

HIV Community Planning Council
HOMELESS WORK GROUP
Tuesday, April 2nd, 2019
SF AIDS Foundation, 1035 Market St. Room 3E
San Francisco, CA
3:00-5:00 pm

Committee Members Present: Bill Blum, Dean Goodwin, Paul Harkin, Mike Discepola, Darpun Sachdev

Council Members Present: Charles Siron [E]

Committee Members Absent:

Others Present: Jason Alberton (City Clinic for GTZ)

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

Minutes

1. Introductions

The meeting was called to order at 4:07 pm by Co-Chair Harkin. Everyone introduced themselves and quorum was established.

2. Review/Approve April 2nd 2019 Agenda – VOTE

- The April 2nd 2019 DRAFT Agenda was reviewed approved by consensus.

3. Review/Approve March 5th DRAFT Minutes- VOTE

- The March 5th 2019 DRAFT Minutes were reviewed approved by consensus.

4. Announcements

- CM Harkin announced an upcoming hearing on April 11, 10am-12pm: Speak Out for Overdose Prevention Services. It's a special hearing on a resolution to support AB 182, the bill that would support Safe Consumption Sites.

5. Public Comment

- None.

6. Group Goals and Tasks

- The group discussed the following topics, and any subsequent additions to this list:
 - Expanded release hours from jails and hospitals
 - CM Harkin noted that it's important to create sensible release policies around jail release. One woman (among others) recently died from an overdose soon after she was released from jail.
 - Jason Alberton noted that legally the jail cannot keep you there past the determinate sentence. It's always going to be challenging to bridge the gap between late night release times and an early morning recovery bed the next morning.
 - CM Blum asked what specific policy change we could propose to address this issue.
 - CM Sachdev noted that they started an in-patient addiction service. Perhaps that model could help improve the situation.

- Substance use care in hospitals
 - Jason clarified that this sounds like it's for people who are getting dope sick.
 - CM Harkin added that there needs to be infrastructure in place for people with substance use disorder.
 - CS Molnar: there are many issues around the Emergency Room, for example if someone comes into the ER and says that they are having an issue around substance use, they are put in a certain box and are often not receiving adequate care.
 - CS Jordan clarified that there is not a policy in place to give folks maintenance doses of opiates if they come into the Emergency Room already in withdrawal.
 - Jason noted that people in the ER that are registered with the methadone clinic should be getting their prescribed doses, but it's unclear. It's a separate computer system. They have to be advocating for themselves from the very start. This is already the standard of care in SF jails.
 - CM Sachdev noted that this issue might not be actionable or possible for this group to address.
- Increased training for reception and security staff
 - CS Jordan noted that based on the recommendations from the 2017 Needs Assessment, they are working on rolling out a training for security staff, or first point of access person, most likely first starting at Ward 86.
 - CM Blum added that the training is focused on cadets and private security staff.
 - CS Jordan noted that the first training could be informative for developing future trainings.
 - CS Molnar noted that maybe this group could add reception staff to the folks who should be trained.
 - Jason noted that the idea of having to earn good service through good behavior is challenging.
 - CM Sachdev brought up doing something akin to "secret shoppers" to evaluate security staff. Also, how do we appeal to medial directors?
 - CM Blum noted that we could try a pilot program with outreach workers.
- Expanded access to lockers, including locker access at additional drop-in and navigation sites
 - CM Harkin noted that this ties in well with the goal of looking at viral suppression and the Hep C cure. There has been a recent increase in harassment of homeless folks and confiscation of medications.
 - CM Discepola noted that they provide storage lockers at 6th St Harm Reduction center. He added that navigation centers are woefully understaffed.
 - CM Blum noted that Tom Wadell urgent care will have lockers.
 - Jason added that he's not sure you could do the same thing at the navigation centers because of staff availability.
 - CM Sachdev noted that some places give out the locker meds through pharmacists. The question here is how to expand these facilities since the system seems to be working. There is usually a monetary incentive for folks to come pick up their meds.
 - CM Sachdev noted that we could identify the sites where folks are interested in starting these lockers.
 - Jason noted it would be interesting to try a navigation center.
 - CM Sachdev asked if it would be possible to create a navigation Center of Excellence?
 - Jason noted that all the shelters and navigation centers require you to not bring any substances or alcohol onto the premises. They encourage you to go off-site.
- Increased entry points for mobile services

- CM Harkin noted that this is tied in with Project OPT-In's Health Access Points.
- CM Knoble added that the Health Access points also include services and testing for HIV, HCV and STDs. He wants to keep integration and the roadmap in mind.
- Jason noted that if medications are on vehicles, this presents a problem if the vehicle breaks down.
- Policy recommendation(s) regarding sanctioned encampment models
 - CM Discepolo questioned what other cities are doing regarding sanctioned encampments. We need to make a statement saying that we oppose police sweeps.
 - BM Blum noted that we could break this topic into two smaller topics:
 - Non-interference
 - Exploring idea of sanctioned encampments
 - CM Harkin noted that the city spends 100k shuffling homeless folks around unnecessarily. There also 76 cops on salary whose only job is to police homeless people.
 - CS Jordan noted that the fact that the program is led by police shows that the city views the homeless as a criminal problem rather than a social issue.
 - Jason noted that the United States Interagency Council on Homelessness (USICH) opposes sanctioned encampments. They argue that sanctioned encampments are expensive and the money would be better spent on permanent housing. There are also safety issues—an encampment in Oakland recently had a fire that ended people's lives. Dignity Village in Portland, often cited as a leading example, has screenings for folks to get in. It is also more focused on tiny homes rather than a sanctioned encampment.
 - He added that in SF the push has been to stop people from putting up tents for one night. People are figuring out that they can set up at night and pack up by the morning.
 - CM Blum noted that a harm reduction approach could be giving people time to gather their medications and belongings.
 - CM Blum noted that there's a fear of if we create better services, more people will come in. I'm not sure if that's true or not- what do you guys think?
 - CS Jordan: based on interviews, it seems that many recent arrivals came to SF for services, even if they knew they might be homeless. People would rather die from sleeping on the street than lack of medications. Other folks also commute for services.
 - Jason noted that according to the Department of Supportive Housing, SF is the majority provider of permanent supportive housing in the bay area.
- Harm Reduction drop-in centers and mechanisms to support mental health with the harm reduction model
 - CM Harkin noted that this item could have some traction. How do we get spaces that are large enough to accommodate a significant amount of folks?
 - This could be a potential policy recommendation. There are a few spaces right now but they are only for 10-15 people.
 - CM Sachdev noted that whole person care is supposed to do this but we're not sure if they'll have time.
- Expanded field-based case management within CBOs including CoEs
 - CM Sachdev noted that this was more about the way we allocate funding. How do we encourage services moving towards these populations? We need to ensure that we are creating the models and getting the data back that supports these models.

7. Documents

- The group discussed literature, documents, and policy statements pertinent to the work group goals.
 - CM Harkin noted that there was a review of HSOC recently published. He offered to forward it to council staff to forward to the group.
 - CM Discepola suggested a future topic for discussion:
 - Researching how to provide reasonable low threshold or low access substance use services, especially for populations that cannot access or function up to treatment slots.
 - CS Jordan suggested separating what seems to be better for policy recommendations versus actionable items that we could influence through the funding we allocate. Perhaps we can also figure out who else is doing what work, to make sure we're not duplicating other work that is happening.
 - The group agreed to forward any pertinent articles to the group.

8. Next Meeting Date & Agenda Items- VOTE

The next Homeless Work Group meeting is scheduled for May 7th 2019 from 3:00-5:00pm.

9. Adjournment

- The Meeting was adjourned at 4:58 pm by Co-Chair Harkin.

Homeless Work Group

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)

April 2, 2019

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

1.	Bill Blum	P										
2.	Mike Discepola	P										
3.	Dean Goodwin	P										
4.	Paul Harkin	P										
5.	Irma Parada	P										
6.	Darpun Sachdev	P										
7.	Charles Siron	E										

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Ayes										
Nays										
Abstain										