

**HIV Prevention Planning Council (HPPC)**  
**Substance Use Work Group**  
**Thursday, July 31, 2014**  
**2:30 – 4:30 PM**  
**AIDS Office**  
**25 Van Ness Avenue, Room 330**  
**San Francisco, CA 94102**

**Members Present:** Michael Discepola, David Gonzalez, Paul Harkin, Kate Monico Klein, Aja Monet, Jessie Murphy, Chip Supanich, Laura Thomas, Nan O'Connor, Michael Siever (Community member)

**Members Absent:** Jackson Bowman, Channing Wayne, Gwen Smith, Gabriel Ortega (Community member)

**Staff Present:** Hanna Hjord, Eileen Loughran, Oscar Macias, Valerie Rose (Consultant)

**Public:** Zoran Dominković (Croatia HIV program Administrator)

**1. Welcome, Announcement, Approval of Minutes** (Discussion Item/Vote)

Laura Thomas called the meeting to order at 2:35 PM.

- **Announcements**

Laura and Paul gave an update on a meeting with Barbara Garcia, Phillip Coffin, Tracey Packer, Eileen Loughran, and Isaac Jackson from Urban Survivors Union on July 29<sup>th</sup>. The focus of the meeting was to discuss ways/opportunities to reach difficult populations such as crack users. Overall, there was agreement that the conversation went well and the dialogue will continue.

- **Review Meeting Evaluation Results**

Laura gave an overview of the evaluation results. The results of the meeting evaluation were very favorable.

- 12 surveys were completed
- **Words used to describe the meeting included:** collaborative, comprehensive, harm reduction, hope/hopeful, interactive, thoughtful, organized, and progress,
- **Comments included:**
  - ✓ Extremely informative and productive in moving forward
  - ✓ Great discussion and in depth participation from all members
  - ✓ Such useful comments and suggestions from this group of talented and dedicated people
  - ✓ Matrix was very helpful in summarizing meeting. I like the priorities voted on by group and process to get there
- Laura added that Co-chairs, consultant, and planning staff met to debrief the June 10<sup>th</sup> meeting and plan the July 31<sup>st</sup> meeting. All of the feedback provided on the evaluations was taken into account.
- **Review/Approve Meeting Minutes**  
The June 10<sup>th</sup>, 2014 Substance Use Committee meeting minutes were approved by consensus.

- **Brief Recap June 10<sup>th</sup> Meeting**

Valerie gave a brief recap of the last meeting. She highlighted the discussion on the overarching issues and the prioritization process of themes. The work of this group is to develop strong recommendations to go through HPPC and DPH Leadership. She reminded the group of the prioritized themes that we will focus our work on:

- **Harm Reduction**
- **HIV prevention, treatment, and substance use**
- **System of Care**
- **Effects of criminalization**

Harm Reduction came out as #1 in the prioritization process so today we will begin to review the draft recommendations.

## **2. General Public Comment**

None

## **3. Work Plan for Work Group-Recap**

### **Part 1: Goal of Work Group**

Valerie reminded the group of the goal of the work group. The group will have 2 additional meetings after today. The timeline of our work plan is to develop recommendations for each of the prioritized themes, and to present our work for vote and approval at the October 9<sup>th</sup> HPPC meeting. The group will need to determine if they should schedule an additional meeting in early October to finalize the Council presentation.

### **Part 2: Meeting Objectives**

Today the meeting objectives are as follows:

- *To review, discuss and approve Harm Reduction Policy Recommendations:  
The role of the members is to provide feedback, review, and approve the recommendations so that we can move on to the next prioritized them.*
- *To develop recommendations for HIV Prevention, Treatment and Substance Use*
- *To develop recommendations for Interventions*

## **4. Discuss/Approve Recommendations for Harm Reduction (Discussion item Vote)**

Michael D. opened this discussion by posing to the group, “How can we embrace harm reduction as a way of supporting our programs in the City?” He asked the group to look at the recommendations to see if anything is missing.

- It was added that the recommendations are based on what the group said at the June meeting, and then a follow-up meeting with the Co-chairs and planning staff.
- A member highlighted that there is no mechanism for holding programs accountable.
- Is there a clear internal process if there are complaints from clients/patients?
- How to include harm reduction in the monitoring process?
  - Include community members in process
  - Include topic area experts to ensure H.R. policy is adhered to
  - Recommend that CBHS allow an HPS or community member to be part of the monitoring process
- Include something in client satisfaction about Harm Reduction or create some sort of online “Yelp” review mechanism

- Revise whistle blower mechanism-a structure in place to have a feedback loop. It is our responsibility to educate our peers.
- Yearly competence training on Harm Reduction
- Clarification on what Harm Reduction is. It means different things to different people. We need a clear and consistent message.
- Make sure that DPH provides adequate support (capacity building)
- Can we do an assessment to see which agencies or other departments are funded to do training/technical assistance?
  - Can an agency be funded to provide TA to other programs?
- Education about harm Reduction
  - Clients knowing their rights and responsibilities
  - Consumer or client education
- How can we assess if Harm Reduction policy is actually being implemented?
  - Implementation is more than just having policy in the binder
- All agencies that are funded to do substance use services or harm reduction services must have this information
- Require signage or poster in office that notes the rights and responsibilities, etc.
  - Should include visual because people have different literacy level and language needs
  - Sandwich board at eye-level could also be an option for this information
  - Palm cards that list a patient's rights
- The challenge will be to update the Harm Reduction policy to have passion and support of leadership so that people are enthused about the policy and its implementation.
- **Recommendation Recap:**
  - Written materials
  - Trainings
  - Ombudsman /Public Advocate
  - Forms-client satisfaction
  - Monitoring-include community expert
  - Yelp type assessment
  - Integration and partnerships between agencies
  - Assessment of which programs/departments do what kind of trainings
  - Endorsement from leadership.
- **Approve Harm Reduction Recommendations** (Discussion item/Vote)

Paul made a motion to approve the Harm Reduction Recommendations. There was a second by Aja. The motion was approved by roll call vote.

Member	Harm Reduction Recommendations
Aja Monet	yes
Jackson Bowman	Not present
Michael Discepola	yes
David Gonzalez	yes
Paul Harkin	yes

Kate Monico-Klein	yes
Jessie Murphy	Not present
Nan O'Connor	yes
Gabriel Ortega	Not present
Gwen Smith	Not present
Chip Supanich	Not present
Michael Siever	Not present
Laura Thomas	yes
Channing Wayne	Not present
<i>CHE&amp;P</i> Hanna Hjord Eileen Loughran	yes

Michael transitioned the group to begin discussion the next priority focus area.

### **5. Discuss Priority Issues:**

Part 1: HIV prevention, treatment, and substance use and interventions

Michael directed the group to the June minutes to review the issues we brought up last month on this topic area. He instructed the group to think about recommendations to address the issues brought up.

The group continued the discussion on HIV prevention, treatment, and substance use with a sub-component of interventions.

- Not really engaging women, crack users, and substance users
- Look at current programs and see what is being done to engage people
- Resource and referral guides for substance use treatment for HIV test counselors
- Access/Engagement
- Messaging
- Modeling interventions
- All conversations have touched on access/barriers
- Sexual health education
  - Paired with testing and services
  - Continuum of prevention / exploration of options
  - Materials written in simple language
  - Making sure standards of care around PrEP are clear
  - Incorporate STI testing into HIV testing
- Recommit to treatment on Demand
  - Ensure that people with substance use issues have access to treatment
  - The City needs to commit to provide available treatment so that services are available when an individual is ready.
  - Review Treatment on Demand policy-what does it say about implementation?

- Once the City recommits to H.R. policy can we get state to also commit?
- Reimbursement problems
  - MediCal through CBHS starting January 2015
  - Mechanism for providers to get reimbursed.
- Barriers to treatment
  - No residential program available exclusively for women-not safe to have a mixed program when many of the women clients have experienced trauma
  - Women that smoke crack and are HIV+ have no place to go for treatment services
  - Need for trauma based programs. How are substance use programs engaging it into their work?
    - ✓ Seeking Safety
    - ✓ EMDR
  - Treatment for crack users (men & women).
  - HealthRIGHT 360 is abstinence based and is not “women” friendly
  - Large organizations should have a requirement for Harm Reduction
- Mental health contractors association monthly meeting would be a place to provide public comment
- Can community members, specifically the co-chairs of this work group participate on the internal DPH Substance use work group?
- Vancouver and B.C have very solid Harm Reduction practices—lessons that we can learn from
- Programs have to demonstrate that they have some level of Harm Reduction
- Inadequate care for stimulant using population
- Messaging for substance users
  - To help normalize
  - Move upstream before a crisis occurs rather than downstream (respond to crisis)
- Structural barrier of the City Civil service hiring practice
  - Can we recommend that some departments or special services require more flexibility with hiring practice to ensure right experience & cultural competence for the position?
  - City system takes too long and requires candidates to be “on a list” or to take exam. Potential to lose qualified candidates.
- We need adequate detox programs
  - Limited detox programs
  - Not taking crack smokers
  - People released too soon (7 days rather than 30 days)
  - No medical detox anymore (SFGH program no longer exists)
  - Jail should not be the back-up. We need people to have treatment and detox options rather than jail.
- **Recommendation Recap:**
  - Treatment on Demand Policy
  - Gender responsive substance use program
  - Substance specific treatment (in particular for stimulant use)

## 6. Summary, Evaluation, and Closure of Meeting

- **Michael provide brief Recap:**
  - Harm Reduction policy: include action steps/ implementation plan
  - Treatment on Demand

- Gender responsive substance use programs
- Support on drug court and other options that do not include jail

Michael summarized next steps. Co-chairs will meet with Valerie and staff to review the ideas discussed today and plan the next meeting. Valerie will provide a draft set of recommendations for the co-chairs and staff to consider.

Members were asked to complete the evaluation form and return it to Eileen.

## **7. Adjournment**

Meeting adjourned at 4:30 PM

The next meeting is scheduled for **Thursday, August 21, 2014, from 2:30 – 4:30 PM** in Rm 610.

**Minutes prepared by Eileen Loughran and reviewed by Hanna Hjord, Laura Thomas,  
and Michael Discepola.**