I. Call to Order

CM W. Flores called the meeting to order at 3:15 PM.

II. Roll Call

Council Members Present at Roll Call: Julie Dowling, Elaine Flores, Wade Flores (chair), James Frazier, Esmeralda Garcia, Jennifer Malone, Ken Travirca

Council Members Arriving Late: Linda Dobra (3:38 pm)

Council Members Absent: Bobby Moske (excused), Alex Nizovskikh (excused)

Staff Present: Cicily Emerson, Kevin Lee

Public Present: Sarah King (MCC), John Froyd (MCC)

III. Review and approval of Agenda – VOTE

CM E. Flores motioned to approve the draft agenda, seconded by CM Frazier, approved unanimously by the Council.

IV. Review and approval of Minutes – VOTE

CM E. Flores motioned to approve the draft minutes, seconded by CM Frazier, approved unanimously by the Council.

V. General Announcements

- CM Frazier: there are two HIV retreats coming up in December. One is in Saratoga run by Greg from the HIV/AIDS Miracle Medicine retreat. Other is in Danville and run by the Catholic church.

VI. Public Comment

- Members of the public were asked to introduced themselves:
  - Sarah King: I'm the Clinic Director at MCC.
  - John Froyd: I'm the Medical Director at MCC.

VII. Co-Chair Report
Let's take a moment of silence for neighbors up north who have passed and those who have been displaced.

Thank you everyone for your participation and help with the Community Forum in August, there was a good turn out and it was well received.

SF EMA had their priority and allocation, and will vote on approving the prioritization and allocation processes for Marin and San Mateo later this month at their full Council meeting.

VIII. Prevention Program Report

- 5 year prevention grant has ended and will be funded through the State Office of AIDS along with other county jurisdictions in the state starting in January 2018. This left us with a funding gap of about $120,000, but the State will contract with us to cover this gap through the supplemental Part B X08 grant for Early Intervention Services, which will cover testing, outreach, and linkage. We will continue to subcontract with The Spahr Center to provide some of these services.

- Program is working to integrate with STD services more. It may be good to do a STD report since syphilis and gonorrhea rates are on the rise, many who are among people who are living with HIV, so it’d be helpful to get the information out. We’ve had two pregnant cases in Marin this year which is more than in the past, and there are about a hundred statewide, so it’s pretty serious.

IX. Division of Public Health Report

- Hepatitis A outbreak mostly in San Diego among people who inject drugs and the homeless, which is the largest outbreak the state has seen in a long time. Marin County has provided outreach and vaccines to clients at Ritter and St Vincents. Hepatitis A is spread through oral-fecal transmission. More information can be accessed on the CDPH website: [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Hepatitis-A-Outbreak.aspx)

- The transfer of clinical care is continuing to move forward. Dental Clinic is scheduled to transfer to MCC first starting on November 3 with some of the other clinics to follow.

- October 23 is our annual HIV Community Planning Council meeting where the SF EMA votes on our prioritization and allocation process. This is from 3:30pm to 6:30pm in room 610.

- As part of the Housing service category through our Part B X08 funding, we’re coordinating with the Housing Authority who’s working on coordinated entry, which is an assessment and prioritization of need among the homeless population. We’ve coordinated with The Spahr Center so that they can ensure homeless individuals who are living with HIV are considered in this process. The Housing Authority has 50 vouchers for those who are prioritized with having the highest need. There’s also a new case management program called Whole Person Care that’s being rolled out by the County that will focus on homeless and medically fragile.

- Kevin presented on the August 2017 Community Forum questionnaire results.

- Kevin presented on the 2017 Marin EMA report.

X. Ad Hoc HIV Continuum of Care Committee – VOTE
Kevin: Given the integration and transfer of care from HHS Clinics to community providers, we're proposing the development of an ad hoc committee to ensure community engagement and client voice in this process. Ad hoc committees can be developed at anytime as long as it's approved by the Council, are time-limited based on the task of the committee, would have at least one chair who's a councilmember, can consist of both councilmembers and non-councilmembers, and would be an entity of the Council and would therefore have to report back to the Council.

CM W. Flores: If this committee is through 2017, it's only active for two months during some of the busiest months. Is this the right time to do this?
   Kevin: Here’s a sample of a potential timeline with steps for each meeting where everything can be accomplished in four meetings.
   Cicily: Yes, because patient care is being transferred to community providers and it's important to have community input throughout this process.

CM Dobra: At the last Community Forum, there were more members of the public who were clinic patients. I like the idea of having a community forum where these patients can address their concerns and have it more like a dialogue. We may want to reach out to some of those people at the Community Forum.

Cicily: I've spoken to Leslie Gallen, the Integrated Services Program Coordinator at The Spahr Center, and she’s shown interest in being involved and suggesting ways in which we can hold activities such as a forum for clients.

CM Malone: I’m having difficulty understanding the proposal and it seems vague, and I'm trying to understand what problems we're trying to solve. I'm concerned we're not going to come out with anything concrete.
   Cicily: This was intentionally left open for the group to decide, and the idea is to get some good recommendations coming from the committee and especially clients and patients around needs and concerns, so that we can address them in the contracts with MCC as an oversight.

CM Malone: Maybe we can just make a list and then discuss what can be done about them.

Cicily: Given how quick this entire process has occurred, there hasn't been as much community input and this is an opportunity to memorialize a community process and have it written down, have agendas noted, and minutes shared.

CM Frazier: So the decisions made in the committee would come back to the Council?
   Cicily: Yes.

CM Frazier: If this process goes in the route of the County collecting information from the community rather than the establishment of a committee by way of the Council, the County will continue with its internal process of gathering community feedback rather than going through the Council unless the Council votes to have an alternative option.

CM Dobra: I think a community forum could be an opportunity to learn about patient needs and then do trainings for providers. We do have a stake in making sure that this process moves forward in a better fashion and that people don’t feel discriminated against, and that's why it's important to hear from the community.

Cicily: Maybe rather than having a workgroup or committee, it’s more a series of structured community meetings with the same purpose.
• CM Malone: We also want to make sure that whatever process we have, it should be productive. While it’s appreciated listening to people’s experiences, it should also be a collaborative process around problem solving to bring people together.
• CM Travirca: It should be well moderated and facilitated, and controlled.
• Cicily: I’m wondering, John and Sarah, if there’s anyway you get input?
  o Sarah: I’m 100% open to hearing about any experiences at Marin Community Clinics. I think it will help shape the staff training and education.
• CM W. Flores: Would either of you be interested in participating?
  o Sarah and John: Absolutely.
• CM Malone: We want to acknowledge the reality that MCC doesn’t have very many patients who are living with HIV as they’ve acknowledged, which is a concern of patients. And how to alleviate these concerns as they’re learning.
• CM Dobra: In talking with patients, the main thing that I’m most concerned with is that when they have difficulties, what is it that they do with that information and how can we be a conduit to help hear that and give feedback for that so that we can do corrective action. That’s my biggest thing, that we have a process for dialogue between patients and agencies so that we can rectify any issues or concerns.
• Cicily: I think we don’t have very much structure at this point, so that’ll be something that I will certainly work on doing, which is to begin documenting people’s perceived concerns and brainstorm how ongoing feedback can be shared.
• CM Malone: I imagine MCC is very consumer-based and has internal processes for this kind of thing so I’m wondering if we could learn more about how you’re now taking in feedback.
  o Sarah: We have a compliance department and a compliance officer – her name is Isabella Mihini. We view feedback as a partnership. We solicit concerns, complaints, comments as a partnership meaning that becomes documented, gathered, reviewed, and followed up on by a whole department to ensure that we make necessary changes. We do have a way for comments and complaints to be managed. We also have care navigators who work with patients to gain feedback and that trickles back to the organization. So we have a couple mechanisms that ensure feedback from patients on a regular basis.
  o John: We have a board made of community members. As a FQHC, we get federal funds and there are many rules that we need to follow to maintain that funding.
• CM E. Flores: I know that for many clients, they want to be assured that confidentiality will be maintained, and their privacy will be safe.
  o John: We already have a panel of patients living with HIV who we see so while we’re gearing up for that, it’s certainly a top priority for us. We’re very mission-driven and we have patients who are homeless or undocumented, and it’s information people don’t want to get out so this staff really does care about patients. We have a lot of room to grow and lot to learn, so that’s one of our top priorities.
• CM W. Flores: I think the community at this point really just wants information because they don’t know what’s happening.
• Cicily: So what I’m hearing from the Council is that maybe you’d want to ask the County to do some consumer engagement whether it’s a forum or a meet-and-greet with MCC. It sounds like you’re asking the County to do the
legwork and gather the information and report back at another meeting and maybe the Council can make recommendations based on the information.

- CM W. Flores: We can do an emergency forum.
- CM Garcia: Were you thinking of this ad hoc committee as a vehicle to move this forward?
  - Cicily: Our vision was to discuss everything we’re talking about right now in a formal way. We can do what we’ve been doing which is working with MCC and gathering information from the community and then reporting it back to the Council, or we can do a more formal process of engaging the community. It’s up to the Council on whether they want to move forward with this committee, but it’s fine either way.
- CM E. Flores: I like the idea of an emergency forum and think that people will show up because people want to know more information.
- CM Malone: So this will look like an opportunity to share information with people and this could include having MCC present. And that would lead into questions and make a list of things that are unanswered or things that need to be pursued. Whatever this is, it’s got to have structure.
- Kevin: We could certainly consider having the forum in late October/early November, and partnering with MCC.
- CM Malone: We may want to consider having an outside facilitator.
- Kevin: We can come up with dates and verify with the group.
- CM Malone: I think meeting real people would be helpful
  - Sarah: If there’s anything we can bring, please let us know. And we can do tours.
- Cicily: Something to consider is whether this will be open to all Ryan White clients or just focus it on those who are most impacted by these changes, namely those whose care are being transferred. We may be a little different with our approach.

CM Malone motions to have an ‘emergency community forum’ either late October or early November, seconded by CM Travirca. Approved unanimously by the Council.

Public Comment: None

XI. FY17/18 Meeting Calendar – VOTE

CM Travirca: motion to table discussion for next month, seconded by CM Dowling, unanimously approved by the Council.

Public Comment: None

XII. Co-Chair Nominations

- CM Travirca nominated CM Bobby Moske who is not present
- CM W. Flores nominated CM Elaine Flores who accepted
- CM W. Flores nominated CM James Frazier who accepted
- CM Dowling nominated CM Ken Travirca who declined
- Nominations will remain open, and elections for Co-Chair will take place at the next meeting.

XIII. Membership – VOTE

- Member up for renewal of membership: CM Jennifer Malone
CM Malone: I have been on the Council since it was formed and I think that it’s really helpful to me and The Spahr Center to be on the group, recognizing that it’s primarily a client group, but we’re serving clients. I also think that it’s also helpful for clients to hear about how the provider organization is functioning so that it can be collaborative.

CM Travirca: motion to renew CM Malone’s Care Council membership for another two years. Seconded by CM Dobra. Approved unanimously by the Council.

XIV. New Business – None

XV. Adjourn

CM W. Flores adjourned the meeting at 5:09 p.m.

Next Meeting: November 8, 2017
Marin County Health & Wellness Campus
3240 Kerner Blvd., Room 110
San Rafael, CA
3:00 p.m. – 5:00 p.m.

PLEASE PLAN TO COME TO THE MEETING ON TIME, AS WE WILL BE STARTING ON TIME AND ENDING ON TIME – We cannot extend the meeting time. Thank you!