HIV Community Planning Council
COMMUNITY ENGAGEMENT COMMITTEE
Wednesday, October 2nd 2019
25 Van Ness, 8th Floor Conference Room
3:00-5:00 pm

Committee Members Present: Ben Cabangun, Lee Jewell, Juba Kalamka, T.J. Lee-Miyaki, Helen Lin

Council Member Present:

Committee Members Absent: Orin Allen [LoA], Mike Shriver [E], Eric Sutter (Co-Chair) [E], Laura Thomas [E]

Others Present: Beth Neary (HHS), Stephen Spano (HCAP)

Support Staff Present: Melina Clark, Jill Lambie-Ponce, David Jordan

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Minutes

1. **Introductions**
   The meeting was called to order at 3:07 pm by CM Gonzalez. Everyone introduced themselves and quorum was established.

2. **Review/Approve October 2nd 2019 DRAFT Agenda – VOTE**
   The October 2nd 2019 DRAFT Agenda was reviewed and approved by consensus.

3. **Review/Approve August 7th 2019 DRAFT Minutes– VOTE**
   The August 7th 2019 DRAFT Minutes were reviewed and approved by consensus.

4. **Announcements**
   - None.

5. **Public Comment**
   - None.

6. **HCAP Report**
   - Stephen Spano 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.
   - Stephen noted that the Pending cases are delicate issues requiring often creative resolutions and ongoing monitoring.
   - Stephen spoke to the propose changes to the format the report.
     - Stephen noted that he wants to figure out how the report is beneficial and how folks are using the report. What is the most helpful way for the Committee to receive this report?
     - CM Lee-Miyaki asked what the feedback has been so far?
       - Stephen responded: This conversation started from Non-Medical case management. The group discussed how the report may or may not reflect a need in this service category, just because someone wasn't able to access these services. If there is a barrier to services, it may not actually be reflected in this report. How could the report be more helpful for DPH/committee in order to search for funding in certain areas?

- o Stephen added that grievances are often due to a roommate issue coming up. What might be more helpful is to list referrals just as referrals, rather than saying that in a whole paragraph. This would leave more room for the grievances and barriers that come up.
- o CM Lee-Miyaki noted he would like to see basic demographics in the report.
  - Stephen responded that this is doable, but the data should be taken with a grain of salt and may not be statistically relevant. Many of the cases are repeat consumers.
  - CS Molnar noted that statistics on race, gender, etc… could be useful in determining which folks are experiencing the highest barriers to care, but not necessarily to draw any conclusions or trends for the entire Eligible Metropolitan area (EMA).
  - CM Gonzalez expressed concerns for maintaining confidentiality. It could be good to get this information yearly to make sure providers are referring folks to HCAP to resolve their grievances.
  - CM Jewell spoke to this data not necessarily being reflective of the entire system of care.
  - CS Molnar noted this information would be helpful yearly in order to emphasize and provide evidence for existing health disparities. Monthly it might not be as statistically relevant.
  - CM Lee-Miyaki expressed that he would like to see it more than once per year. He spoke to the importance of identifying patterns to make sure there aren't barriers to care or cultural competency issues.
  - Beth spoke to the importance of presenting this data as an aggregate in order to protect confidentiality.
  - Stephan added that if each person has demographic data listed, it would compromise the data since some clients appear more than once.
- o CM Lee-Miyaki expressed support for receiving this data twice per year.
- o CS Molnar noted that the main purpose of receiving the report is to provide this group with a snapshot of challenges that the community is facing. Creating a history, for example being able to track an individual client, is not our purview and is not very useful to the committee, as it's more useful for us to look at trends in service categories. It's inappropriate for us, who are supposed to be looking at services and trends, to be following specific individuals.
- o CM Lee-Miyaki supports keeping the closed cases. He sees this as more evidence for trends in service categories. It has been useful to him as a service provider.
  - Beth Neary noted that for HHS, the closed cases are useful for identifying gaps in services and figuring out new contracts.
  - CS Molnar spoke to the danger of getting wrapped up in compelling stories that may skew what the service trends are.
  - CM Gonzalez noted that we could develop a separate mechanism for highlighting client stories, but this is not it.
  - CM Jewell spoke to the importance of not getting bogged down with individual stories, as well not allowing stories to skew perceptions of larger trends.
  - CM Allen noted that it's more helpful to look at overall trends rather than individual cases.
- Stephen noted he would like to continue this conversation with HHS is more detail.

7. **Needs Assessment and COLA Update- VOTE**
   - The group discussed ongoing Needs Assessment and COLA efforts.
   - CS Clark presented on the most recent COLAs, including methodology, results and conclusions. The two COLAs were:
     - o Women who use substances

- o Transwomen of color
- CM Allen spoke to the difficulties of living in SROs and the Tenderloin.
  - o CM Gonzalez noted that as the city gets gentrified, it's hard because folks get concentrated in specific areas. When there are many substance users in one area, it's hard for folks that are trying to stop using to be around that environment. The environment itself can be triggering.
- CM Lee-Miyaki inquired why there isn't a question about substance of choice on the COLA for Transwomen of color.
  - o CS Clark noted that they don't like to make the surveys too long and it wasn't a relevant question for that specific COLA.
  - o CS Molnar added that it's important to maintain a safe space for clients.
- CS Molnar spoke to the survey question on gender at birth, expressing that this could be triggering for the trans community.
- CM Jewell spoke to the challenges of running focus groups like COLAs.
- CM Gonzalez suggested bringing this topic to the next co-chairs meeting, especially in the context of trying to humanize meetings more and have more qualitative data.

8. **Next Meeting Date & Agenda Items- VOTE**
The next Community Engagement Committee meeting is tentatively scheduled for Wednesday, November 6th 2019 at 25 Van Ness 8th floor Conference Room from 3-5 pm.

9. **Adjournment**
The meeting was adjourned at 4:55 pm by CM Gonzalez.

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)

October 2, 2019	roll	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10]
1. Orin Allen	P										
2. Ben Cabangun	E										
3. David Gonzalez	P										
4. Lee Jewell	P										
5. Juba Kalamka	E										
6. T.J. Lee-Miyaki	P										
7. Helen Lin	E										
8. Mike Shriver	A										

9. Eric Sutter (Co-Chair)	E											
10. Laura Thomas	E											
███												

Ayes									
Nayes									
Abstain									
Recusal									
Total									