

HIV Community Planning Council
COUNCIL AFFAIRS COMMITTEE
Tuesday, June 12, 2018
25 Van Ness, 5th Floor Conference Room
3:00-5:00 pm

Committee Members Present: Chuck Adams (Co-Chair), Jackson Bowman (Co-Chair), David Gonzalez, Jessie Murphy, John Paul Soto

Committee Members Absent: Ben Cabangun [E], Michael Discepola [E], Paul Harkin [E],

Council Members Present: Matt Geltmaker, Thomas Knoble, Mike Shriver

Others Present: Katie Burke

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

DRAFT 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 June 12th 2018 DRAFT Agenda – VOTE

The June 12th DRAFT Agenda was reviewed and approved by consensus.

3. Review/Approve May 8th 2018 DRAFT Minutes – VOTE

The May 8th 2018 DRAFT Minutes were reviewed and approved by consensus.

4. Announcements

- CS Jordan announced: The Needs Assessment Work Group is meeting today in this room, immediately following this meeting, from 5-6pm.
- CS Clark announced: the Group Dynamics Training will occur on Thursday June 21st from 10am-2pm at 25 Van Ness, 8th floor conference room. 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. Hepatitis C Update

- The Committee reviewed a presentation from the Population Health Division.
- Katie Burke noted that Dr. Annie Leutkemeyer will provide the second half of the presentation.
- CM Shriver inquired: what is the take home message for the Council?
 - Burke responded: they'll talk about how the elimination initiative is working and the progress they've made. There will also be an update on the progress for the state of California. Dr. Leutkemeyer will take about Hep C elimination with HIV positive folks and how that's getting actualized in a clinical setting.
- CM Gonzalez asked: What are the co-infection rates, and what is the progress in terms of treatment?

- Burke responded: to understand this there will need to be a data registry match. This is currently in the works
- CS Molnar noted that the slides list upcoming projects. He asked if Katie Burke could add a slide that shows the current services around this, in order for the Council to have a snapshot of what Hep C interventions look like.
- CM Shriver inquired: what are the barriers you are facing? What can the Council do to help?
 - Burke responded: lack of funding, data barriers as well as barriers on the client side (i.e. trying to treat homeless folks). She offered to provide a specific slide on this topic.
- CM Burke inquired if there is anything else she should pass on to Annie Leutkemeyer about the clinical side.
 - CM Knoble suggested keeping the data not too complex, easily digestible.
 - It would also be helpful for her to say who she provides services for- she serves a very high need population.
- CS Jordan suggested that the presentation include a discussion of insurance coverage for Hep C treatment.
- Co-Chair Shriver added that he would like to see a roadmap on how someone accesses the Hep C treatment in the county- it would be helpful to see what the roadmap is for people who want access to services.

7. Steering Retreat Next Steps- VOTE

- The Committee continued a discussion regarding a next step created at the 2018 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 last month, Beth Neary went over the HHS monitoring process. It was a conversation in the context of thinking about how the Council can ensure that there is equity across service provisions for clients. She made it clear that findings from HCAP were not included in the monitoring process.
- CM Knoble provided an overview of the CHEP monitoring process:
 - They aim to be an intermediary between the Business Office of Contract Compliance (BOCC) and the agency that is being monitored. The monitoring is a relatively simple process, often centering around a check list. Within CHEP, there are roles called liaisons. Liaisons act as contacts for whatever the agency needs to be successful in their work.
 - He added that he is a liaison for STRUT. He provides HIV test counseling and other work at this agency. This allows him to understand better the work that they're doing and have meaningful insight into the culture of that agency. This helps to make sure people are being treated respectfully and in a way that works. It's a time-intensive effort that is not necessarily documented in a transferrable way.
 - CS Jordan asked if CM Knoble is the only liaison or just one of a few. He also inquired if CM Knoble thinks that the other liaisons have as much of a role at the agency.
 - CM Knoble responded: there are multiple liaisons. It depends on the particular agency and size of agency. He added that CHEP requires test counselors to go through a 4-day training and brings the liaisons together every month to review best practices.
 - CM Bowman noted that whether the monitoring check list translates down to the culture of the agency completely depends on the dynamics of the agency itself. He wonders what the best way is to build a culture of providing services.

- CS Molnar added that even when someone at the agency can craft a faithful paragraph about harm reduction, the agency may still be listed in the HCAP report as problematic.
- CM Murphy pointed out that the Council could address problematic issues through contract renegotiation. She asked if the Centers of Excellence (COEs) are up soon for contract renegotiation and suggested that the Council may be able to advocate for some language in the RFPs, or perhaps require trainings as a part of the new contract. The Council could even suggest that the monitoring process needs to be run by frontline staff. Finally, the Council may be able to advocate for a HCAP report results being incorporated into the monitoring process by requiring agencies to submit a plan of action to address the grievance.
 - Co-Chair Knoble suggested inviting more people into this discussion. This could be a great first step to improving monitoring, as it would allow more people to help in identifying problems with the current system and brainstorming solutions. He added that the system is very bureaucratic, and that this is a huge project.
 - CS Molnar noted that it may be challenging to get into contracts, but it could work to advocate for RFPs. One idea would be to ask them to deliver more thoughtful responses, such as “How do you use harm reduction in your policies?” rather than “Do you have a harm reduction policy?”
- CS Jordan added that sometimes high turnover can make it harder for agencies to follow best practices. Even if an agency has thorough trainings and client-centered policies, high turnover can lead to new staff who have not internalized the agency culture and are not trained properly.
 - CM Shriver noted that often the problem could lie with employees who are contracted separately by the agency, such as security staff. He inquired how widespread these issues are. Is it one particular patient, one provider, or a dental issue that isn’t covered under the contract?
 - CM Geltmaker noted that high turnover is challenging. It could be potentially problematic if there is continual blame of one agency.
- CM Soto added that these problems are often around access. Folks often have to wait for hours at their appointment, and then months for the next appointment. There are a lot of scheduling and availability issues.
 - CS Molnar stated that Dental is a challenging category. Even if the services are improved, it would mean being able to serve fewer people. Housing is also an immensely complicated issue, which the Council actually has little purview over.
- CS Jordan noted that a large portion of front facing staff are not actually part of agency. Is this something that could be built into the RFP?
 - CM Gonzalez noted that many people are discouraged by initial interactions with service providers. There needs to be more training to ensure staff knows how best to interact with folks who may be under the influence.
- CS Molnar asked the Committee if Jeremy Tsuchitani-Watson should be invited to speak about HCAP at this Committee. He also may be able to provide insight on what impact the Council could actually have.
 - CM Shriver noted: there are many people for whom the system is failing who don’t even make it to HCAP. Where is the consumer bill of rights? Something that can hold folks accountable.
 - CM Bowman suggested a training for providers. How do we serve the people that have been traditionally turned away from services?
 - CM Murphy suggested reaching out to CBHS as well.

- CS Jordan noted that hearing from Jeremy could be a good place to start to get some context.
- The Committee elected to ask Jeremy come in and talk to group.
- CM Geltmaker noted that intensive case management could be a good solution for impacting the harder to reach populations. It could be helpful to look at the system as a whole rather than particular agencies.
 - CS Jordan noted that this could be very resource intensive.
 - CS Gonzalez suggested pulling information out of past Needs Assessments.
- The Committee decided to table this conversation until the next meeting.

8. Presentation Calendar

- The Committee reviewed and updated 2018 presentation calendar.
- CM Shriver and CM Walubengo have been switched for facilitation in June and July.
- CS Molnar announced: The Summit cannot occur in August due to DPH’s Service Summary Sheets not being available at that time. Moving the Summit back to late September or early October would be best.
 - The Committee discussed a tentative date of September 21st.
- CS Molnar asked the Committee for feedback on questions for the upcoming National Update Panel.
 - CM Murphy suggested asking something about the Council’s regional partners, and how to support larger Bay Area efforts around prevention and care. San Francisco is a well-resourced county—it could be worthwhile to think about how the Council could support larger Bay Area efforts. Improving prevention and care efforts in other counties will help San Francisco get to zero as well.
- CM Shriver noted that it could be useful to hear about HIV prevention and care efforts in the Southern US. They don’t seem to be doing as well as San Francisco.
 - He added that he would also like to see discussion of national initiatives around disparities and health outcomes.
 - CM Knoble added that it may also be helpful for the panel to discuss the impact of presidential leadership.

9. Next Meeting Date & Agenda Item- VOTE

The next Council Affairs Committee meeting is tentatively scheduled for Tuesday, July 10th 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 Adams.

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)

June 12, 2018

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

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



1.	Matt Geltmaker	P									
2.	Thomas Knoble	P									
3.	Mike Shriver	P									

--	--	--	--	--	--	--	--	--	--	--	--

Ayes										
Nayes										
Abstain										
Recusal										