people have signed up for insurance with the ACA, over 23% were new to the marketplace. Open enrollment is from 11/01-01/31.
• On October 10th Governor Brown signed SB219 which provides protections for LGBT seniors who reside in long-term care facilities.
• Governor Brown also signed SB239 that lowers the offenses of unknowingly exposing HIV to a partner as a misdemeanor.

11. 2017 Needs Assessment
• CS Jordan reported on the provider follow-up for the 2017 needs assessment:
  • Challenges that they felt were specific to their homeless and unstably housed clients
    o Lack of safe, sustainable, and affordable housing.
    o Suffering violence, crime, and police harassment.
    o Mental Health concerns, substance use, and basic sleep deprivation.
    o Challenges around food storage and preparation.
    o Lack of resources that exacerbate an unstable lifestyle, including lack of documentation, inconsistent phone service, lack of safe storage of belongings
  • Considered necessities for client’s health and wellbeing beyond housing and medical care
    o Mental health care, emotional support, self-care, support groups, and activities.
    o Greater access to food.
    o Safe storage services.
    o Sense of community, and a reduction of stigma and fear.
  • Efficacy of their communication with other service providers
    o All providers felt this was a priority in that it aided coordination of care and reduced duplication of services.
    o Some felt that communication was at times suboptimal due to high turnover among staff, lack of follow-through, and varying modes of service provision or guiding model.
    o The FOG provider group was highlighted as source of improvement in interagency communication.
  • Training standards, specifically around harm reduction, stigma, de-escalation, and cultural competency/humility. Responses included:
    o Many felt that the training standards were sufficient.
    o Some felt that there was a lack of consistency in the way these skill were being applied.
    o Additionally, some felt that the cultural competency/humility component needed improvement, specifically in relation to transgender and gender non-conforming clients.
  • Training standards for non-service staff (reception, security, administrative). Responses included:
    o Most highlighted the security staff as a concern, and felt that were they undertrained.
    Additionally, their agency had no control over this as they are contracted from an outside source or provide by a landlord.
    o Some sited examples in which staff displayed a lack of ability or understanding of de-escalation and harm reduction.
    o In some cases, these staff were required to receive training on the previously stated topics.

12. HSH Strategic Plan
• Kerry Abbott presented on the HSH Strategic Plan from the SF Department of Homeless and Supportive Housing.
CM Thomas noted that Kerry mentioned opioid use as a driver for homelessness. She questioned if she thought that opioid use has gone up compared to other substances?
  - Kerry responded that opioid use is not a driver of homelessness, the majority of injection drugs users are not homeless. We have seen that people who are very addicted are using more visibly, homeless people who are using are the most visible. Our observation is that more people are using injection drugs on the street and that is having an increase in visibility is affecting people’s perception of an increase in drug use.
  - CM Thomas suggested not assuming that people are injecting opioids and not other substances.
CM Lee-Miyaki inquired about how homelessness in San Francisco compares to other places in CA.
  - Kerry responded that SF is in the top 5 counties in the state, she noted that SF has a higher percentage of chronically homeless people and a higher population of those with multi-diagnoses than most other counties.
CM Lee-Miyaki inquired if the homeless population is lessening because counties are just sending people out of California.
  - Kerry noted that if you start in a place that only has 100 homeless people and then you build 100 tiny houses you would decrease the homeless population. SF does have inflow, but inflow in every population not just in the homeless population. We have about 70% of people responding in the homeless count that they became homeless here.
CM Johnson inquired about why only 2% of the budget is spent on health services.
  - Kerry noted that the majority of health services are provided by DPH, the 2% is what we pay for through our budget.
CM Bowman inquired about what 200 chairs in resources centers means, he questioned how they are different from resource centers.
  - Kerry noted that navigation centers are where you sleep and resource centers are drop-ins during the day where people can access resources.
CM Lee-Miyaki inquired about what the homeless outreach team hours are.
  - Kerry responded that hours are from 6pm-10pm 7 days a week.
CM Cooper inquired about the percentage of people who turn down opportunities to be housed.
  - Kerry noted that the majority of people who initially turn down services are willing to accept services if they are the right services. She noted that the vast majority will accept spots at navigation centers because they are lower barrier. Navigation centers are open all day and there is more flexibility and fewer rules. In the Mission, we have been working with other city departments, when we tell them they can’t camp there anymore, we’ve only had 2% of people refuse placement.
CM Cooper inquired about the navigation center that is being closed between 15th and 16th.
  - Kerry responded that supportive housing is going to be built there. HSH is planning to build a new navigation center before that one closes.
CM W. Flores inquired about what people’s expectations are for people to get housing.
  - Kerry noted that HSH wants to be realistic with people, she knows that in order to get permanent supportive housing we have to prioritize. People want a place to stay with limited rules where they can come and go as they please, some people want that to be rent free.
CM Shriver commented that there is a population of people with AIDS who are aging and are being priced out of where they live. Is it part of the calculus to consider aging people who want to maintain their healthcare in the city?
  - Kerry responded that that is part of prevention, prevention does not just happen in our department, and a big portion is funded through the Mayor’s Office of Community Development and Aging and Adult Services. We also increasing the amount we are doing for problem solving, if
someone is at imminent risk of losing their housing we provide one time assistance to connect
them with ongoing subsidies that allow them to stay housed.

- CM W. Flores inquired about what the average time on the waitlist is.
  - Kerry noted that the waitlist for shelters is around a month, but it depends on how many shelters
    you are open to being placed in.
- CM Discepola commented that Kerry mentioned that placement on the housing list is based on
  vulnerability, he inquired how HIV stacks in that.
  - Kerry responded that HIV is one of the vulnerability factors. She noted that HSH is also looking at
    length of homelessness, serious mental health issues, substance use, criminal justice and foster care
    backgrounds.
- CM Cooper noted that between 8th and Market up to the Castro, there have been 30 properties built. She
talked to developers, and they said if they don’t want low-income people they can pay the city to make
that happen.
  - Kerry responded that if developers want to build in SF, they can pay into a fund that builds
    supportive housing elsewhere. There are currently over 1300 units in the pipeline to be built for
    homeless people, 500 will be dedicated for people who have a severe mental illness.
- CM Johnson inquired about why HSH can’t ask developers to build a housing building for the homeless.
  - Kerry noted that some developers are building housing specifically designated for homeless
    people, there are number of those projects coming on. There was a lack of will to get these
    projects in the pipeline for a while as well as limited financing. When they state got rid of the re-
    developing agencies it made it harder, SF has dedicated general funds to be able to do that.
- CM Thomas commented that in terms of encampment resolution, she understands the challenge of public
  visibility, she understands that they provide community and structure for those who live in them. Her
perception is that the efforts to resolve the encampments are destabilizing people and disrupting
connections that help them sustain themselves and keep people safe until they are offered something
better. She knows that there are effort into putting people to move elsewhere. She inquired if HSH sees
the benefits of encampments for people who are living in them.
  - Kerry commented that there is a lot of violence in encampments, there has been stabbings,
    shootings and assaults against women. She noted that there are areas where people are
    supporting each other and those are the last ones that we will target. She noted that her dept.
    does not take down encampments, but offers services to folks when we know this is happening.
- CM Lee-Miyaki inquired if HSH has a say in which encampments get taken down.
  - Kerry noted that there is representation from every city agency when this is decided and people
    discuss which encampments are concerning.
- CM Discepola noted that he oversees syringe access and disposal sites and in his opinion as a provider,
  moving camps around and disassembling camps is incredibly destabilizing. He inquired about the efforts
to encourage the Mayor and DPH to look at sanctioned encampments. There are over 1000 people
waiting for shelter beds, he inquired what other options are available as temporary solutions.
  - Kerry responded that this Mayor’s office is interested in creating more shelter beds rather than
    creating sanctioned encampments. She noted that they have talked to other cities who have tried
    this and there are a lot of minuses to sanctioned encampments. HSH’s preference is to provide
    more than that. We have been working with DPH to possibly get a sink or porta pottys to help
    with hygiene.
- CM Jewell commented that he feels this presentation is missing context as to how expensive it can be to
  build housing in the city.
  - Kerry noted that a lot of the housing unit coming on are costing 500k a unit which is daunting
    when you think about 7,000 homeless people. She noted that a lot of people don’t need a 500k
    unit for the rest of their lives. For many on the street, it’s an economic problem and they don’t
want to pathologize their homelessness. HSH doesn’t want to start with the assumption that everyone needs treatment forever.

- CM Cooper commented that she has been in SF for over 35 years, and she feels that this plan is putting the same thing in a new box and putting a new bow on it. She feels that HSH are unaware of the actual challenges that people face while living on the street and that life for a homeless person goes on past 5 pm. She commented that she knows people on Section 8 and people are not accepting BMR vouchers like they used to.
  - Kerry noted that a large part of the HSH department have experienced homelessness, and they do not want that for anyone. She noted that it is difficult to find below market rate units in the city and they have hired a non-profit to help with this. HSH is also working with real estate professionals to help with this.
- CM Lee-Miyaki inquired how long the 200k buyout for developers been in place. He suggests that the Council approach the Board of Supervisors to increase this fee.
  - Kerry responded that the Board of Supervisors have worked on this more extensively, even if we get 30% as affordable housing, homeless people still do not get into these units.
- CM Sachdev noted that 13% of new HIV diagnoses are among homeless people, and viral suppression in our city is poor amongst homeless people. She noted that health outcomes are worse for those who are homeless. She asked if we can think about enhancing services for HIV positive homeless people in recognition that we are trying to get to zero in SF. She commented that nationally, the guidance is that we should be striving to achieve that less than 5% of our HIV population is homeless and we are at 10%. She inquired what the possibilities are to enhance services.
  - Kerry commented that HSH is working with DPH on the whole person care initiative that brings together homeless and healthcare assistance. She commented that HSH is bringing health services into navigation centers and shelters. She also noted that the department has been advocating with the city budget process to increase the funding for healthcare in our supportive housing portfolio.
- CM Chitty inquired if there are there suggestions to disseminate this information to other organizations.
  - Kerry noted that part of the strategic framework is to have consistent training for providers across the systems. She noted that HSH plans to have a city wide conference of homeless service providers to discuss strategies.
- CM Discepolo inquired about strategies related to storage facilities, he noted that when people lose all their stuff it is incredibly destabilizing.
  - Kerry commented that one of the priorities with whole person care is to have agencies open 24 hours that have additional storage and medication storage. She noted that HSH have been looking for additional sites that can accommodate storage.
- CM Cooper requested that the Council get updates on the framework every year.
  - Kerry commented that HSH has housed 25,000 people since 2005. She wants to acknowledge that people in this room and in the city have saved a lot of lives. She noted that this is the first time we have a data driven plan.

Public Comment: Bill Hirsch commented that he encourages the Council to look at data driven work for the budget next year and to consider the value of prevention and flexible subsidies that can both keep people in their current housing and take people out of homelessness. Some may not get into a master lease program, but with rental assistance we may be able to take them out of homelessness. He does not see the same emphasis with prevention. He noted that just because HSH doesn’t fund prevention doesn’t mean it shouldn’t be coordinated in the city’s strategy. He noted that there has been success in advocating at the city level for these subsidies it would be great if there was more support from the department in those efforts. He noted that when you come up with a policy around coordinated entry, to consider that HIV is a unique factor, both
because it addresses the health of an individual and because it advances the public health goal around prevention.

13. Co-Chair Election Results- VOTE
   - CS Cone announced that David Gonzalez has won the Co-Chair seat in the tie vote.
   - The Council thanked Charles Siron for all his hard work serving as Co-Chair of the Council.

14. Next Meeting Date- VOTE
   The next meeting is tentatively scheduled for Monday, January 22nd 2017 at 25 Van Ness, 6th floor conference room, from 3:30 to 6:30.

15. Adjournment
   - Meeting adjourned at 6:13pm by Co-Chair Siron.

Full Council Meeting
HIV Community Planning Council
Roll Call: P=Present; A=absent; E=Excused; L=Leave of Absence
Votes: Votes: Y=Yes; N=No; B=Abstain; R=Recused (deduct from quorum)

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