



HIV Health Services Planning Council
Steering Committee Retreat
Friday, January 15, 2009
San Francisco Zen Center
308 Page Street, San Francisco
9:30am - 4:00pm

Draft Minutes

Committee Members Present: Andrews, Flores, Geltmaker, Heath, Jewell, Manley (Co-Chair), Molnar (Co-Chair), Penagos, Thomas (Co-Chair)

Committee Members Absent: Newell, Ramos, Soto (Excused)

Support Staff Present: Randy Allgaier, Enrique Asis, T.J. Lee

Others Present: Bill Blum (DPH-HHS), Celinda Cantu (DPH-HHS), Eric Sutter (Interim Consumer Rights Advocate), Tyrone Spellman (Public), CM Mark Agtane, CM Margot Antonetty, CM Cicily Emerson, CM Chris Harris, CM Mary Lawrence Hicks, CM Carol Hudson, CM Matt Miller, CM Stacia Scherich, CM Siron

I. Coffee and Continental Breakfast

II. Welcome

The meeting was called to order at 10:00 am by Co-Chair Laura Thomas. Co-chairs Mark Molnar and Steve Manley welcomed everyone.

III. Public Comment

- There was no Public Comment

IV. Announcements

- CM Siron announced that the API Wellness Center is cutting services in San Mateo and the East Bay as well as cutting staff at the San Francisco office. There will be a town hall meeting to discuss this and potentially take action, on January 28th.

V. Review of the Day

Interim Council Director, Randy Allgaier provided the group with an outline of today's meeting procedures.

There was no public comment on this item.

VI. Introductions and Ice Breaker

Everyone introduced themselves and took part in an ice breaker, what has been your best job and what has been your worst job?

There was no public comment on this item.

VII. Implications of Governor's Budget and General Funds

- *Is there anything in the Governor's budget that may impact SF EMA?*
 - Interim Director Randy Allgaier explained the updates to the Governor's Budget:
 - Increased ADAP by \$87.5 million. Funding for ADAP for county jails was, however, eliminated. Alameda was hit especially hard by this.) The Therapeutic Monitoring Program remains cut from last year. The Full Scope MediCAL budget cuts eliminated services for legal immigrants (5 years or less) - they get ER services and if deemed necessary their hospitalization will be paid for. Some cervical and breast cancer programs will remain intact for that group. State only benefits were completely eliminated and the California food assistance program was eliminated as well. SSI and SSP (state portion) payments pay is reduced from \$845 to \$830 per month.
 - Taking down to minimal allowances without losing the matching funds from Federal government. This budget depends on billions of dollars from federal funds that were not guaranteed.
 - Bill Blum of DPH-HHS explained SF General Funds:
 - \$112 million reduction will need to happen to DPH. There may be ways to offset with increased revenue, but this is unclear. The Mayor and Director of DPH trying to work together so that the budget process works more smoothly.
 - Areas for most concern: severe outpatient mental health services and residential substance abuse services. People with severe mental illness will come back to HIV Services to receive care.
 - In Home Support Services also very vulnerable with State Budget – not sure what that is going to look like.
 - Celinda Cantu of DPH-HHS explained treatment on demand services. Not a mandate. Certain populations have higher priority in terms of treatment (HIV, pregnant).
- *What information do we need in order to plan?*
 - Be vigilant about prevention – dialogue with the HPPC
 - Continue monitoring populations affected by the cuts
 - Healthcare reform
 - **IDEA:** start ad-hoc long term strategic planning for impact of reform
 - Attention to services in Tenderloin
 - Attention to in Home support services in Marin
 - Private donations are also impacting services

- **LOOK INTO:** HIV or sexual orientation can affect how you get services??
- Ongoing issues for low-income PLWHA re: housing
- *Are there any San Francisco General Funds issues that impact the SF EMA?*

There was no public comment on this item.

VIII. Break

The break began at 11:22 am and ended at 11:34 pm.

IX. Planning for 2010—VOTE

A. Centers of Excellence (COE)

1. What do we know?

What information do we have?

- CS Allgaier asked the council to think about COE's, such as: Is it truly effective? Do we have the money?
- CM Molnar briefly explained the history of COE's. 26% (6.2 million) of the Care award goes to COE's. They initially came from idea of (ISP) Integrated Service Program model – one stop shop at an agency. The serve two distinct populations 1) severe needs population (dual/triple diagnosis) and special communities (communities of color, trans, women). Services include: case management, primary care, outpatient substance abuse, psychiatry, treatment adherence, peer advocacy, emergency housing, and vouchers, money management, benefits, prevention with positives, residential facilities and other important issues. The Council currently funds seven COE's through CARE and MAI (Native Americans, Incarcerated pop, severe needs within T.L. region, Latino/a and geographic Mission, African American and S. East corridor, as well as Ward 86.
- Consumers of services should have access to whole range of services to receive care – which makes this a very effective model.

CM Hicks commented on working in the system before COE's and after they were implemented. Before ISP's, referrals were made but there was no communication between agencies (fragmented care). COE's hold all care providers accountable and care has improved on all sides.

CM Ramos commented on the transition as well and agrees that COE's were a good step for agencies.

2. What do we need to know?

What additional information do we need to get?

- CM Andrews noted that continued challenges are substance abuse, mental health, immigrants as well as special populations and case management.

- Co-Chair Thomas clarified that one category of special populations includes language barriers (therefore monolingual Spanish speakers), therefore while immigrant populations are being targeted, a part of the population is somewhat protected as well.
- CM Hicks noted that they need to strive for more accountability (data issues – better & more accurate data collection) as well as efficient use of money. She suggested looking at cost per unit of service across COE's to gain standardization.
- CM Penagos highlighted the importance of primary medical care and the need to put medical at core and case management at core. There is also a need for a combination of medical case management (medical case management side by side with primary care), and a need for measurable health outcomes
- CM Emerson asked Celinda Cantu about evaluation processes. Celinda responded regarding processes of data consolidation. DPH is looking forward to full data set for all clients with ARIES program, an affordable system for everyone. Current collection is challenging now but will become more robust in future with ARIES. COE's differ in their models so there is flexibility. Little overlap & duplication in services. DPH Input is looking at cost of unit per service which needs to be analyzed.
- Co-Chair Molnar asked the Committee to look at Primary Care or Case Management? Case management was formally central.
- Bill Blum commented that it did officially change so that core is now Medical services.
- Co-Chair Molnar asked to revisit what populations are being served by COE's. (Right now trans is not served).
- CM Siron noted that the Council doesn't have an exit plan for COE's in case of financial issues.
- CM Miller noted a trend that agencies are modeling after COE's and integration service providers but this can be a problem as they sometimes only end up looking at dually or triply diagnosed. What about those that are not severe need as per definition? CM Miller believes lumping services together is a mistake.
- Co-Chair Manley noted that standardizing cost per unit of service is an important step.
- CM Flores asked about creating a restructuring survey.
- CM Ramos noted that he wants to make housing shallow subsidization an open process to new COE's that weren't ISP's under old system. CM Antoentty noted that it is a procedural issue that should be looked into to include all COE's.

3. **How do we get the information we need to know?**

What do we need from DPH and other sources?

- Bill Blum brought up the prevention model – revisit constellation of services and how the EMA meshes geography and populations. Council needs to define an algorithm for populations in a COE model? He also spoke about payscales and organization immunizations – cost gap and misallocation of funds. Rebidding all of these services. He then asked the Council to help track and not leave it just to his agency.

- CM Heath noted that care is more efficient under this system due to communication between providers although she worried that prevention groups get more care than other groups.
- Co-Chair Thomas questioned how the Council can use information that is available on COE's to move forward and make good decisions. The Council probably won't get cost per unit information in the near future so can they move forward without it? How can the Council and DPH take all the info and make it easier to digest? Need to consider looking at mental health dollars – consistent need for more mental health services & substance use. Are there ways to move and expand with mental health dollars and what we have in COE's? Are there more services we need to add? Look at funding and if it is used to greatest effectiveness. Are COE's servicing those groups that the Council intended to serve? Community viral load conversation coming up soon, which is important.
- CM Hicks clarified her idea of cost per unit of service to mean that it would be important to look at efficient spending in a neutral way that doesn't target specific agencies and add too much labor intensive analysis. Then the Council can use data already in place at DPH and perhaps look at it in a different light to get more information on cost effectiveness of services.
- CS Allgaier summarized the topics brought up and concerns.

4. Next Steps

Co-Chair Molnar provided two possible next steps. 1) Review existing model (different parameters?) and 2) how to support this model if the Council decides to keep it.

Bill Blum suggested looking at historical utilization but also looking at the population the Council wants to serve and see if fits within the model.

B. System of Care in the San Francisco EMA

1. What do we know?

What information do we have?

2. What do we need to know?

What additional information do we need to get?

- Co-Chair Thomas noted that as external forces come into play (e.g. decreased resources) how should the Council react? (e.g. dental programs). What new issues will arise for populations and geographic areas? (Aging, Hep C, Community Viral Load)
- CM Andrews noted that they need more understanding of impacted services and collaborators (corrections, IHSS, & immigrants (revenue issue), low income (SSI cuts))
- CM Penagos commented on the system and asked how can the Council protect it?

3. How do we get the information we need to know?

What activities, collaborations and sources of information are needed?

4. Next Steps

- CS Allgaier commented on health care reform – how services are provided and how providers handle changes and prepare. New term “Medical Home.” Challenges: we don’t know what consequences will be. Will Ryan White continue?
- Bill Blum commented on the future of health care reform and impact on HIV services. Federal poverty level, abortion and immigration are all heavy issues.
- CM Jewell asked about DPH consolidation. Bill Blum responded that a different model is needed to link substance abuse and mental health. Client becomes center and based on short term interventions. Mid level providers – nurse practitioners – will be a larger part of the system. There have been major layoffs at DPH as well as the COE’s.

There was no Public Comment on this item.

X. Lunch

Lunch began at 12:58 pm and ended at 1:35 pm. Randy checked in with members about the morning session.

XI. Next Steps in Council’s Cultural Humility Work—VOTE

The group began a discussion surrounding the Council’s Cultural Humility workshops.

Co-Chair Molnar discussed the history of this issue. In 2007 the Council began a Cultural Competency plan for the council, but it has fallen by the wayside recently. The Council is now bringing it up again as to what to do now going forward in regards to internal systems and engaging with the community. The Council has money set aside in the contract for this year to address cultural competency. The group brainstormed issues they would like to see tackled:

- Outreach/committee meetings/CMA activities – ensure activities are appropriate for constituency
- CM Jewell noted that they are in the process of doing a training program on interacting with others and they will begin talks with CAB’s.
- CM Flores suggested that they call it inclusiveness instead of humility.
- CM Heath agreed that humility and competency are not the right words because it needs to be more active than just “hearing” other groups
- CM Jewell noted the lack of diversity in council and the need for more reps from African American and trans populations.
- CM Heath questioned whether CAB’s the best source of info.
- CM ANDrews commented on process of looking at membership within council and the Membership & CMA collaboration
- Co-Chair Molnar brought up heterosexuals as a potential targeted group as well in the community. Mark asks council where they want to go forward with trainings regarding cultural competency issues.
- CM Miller believes the council is very diverse and is open to discussion regarding issues in the community.

- CM Andrews suggests bringing in external advisor expert to observe council mechanisms to see where gaps are and where the Council can make improvements and spend money that way rather than on training.
- CM Jewell suggested polling Membership.
- CM Flores suggested reviewing the application and renewal questions.
- Co-Chair Manley questioned whether the Council is seen as approachable as individual members and leaders of council? Maybe missing issues because the Co-Chairs are last to hear.
- CM Penagos noted that she would like to institutionalize this work with leadership development/trainings.
- CM Miller brought up the idea of cross committee issues. Wants to have a “who is being left out and why” conversation.
- CM Ramos thinks council should continue process but not by just being given materials to take home and read but instead, more of a conversation. Need to retain consumers.
- CM Jewell suggested using study groups that council has now rather than create new groups.
- CM Heath suggested regular polling rather than yearly trainings or more bureaucracy.
- CM Andrews suggested looking at membership.
- Co-Chair Thomas wants to build leadership skills within council. How to recognize and encourage people who want to or would be good leaders. Thinks full council cultural inclusivity training is important to get shared language.
- Bill Blum noted that retention and leadership development is important and that cultural competency is a mechanism for the Council to achieve that.
- Celinda Cantu questioned the function of conflict. Is it healthy conflict/”not healthy” (useful?) conflict. Cultural issues re: conflict
- Co-Chair Molnar suggested polling for following ideas: leadership, structure, team building and conflict
- CM Heath suggested looking for solution on the issue of anger through odes of communication & support.
- CS Lee brought up idea of some people not wanting to be part of main conversation and are never going to come forward with their feelings and that should be OK.
- CM Andrews questioned how the Council should learn about these issues – through training, coaching, etc.
- CS Allgaier summarized the topics covered.

There was no Public Comment on this item.

XII. Council Infrastructure—VOTE

Co-Chair Manley began the conversation. He noted that there is an important need for infrastructure to be maintained in order to succeed.

- Policies and Procedures, By-Laws, etc.
 - CM Flores noted that it’s important to involve council members in projects.

- CM Andrews suggested looking at resources and policies and procedures together and the maintenance of effort (MOE)
- Council Support
 - Website, Bios, Trainings, Workshops*
 - CM Emerson suggested better use of website development.
 - The issue of computer skills across council brought up.
 - CS Allgaier suggested that administrative staff should look at website and making communications easier in a way that works for council as well as support staff.
 - CM Penagos suggested building capacity for members.
 - Co-Chair Thomas noted that it is important to utilize the website for outreach, internal communication as well as community awareness.
 - CM Heath suggested going back to the recording of meetings and posting them.
 - C.S. Lee noted that there is a need to invest in better recording system so that the recording is of a better quality.
 - Evaluations etc., Capacity, etc.*
 - CS Allgaier asked the council to discuss what support staff should include in their training.
 - CM Geltmaker suggested re-evaluating the evaluations.
 - CM Andrews suggested an annual evaluation of the Council and Council Support.
- Council Communications
 - Committee and Workgroup Updates, Council Member Support (Consumers and Providers) etc.*
 - Co-Chair Manley announced that a Policies and Procedures workgroup is starting up, and will be updating the manual.
 - CM Andrews asked about finding gaps in service when going through the manual. Co-Chair Manley responded that there is two parts to the updating process. The first would be to update and the second would be to address issues of gaps or incorrect info.
 - Co-Chair Manley brought up issue of discrepancy in by-laws about having update on workgroups and Committees every meeting.
 - Co-Chair Thomas noted that communication with external groups should have a written summary as well as quarterly updates.
 - CM Flores suggested creating monthly summaries
- Outreach, Retention and Recruitment

The group took a 5 minute break starting at 2:56pm, and reconvened at 3:05pm.

Public Comment:

Eric Sutter of Shanti was interested in how in the future this will affect his clients.

Tyrone Spellman noted that he is interested in data collection and how agencies are being held more accountable. He is also interested in duplication of data, and likes the idea of an expert coming in to view differences on council.

XIII. Putting it together—VOTE

The group reviewed the information that was discussed throughout the meeting, and synthesized it into a work plan/timeline for the Council.

- CS Allgaier discussed upcoming events planned for the council in the upcoming months.
- CS Allgaier asked if council wants to have an additional meeting in the summer
- CM Andrews noted that he would like to build in time to have info on current events such as budget updates and health care reforms in REAL time.
- CM Geltmaker noted that he enjoyed today's council meeting and suggested having a midyear check in
- Co-Chair Molnar suggested an agenda item for Steering: next steps on COE's (review and affirmation, allocation) and social competency (not sure where that goes in regards to co-chairs and support or steering?). He also thinks having a discussion between co-chairs and council support first to figure out polling and then bringing it to council could work.
- External advisor would also be put to discussion with co-chairs and support staff and then council.
- Bill Blum noted that by end of March DPH-HHS will start the writing process and then get feedback from community and council.
- In February the Council should get information from DPH in order to provide feedback for changes to COE model.
- Bill Blum gave the group some ideas on how to fully assist in creating the RFP. It takes a month and a half to put together a good RFP. If they want to make changes to the model (i.e. reduce or augment), then tell early as it triggers a LOT of change.
- Co-Chair Molnar suggested having full council meeting in February in order to discuss ideas for assisting DPH with the RFP.
- CS Allgaier noted that the February meeting is open, so they can start discussion on model and changes to get to DPH and if not finished can go into March.
- The group agreed they want to be a part of the discussion with geographic and demographic algorithm.
- CS Allgaier noted that Council Support is in the process of putting together a training that would assist with process of approving the COE model.
- Information needed from DPH: UOS and UDC counts, and how does DPH look at whether services are working or not?
- **2nd council meeting in Summer?**
 - CM Geltmaker believes that this would be beneficial.

- CM Andrews suggested that this could be combined with the midyear check in?
- CM Molnar believes there is a need to go back to 2 meetings to have space to get everything in.

MOTION: CM Molnar/CM Andrews to have 2 meetings as needed in summer.

The motion passed by unanimous consent.

There was no public comment.

- CM Geltmaker suggested that the Council have another retreat in the summer. CS Allgaier suggested that the Council have a check-in to evaluate process instead.
- CS Allgaier asked if people were comfortable with status of where the council is in regards to planning. The group agreed that they are.
- CM Andrews asked what is going on with director's position within the council.
- Co-Chair Thomas noted that the capacity level is staying same, as well as budget/expectations from co-chair perspective, but that there is opportunity for change.

XIV. Wrap Up – VOTE

-Next meeting

-Full Council Agenda

- Co-Chair Thomas asked to include in the co-chair update: Steering committee retreat report.
- Co-Chair Thomas asked for any comments and Suggestions and received no objections.

MOTION: CM Flores/CM Penagos to not hold the Steering Committee meeting next week.

The motion passed by unanimous consent.

There was no Public Comment on this item.

XV. Adjourn

The meeting was adjourned at 4:00 pm by Co-Chair Laura Thomas.