



HIV Health Services Planning Council
GOVERNMENT AND PROVIDER AFFAIRS COMMITTEE
CONSUMER AND MINORITY AFFAIRS

Tuesday, March 15, 2011
730 Polk Street, 3rd Floor
Project Open Hand Conference Room
3:30-5:30 pm

Committee Members Present: John Andrews, Margot Antonetty, Billie Cooper, Liz Gatewood, Matt Geltmaker, Mary Lawrence Hicks, Lee Jewell, Rachel Matillano, Maritza Penagos, George Simmons, Michael Scarce, Charles Siron, Don Soto, Michelle Spence, Chip Supanich, Eric Sutter

Committee Members Absent: Aaron Chandler [E-Proxy: Michael Scarce], Cicily Emerson, Carol Hudson, Steve Manley [E-Proxy: Lee Jewell], Matthew Miller, Mark Molnar [LOA], Veronica Pillatzke [E], Gerardo Ramos, Lara Tannenbaum [LOA], Channing Wayne [E]

Others Present: Celinda Cantu [DPH-HHS], Ernst Hopkins [SF AIDS Foundation], Ayako Miyashita [ALRP-HCAP], Veronica Neale [Consultant]

Support Staff Present: William Ching, Mark Molnar

Draft Minutes

1. Introductions

The meeting was called to order at 3:15 pm by CS Molnar. Everyone introduced themselves and quorum was established for CMA and the joint-Committee, but not for GPA.

2. Review/Approve Joint CMA & GPA March 15th 2011 Agenda – VOTE

The March 15th 2011 agenda was reviewed, amended and approved by consensus.

3. Review/Approve CMA February 1st 2011 DRAFT Minutes – VOTE GPA February 8th 2011 DRAFT Minutes

The CMA February 1st 2011 DRAFT Minutes was reviewed and approved by consensus. The GPA February 8th 2011 Draft Minutes was reviewed and not approved due to lack of consensus.

4. Announcements

There were no announcements.

5. Public Comments

There was no public comment.

6. Priority Setting and Resource Allocation Presentation

CM Ramos was unavailable to give the presentation.

7. Discussion of Prioritization – VOTE

CS Molnar prefaced the conversation regarding the prioritization process, stating that the reasons behind it stem from last year's summit

GPA Co-Chair Geltmaker spoke about opening the prioritization process and changing the way presentations are reviewed before they are slated to be presented to the Council. Particularly, what does the presentation have to do with the Council and the work that it does; how to make the presentations more relevant and accessible to Council Members.

CMA Co-Chair Scarce reported: the Council's current process for prioritization and allocation process is not necessarily bad, but it could be improved. CM Scarce spoke about bringing a unified consumer voice to the discussion. On the provider side, there is HAPN whereas consumers are more diffuse and less formally organized – how do we bring their voice to the table.

Committee Members went around the room to provide some initial thoughts about the process.

Overall themes:

- Current break-down of priority is based upon a “practical model” on core (75%) and support (25%)
- Further information on service category sheets needed for Prioritization?
- Difference between Prioritization and Allocation
- Current model of Prioritization is, basically symbolic, of what the EMA stands for
- Avoid anxiety-based decision making
- Potential conflicts between the medical model and the San Francisco model of care
- Health reform impact approaches
- Recommendations from consumers not being heard
- Unified and/or diverse perspectives on prioritization/allocation from both consumers, providers
- Providers also representing PLWH – not an agency/service category
- Council Members bring responsibilities to their roles on the Council, and multiple perspectives
- Education of Council Members for each motion and its impact
- Ownership of decisions
- Council has changed dramatically over the years, the Council has really come together, particularly in an environment of reduced funding
- Task force to review SF model of care, current goals and challenges
- Consequences

Celinda Cantu, agrees that the structure is good, a solid foundation. The council is inundated with documentation, which can be hard for the Council to digest. But it is hard to tease out whether the information is relevant, or easy to understand.

Dean Goodwin emphasized looking at the relationship between the core and support services.

CM Soto stated that he is glad that the Committees are able to sit down and discuss the process. Priority setting and allocation are two different things.

CM Penagos is concerned that consumers do not feel enfranchised in the process. “Every door is the right door,” wants to appreciate the symbolism behind priorities, but also to be practical about it as well.

CM Cooper stated that she wants to use her position and vote on the Council responsibly and to speak for those who cannot speak for themselves.

CM Scarce said that years of history of went into the development of the current priority list, and wants to learn more about it in order to move forward.

CM Jewell is concerned about rushing to a decision regarding the process. There are too many moving pieces and the responsibility is on all Council members to take that into consideration.

CM Supanich said that as a new member he appreciates any effort to aid his education and get into the meat of the work. It is his belief; there are differences between a medical model vs. a San Francisco model of care. Concerned about the latter's breakdown, a culmination of the economy, politics, etc. He is very concerned about its ramifications for the community as a whole. He wants to make a concerted effort not to abandon the San Francisco model of care.

CM Hicks said that while it is important to have the Council take ownership of the priorities, she believes that allocation is where the real decisions happen and being practical is important. Having a list that represents of where the Council's hearts are may not be practical for the AIDS Office. There are two big threats: losing the stop-loss, amount of \$4-5 million dollars and the affect health care reform will have on HIV Health Services. On another note, CM Hicks recommended issuing directives to presenters for formatting, information and timing.

CM Matillano said there is a need to educate ourselves about other funding streams, which potentially threatened services may use.

CM Siron, as a person living with HIV/AIDS, he has been hearing a lot about cuts and talk about the Ryan White Programs will be go away. As a consumer, he is concerned that the Council is not as consumer-oriented as it has been in the past.

CM Geltmaker hopes that very clear directions and motions coming out of today's meeting.

CM Andrews believes that the Council is in it together to help all individuals living with HIV/AIDS. Trying to bridge between consumers and providers – as a provider, an individual represents a person or people who do live with HIV.

CM Simmons personally doesn't think that now is the best time for reprioritization. Ryan White is the funding of last resort. He urges practicality.

CM Antonetty, the Council at times ends up dichotomizing consumers and providers. What has brought Council members together is the action and compassion around HIV. There have been high tensions on the Council in the past. It is important to avoid that in future discussions.

End of exercise.

CM Jewell and CM Manley suggested bringing people together to examine the San Francisco model of care and to issue statements to see what they would like to continue in the future

Motions from the joint CMA-GPA meeting:

MOTION-CM Hicks/CM Siron: To remove from the priority list, service categories which are not currently RWPA or RWPB eligible.

Motion passed. See Voting Sheet.1.

MOTION-CM Siron/CM Andrews: To combine the EIP service category with the COE service category.
Motion passed. See Voting Sheet.2.

MOTION-CM Scarce/CM Hicks: for GPA to create a presentation template, to be completed by the presenter, which includes a summary of impact on services.
See Voting Sheet.3.

MOTION-CM Jewell/CM Siron: To extend the meeting by half an hour.
Motion passed by consensus.

The Committee resolved to direct Council Support to develop a survey.

MOTION-CM Gatewood/CM Andrews: To instruct CS to conduct a survey on individual preferences of prioritization for service categories to be utilized as a tool to initiate the discussion prior to priority setting.
Motion passed by consensus.

Council members discussed different ways of ranking core and support services.

MOTION-CM Simmons/CM Siron: That there be two categories, Council members can prioritize core and support services.
Motion passed. See Voting Sheet.4.

Three possible presentations:

- Cost-benefit analysis
- Presentation on service categories that have reimbursements from other funding sources
- Presentation on severe needs populations

Committee resolved task the GPA Committee with reviewing the presentations.

8. Next Meeting Date & Agenda Items – VOTE

The next Government and Provider Affairs Meeting is tentatively scheduled for Tuesday, April 12th 2011 at 25 Van Ness, Room 330B from 3:30-5:30 pm.

Parking Lot:

9. Adjournment

The meeting was adjourned at 5:34 pm by Co-Chair Molnar.