

HIV Health Services Planning Council
Eureka Valley Recreation Center Auditorium
100 Collingwood Street, San Francisco
Saturday, August 26, 2006, 9:00am – 5:00pm

DRAFT MINUTES for Day Two

I. Call to Order

The meeting was called to order at 9:20 am by CM Soto.

II. Roll Call

The roll was called and quorum was established. (**Attachment A**)

CM Blum holds proxy for CM Durio.

III. Review and Approval of Agenda

The agenda was approved by consensus.

IV. General Announcements

There were no general announcements.

V. Public Comment

Eddie Mockinger, M.D., Women's Program UCSF, gave an update of his Center of Excellence. He announced that they were operating on a lean budget but have been able to provide care to a majority of women and transgender in San Francisco. Onsite services through additional funding, and cautionary spending. This type of coordinated care is important because of population vulnerability, high number of minorities and also substance abusers.

VI. Introduction and Review of Previous Day

Susan Strong, Facilitator, reviewed prior day activities and discussed of objectives of the day.

There was no public comment.

VII. Conflict of Interest Disclosure by Council Members

CARE Council members disclosed the individual conflicts of interest (**Attachment B**)

There was no public comment.

VIII. Break

IX. Context of Funding within the EMA

CM Thomas and CM Simmons presented information regarding funding for HIV Health Service categories, and how other funders, government and private agencies, affect services in San Francisco, Marin and San Mateo Counties. The expectation is that there will be a reduction of funding between 8-9% and there are many unanswered questions with respect to the new HRSA guidelines, **Reauthorization**, and the impact on the EMA overall.

Funding for core services may be impacted greatly in the surrounding counties as a result of the current tiering system and the potential elimination of core services due to HRSA guidelines. This will put

increased pressure for services on the San Francisco EMA. Within the EMA, the core services are the same with the exception of housing and food. Housing is the #2 need in San Francisco County and the severe needs population makes up 52% of the clients in the CARE system.

Without knowing the legislative mandate the EMA must anticipate a variety of scenarios to include 2 main possibilities.

1. The bill is reauthorized and is similar to current funding with 10% cut to SF in the first year with significant cuts by year 4. San Francisco CARE **Council** will then need to come back to the table and make these decisions again with those guidelines. We still do not know the timeline but must be prepared for a March 1 implementation date. However, we may only see a 5% cut for next year.
2. The legislation does not go through this year and is passed through to new congress next year.

There are 2 sets of core services as seen. The current set of core services includes:

- Ambulatory/Primary **Medical** Care
- Medications
- Oral health
- Mental health
- Case management
- Substance abuse Rx

Legislative Proposal “Core” medical services require that 75% be spent on core medical services.

- Ambulatory/Medical Care
- ADAP & Pharmacy Assistance
- Oral Health
- Early Intervention
- Home Health
- Hospice
- Home & Community-Based **Health** Services
- Mental Health
- Substance Abuse Outpatient Services
- Medical Case Management including treatment adherence

The recommendation is that San Francisco CARE **Council** should operate under current law and would not be irresponsible but should keep mindful of what is impending.

Motion CM DiCrocco – To complete the prioritization and allocation process, as per current legislation and HRSA guidance and pursue future legislative changes when known.

VOTE

Aye Eighteen (18)

Opposed One (1)

The motion carries.

We reaffirm the council’s earlier work using current guidelines and will then focus on future legislative mandates as they arise.

X. Lunch

XI. Beginning Funding Allocations Discussion - Vote

This item was discussed prior to Lunch

The Council will began to discuss funding allocations, including distinguishing tiers of service categories.

The first proposal was for level funding throughout all categories.

MOTION: Level Funding in accordance with Planning Committee recommendation

There was no public comment.

VOTE: unanimous (Attachment A, Item #2)

The second proposal was to continue the current tiering system. This item was discussed with consideration to holding harmless those categories that receive less the 1% of the total funding include debate on the placement of food and housing among the tier ranking. **There was discussion that placing too many items in tier one would make tiering irrelevant if it is to be used in funding reduction scenarios.**

CM Simmons called the question with no objections.

VOTE: continue the current tiering system as in place

There was no public comment.

Ayes: Fifteen (15)

Nays: One (1)

Abstentions: One (1) (CM Banks)

This motion carries. (Attachment A, Item #3).

Ms. Strong led a discussion regarding the tier structures and discussion followed regarding its use as a tool in the allocation and prioritization process. Also of relevance was the impact of the service categories that were included within the Centers of Excellence and that tiering results in higher percentage of cuts to the lower tier categories.

Motion CM Simmons/CM Allgaier– See Attachment B tiering portion only

There was general discussion and review of the proposed motion.

Public comment:

- Ms. Billie Cooper recommended that all residential categories should be consolidated.
- Mr. Warren Johnson noted that the tiering order in which is being set up is not in priority order and these should be setup to reflect priorities.
- Mr. Abney Boles, Westside Community Services, asked if the proposal is an adoption of allocation strategy? He expressed concern for the impact the proposal would have on the allocation decisions, and council should know the impacts in advance.

Vote (Attachment A, Item #4)

Ayes: Twelve (12)

Nays: Twelve (12)

This motion failed.

There was further discussion regarding the tiering all services.

Motion CM Pearce/CM DiCrocco

Tier 1: Ambulatory /medical out patient care

Primary medical care

Tier 2: Everything else

There was discussion regarding the placement of Housing in a separate tier and the potential impact from HRSA and its overall importance in the San Francisco EMA.

Public comment:

- Mr. Abney Boles asked: Should the Council approach funding and the potential cuts based on anticipated or real cuts or that we as a city want to use funds differently? What is it that we want to convey on how to use funds in the future? Council should not use strategy that includes reduction, but recommends using one that increases the funding strategy. What are the decisions that have been made here?

Vote - Amendment (See Attachment A, Item #5)

Ayes: Ten (10)

Nays: Eleven (11)

Recusal: One (1) (CM Simmons)

This motion failed.

VOTE: original motion by CM Simmons.

There was no public comment.

Ayes: Fourteen (14)

Nays: Eight (8)

This motion failed.

In consideration of the dissenting members, there was open discussion regarding the amendment and it's inclusion of HRSA requirements in considering the tier categories.

CM Kanios called the question with no objections.

There was no public comment.

Ayes: Thirteen (13)

Opposed: Seven (7)

The question was called. **(Attachment A, Item #6)**

Public Comment:

- Mr. Abney Boles expressed concern that decisions are being made without a strategy, noting that ambulatory outpatient medical care is provided by other payors and these factors should also come into consideration in this process.

- Mr. Tim Patriarchi, Maitri, stated that the tiering concept is of concern to Maitri with respect to potential funding cuts and reminded the council that primary medical care has other payors as well.

VOTE

Ayes: Fourteen (14)

Nays: Eight (8)

This motion failed. (Attachment A, Item #7)

Placement of client needs services in first tier, protecting the smaller categories and not trying to anticipate future legislative mandate impacts in this process were discussed further.

Break for Lunch <Is there a number here?>

The discussion resumed on three proposed tier categories and resulting allocation scenarios:

1. Core Services
2. Housing
3. Other

Motion CM Pearce/CM Thomas decreasing funding scenario:

Up to 5% as stated, \$1m will be transferred from the General Fund and the balance will be taken across the board proportionately for all categories.

There was no public comment.

The motion carried unanimously. (Attachment A, Item #8)

CM Herman/CM Molnar Motion: Motion regarding 5-10% reduction of funding:

- Housing will transfer \$1million to the general fund + same % of tier 1 remaining funding cut.
- Tier 3 would have baseline decrease of 10%,
- Tier 4 would hold harmless categories less then 0.9%,
- Tier 1 would absorb the remaining cuts.

CM Blum presented an option that looked at holding harmless all categories that funding is less than 0.8% of funding to include:

- Tier 1: Core Services
- Tier 2: Housing
- Tier 3: Other Services
- Tier 4:
 - Legal services
 - Complementary therapies
 - Outreach
 - Emergency housing
 - ICM

CM Simmons called the question.

There is an objection.

CM Simmons withdrew calling the question.

There was discussion of a proposed amendment, that CARE would *hold harmless* those services that received up to 1.2% of CARE funding:

- Add detox
- Home Health/Patient Outreach
- Treatment adherence
- Transitional housing
- Client advocacy

Take additional cuts out of Tier 1.

No second to the amendment.

CM DiCrocco called the question and there was no objection.

Public comment:

- Steven Grolnic-McClurg has issues regarding the structuring of Tier 3 and the potential impact on these services should funding cuts be implemented. This would probably be the first category to maintain the initial funding cuts and services could be eliminated.
- Mr. Boyce discussed the potential pitfalls of moving forward in a process without proper planning.

VOTE

Ayes: Seventeen (17)

Nays: Four (4)

This motion passes. (Attachment A, Item #9)

The council proceeded to address the 10-15% funding reduction scenario and the Planning Committee motion. This discussion included raising the Tier 3 baseline to 15% and that hold harmless should not remain relevant.

Motion Thomas/Allgaier: The first \$1million from housing which will be replaced by general funds, 15% cut from tiers 3 and 4 with remaining cuts taken from Tier 1 and 2 proportionately.

This motion passed. (Attachment A, Item #10).

Public comment:

- Mr. Abney Boles expressed concern that the cuts are based on categories rather than the importance of the services provided under the categories.

Increased funding Scenario

Motion: DiCrocco/Molnar Increased funding will be proportional to all categories.

There was no public comment.

The motion passed unanimously. (Attachment A, Item #11)

MAI funding proposal Attachment 4 discussion.

CM Blum called the question without objection.

Public comment:

- Jacob, Baker Places, made a general comment regarding the effect of housing on the Minority AIDS Initiative programs.

The motion passed unanimously. (Attachment A, Item #12)

Motion CM Blum/CM Pearce – The Council will provide direction that no one Center of Excellence will be directly impacted or affected by any Minority AIDS Initiative funding cuts.

There was no public comment.

VOTE (Attachment A, Item #13)

The motion passed unanimously.

Motion from Planning regarding Council Support budget, that is, to remain flat from the previous year and be held harmless up to funding cuts of 15%.

It was discussed that the San Francisco Council Support budget is 1.3% of budget and is less than most EMA's.

There was no public comment.

VOTE (Attachment A, Item #14)

Ayes: Twenty (20)

Nays: None

Recusals: One (1) CM Molnar

This motion carried.

The council agreed to a mandate to the Grantee regarding funding of COE's discussion. Presentations from the Center's of Excellence and the AIDS Office for the September CARE Council meeting will be an action item (VOTE).

XII. Review and Discussion of Funding Allocations - Vote

This item was discussed above.

XIII. Break

XIV. Development of Funding Scenarios - Vote

This item was discussed above.

XV. Nominations for Planning Council Co-Chair (Person Living with AIDS seat)

Nominations for the Person Living with AIDS Co-Chair seat were opened to the floor:

CM DiCrocco nominated CM Kleffner.

CM Flores nominated CM Herman.

CM Kanios nominated CM Siron.

CM Allgaier nominated CM Newell.

Nominations will remain open until the next Council meeting.

There was no public comment.

XVI. Adjournment

The meeting was adjourned at 2:45 p.m.