

**I. Call to Order**

4:40 PM

**II. Roll Call**

See Attachment A, Column 1. A quorum of the membership was present.

**III. Review and Approval of Agenda**

The agenda was reviewed, then adopted by consensus.

**IV. Review and Approval of Minutes**

2/26/01 Council Meeting Minutes – *Laura Carcagno Guzman* requested three corrections for accuracy in the presentation she delivered. It was moved and seconded to approve the draft of these minutes as corrected; the motion passed by a unanimous vote.

**V. General Announcements**

*Fernando Gomez-Benitez* announced this was his last week working at the Mission Housing Development Corporation. Starting April 2, he will be working at Mission Neighborhood Health Center as Director of HIV Health Services. He will continue to participate on the Housing Committee. *Jim Mitulski* announced Saturday April 21 from 9-5 PM, at the Harvey Milk Academy there is a Gay/Queer Men's Health Summit; for information look it up on the web at [healthyhomos@yahoo.com](mailto:healthyhomos@yahoo.com). *LCG* thanked everybody for their support during her tenure on the Council. She asked that people send their postings for jobs to Positive Resource Center before Craigslist in order to give HIV+ individuals trying to get back to work, first readings. With the downward economy, this is crucial for PWAs seeking employment. In addition, PRC has just started a new Employment Support Group called Just for Women. It meets the second week of each month. It has information the first hour and support the second. This group is a collaboration of PRC, AIDS Health Project and Shanti.

**VI. Public Comment**

Liz Butler-Stier, Acting Director of the Legal Services for Children in San Francisco, and the Hope Project that works with HIV infected families said she was here to respond to a recommendation to cut allocations by \$10,000 for this year. She expressed how her program was unique and important and why they should not be cut:

1. Work with unique population that is not served widely-Families with HIV.
2. Provide Legal Advocacy for families to set up joint custody.
3. Address other legal needs for children such as Education and Access to Benefits.
4. Work with Courts on Guardianship issues and file reports annually.
5. Provide long-term Case Management to the family.
6. Provide a Family Support Group and a Peer Support Group.

There has also been an increase in requests for services. Historically there has been a problem meeting Units of Service and Unduplicated Clients, but not this year. Because clients are living longer the workload has increased. They believe the services should fall in the category of Legal Services, which was a point eventually recognized by DPH-HHS staff that was present.

**VII. Reports**

**VIII. DPH-HIV Health Services Report**

*Michelle Long Dixon* began by reviewing some history concerning last year's Fall Unfunds (amounts in contractor's line items not spent). The total, or HRSA carry forward amount, was approximately \$770,000. Because we have been in a deficit stage for a couple of years, the majority of that was spent

to continue support of current contracts. We asked HRSA for \$70,000 for specific *one-time* projects. One of the projects was for purchase of Food and Household Goods Vouchers; \$18,440 was spent for the vouchers and they were awarded to 12 providers through an RFP process. The providers will receive access to the vouchers during the current fiscal year. A second component had to do with Case Management/Peer Advocacy/Treatment Advocacy. *Russ Zellers* reported that this was a new model of integrating these services into one program, and said it had not yet been evaluated. Some problems had come to everyone's attention during the past year. It was decided to request an evaluation process costing \$25,000. DPH formed a Community Advisory Group and decided to contract with consultants Harder + Company to assess the Case Management/Peer Advocacy/Treatment Advocacy Model. It got started late in the year. Therefore, not all the work was completed but the work plan was put in place. Harder + Company developed a questionnaire for staff, clients, and program coordinators. It has been piloted and is beginning the interview process now. Out of the \$25,000, only \$10,000 was spent. HHS is now requesting that the remaining \$15,000 needed to complete the project, be put in the budget for FY001/02. The end product will be an assessment, which will lead to a set of recommendations for change; this will merge with the effort to define Standards of Care. This project should be completed in the fall and needs these funds in order to finish. *MLD* continued presenting the projects that had been the Priority ones for last year's Unfunds. The next project she mentioned was the Eviction Prevention program (from the Housing Category). We asked HRSA for \$27,000 to support this program designed to increase legal advocacy against eviction of clients. This program was supposed to be provided from November 2000 to February 2001. The contract for this service was never executed and the service was not provided. HHS took responsibility for this and said conversations to rectify the error have subsequently taken place with the appropriate provider. HHS is proposing to fund a similar program for June 2001 to September 2001 with funding from the Department of Public Health. It will not be funded through CARE. She expressed regrets that this program augmentation was overlooked and is aware that the need for this type of service continues to exist. *LCG* said that presently no ASO provides significant eviction prevention as a service to clients. The only way clients can get help presently is if they are already at the point of receiving an Unlawful Detainer action, meaning that the client does not get representation at the point of receiving Notice, but rather too close to the point of actually losing housing. She felt legal service at the point of Unlawful Detainer to be too late in the process. Overall, she said this is not an effective eviction prevention strategy. *JM* thanked Michelle for her honesty in taking responsibility for whatever it was that took place in HHS that caused this problem.

*MLD* predicted that this would be a difficult year because well into the new fiscal year they are still getting directives from HRSA regarding changes that come from Reauthorization to the Ryan White CARE Act. Some changes will have to be implemented after contracts are in place and it will inconvenience our providers. Communication with the providers and the Council will be important in this situation of trying to follow people who are writing the script as they go along. Michelle then went on to report that there had been conversations with HRSA regarding Congressional Black Caucus dollars, including the additional amount received in this year's award. The conversation with the funder was about "How CBC funding should be allocated? Who is an eligible provider?" Michelle reported having recently received definitive information from HRSA that this money, effective this year, must be allocated to minority-based ASOs. They are using the CDC's definition which includes those organizations having more than 50% of positions on the Executive Board or Governing Board filled by persons of the racial/ethnic group to be served. Also, having more than 50% of Key Management, Supervisory and Administrative positions (the Executive Director, Program Director, Fiscal Director) and more than 50% of the Key Service Provision positions filled by persons of the racial/ethnic group to be served. Michelle said DPH-HHS is currently funding five programs and two of the providers do not meet this criteria. HHS is in the process of determining how to maintain a level of service and still comply with the regulation and the interpretation of HRSA. In the next few months, an RFP will be issued. The structure will allow those providers who are currently providing services under the CBC program to apply. It will also allow that the additional funding received this year can be used to address the issue continually brought out in the newly reauthorized CARE Act: how to serve

people who know their status but are out of care? This RFP will help clarify the working definition of “in care,” and give us the chance to address the unmet needs of clients who are currently in the system. She emphasized that the criteria used to define eligibility for receiving CBC money had come late in the process. Thus, HHS will do extensions on current programs for six months, thereby giving adequate time for the RFP, the review and the transition. They will also look for other potential funding sources for some programs that may otherwise lose their funding source. Michelle also announced a new mandate from HRSA to provide Quality Management programs. The CARE Act allows the Dept. of Public Health (the grantee) to take an additional administrative percentage from the grant in order to provide Quality Management. The current administration fee is 5%. An additional 5% or \$1.7 million out of a \$35 million grant would be allowed. She doubts that \$1.7 million will be needed in the current year to provide a Quality Management program. She emphasized that DPH is being mandated to provide an additional program for which no criteria have yet been provided. She has not yet received a letter from HRSA saying what this program has to do, how it has to do it, and how to report back to HRSA about it. It might require additional resources or staff time to fulfill HRSA’s requirements. She will report back to the Council as soon as any further information is received. *Susan Shea* noted that the Reggie system is collecting quite a lot of data about clients.

*Laura Thomas* reported on the CAEAR Coalition Meeting in Washington DC. The CAEAR Coalition just changed its name to Communities Advocating Emergency AIDS Relief. It is a national advocacy group for Title I and Title III of the Ryan White CARE Act; SF-DPH is a member. She shared some materials that would help Council members understand the background on a variety of advocacy priorities. The goal of the meeting was to start talking with members of Congress and the Bush Administration about increased funding for Title I and Title III for this year. It is going to be a rough year to get anything out of Congress because our allies have very little leverage. HIV disease is very low on this President’s agenda. The Bush Administration is cutting services for health care and children’s programs. The tax cut is going to mean taking a lot of money off the table that would otherwise go to services. The CAEAR Coalition is trying a new strategy this year -- going in with a much lower request. As always, DPH will be in communication with Congresswoman Pelosi, a member of the key Appropriations Committee already working as hard as she can, but it looks like a difficult year ahead. Little or no increase to the CARE Act overall would most likely increase the chance of a reduction to this EMA in its Title I grant to be awarded later this year.

## **IX. Long Range Planning Report**

*Laura Thomas* passed out a portion of the Long Range Plan, the section called “Shared Values and Vision.” In general, such a comprehensive plan is a required part of the Council’s function. There is another section of the comprehensive plan already written, but awaiting statistical update. Then another section is goals and objectives, which will emerge from the Priority Setting process about to get underway. The final section is an evaluation component of the plan. The plan is intended as a statement of the Council’s values. These values then guide implementation decisions made by the Council, the grantee (DPH), and the service providers. These values are particularly important as a guide during the Priority Setting process. She spoke briefly about the work of the Long Range Planning Committee, an ad hoc committee of the Council. She thanked those members who worked the hardest on contributing to the formulation of this document. There were two major changes that *Laura* noted from the prior Long Range Plan. The first is connected to the improved health of many people living with HIV/AIDS (PLWH). People are returning to the workplace and are interested in being involved in the system of care as employees in addition to being volunteers and consumers. The second change that has happened over the last five or six years is the increasing complexity of the medical and social service needs of some clients. Serving those with the most severe needs requires an integration and coordination of services in order to provide quality care to those facing multiple challenges. *Laura* went on to detail other important points in the document, such as defining “client-centered system of care.” Then she named the seven core values that were put into the plan and went through them individually, attempting to enlarge on the vision and the context for each value. She welcomed

immediate input about this “Shared Values and Vision” section and said that members were welcome to get involved in the writing and revision of other parts of the document. The comments received from the Council were entirely positive and supportive, agreeing that this is a very useful document expressing the mission of the Council. *LCG* wanted to make a suggestion regarding the value of Access, emphasizing flexibility in providing service, then went on to the value of Equity and recommended inclusion of non-discrimination based on immigration status or a history of incarceration among the other characteristics. Laura Thomas received a number of appreciative comments for her work on this important planning document.

## **X. Bylaws Revision**

*Jim Mitulski* noted that the suggested changes to the Bylaws had been distributed to the members last month and the vote had been noticed for this evening. He invited a motion to amend the Bylaws with the objective of bringing the Planning Council into compliance with language and requirements contained in the newly reauthorized Ryan White CARE Act. It was moved and seconded. There was no discussion; so the meeting proceeded to a Roll Call vote (see Attachment A, Column 2). The motion carried 22-0. Congratulations were shared.

Another Bylaws revision had been brought forward from the PWA Caucus, and it was taken up next. *JM* said that the idea of setting higher percentages for Council participation of people living with HIV and of unaffiliated consumers was meant to be a goal that we would have a year to fully realize and that is meant to guide future membership recruitment, as opposed to affecting the status of current members. *Gary Harrell* said the Bylaws amendment being proposed by the PWA Caucus would raise the desired participation level of PLWH from 50% to 67% and would raise the participation level of unaffiliated consumers from 33% to 40%. He noted that the Shared Values and Vision document called for a client-centered system of care. He said the PWA Caucus wanted more involvement of clients in shaping the system of care. *Cecilia Chung* said this recommendation came about because it was recognized that more people want to get involved in planning bodies such as this one. It was felt that this would be a good way to increase the sense of empowerment. San Francisco has historically been a pioneer in developing responsive systems. This will encourage continued leadership from the people most affected. *LCG* noted that in the past the HRSA mandate had been 25% participation from PLWH, but the Council had set a higher objective—50%. There is precedent for going beyond what is required by the CARE Act. Many members asked to speak on this issue. *Greg Neumark* remembered the first Board meeting he had attended in his life at the Center for Independent Living. The Board was composed primarily of quadriplegics, and his father was the only person on that body not in a wheel chair. That had not always been the case. It used to be that quadriplegics didn’t represent themselves in organizations that advocated for them. He spoke about Ed Roberts, the first quadriplegic to attend Cal Berkeley and went on to break down a lot of barriers. It was important for society that these barriers got broken down, even though it took lawsuits to make some of the breakthroughs and many empowerment campaigns to get higher and higher levels of participation. Especially now, when people with HIV and AIDS are trying to get back into the workplace and fighting discrimination on the job, even in ASOs, it is important that this Council make the statement that PLWH are ready to work for our own health and betterment. If we reach out more, we can find the people ready and able to serve. We can make the effort to get a cross-section of PLWH. We can build the ramps and allow people with many challenges in life to get involved. We have to have a mindset of facilitating that involvement from PLWH from more disadvantaged backgrounds. If we can’t give stipends, we may have to develop creative ways of assisting the people whose involvement we seek (getting paid for the homework or do a study of PWA participation using real people as paid consultants). We have to be conscious of the sacrifice it takes for the true unaffiliated consumers to serve here. We should not be in a position of telling people to make tough choices in order to serve; we should be facilitating their involvement with appropriate incentives. *Susan Shea* also spoke in favor of this Bylaw change saying that she wants to acknowledge that we’re already having a hard time reaching our participation percentages. She hopes the PWA Caucus will get more deeply involved in recruitment efforts and support the Membership

Committee with its work. *Robert Whitford* spoke about the main objective of gaining participation, but without implying that everyone is ready or able to go back to work. Not everyone is capable of holding a job. He recognized the need for this effort at greater PWA participation, but hoped that the greatest emphasis would be on recruitment of educated consumers and completely unbiased people. Some members are not as adept at all the politics that goes on within Councils such as this one and then they feel they are not able to contribute much. His concern is with people in that situation. *Hazel Betsey* challenged the PWA Caucus to bring forward more people to take seats on the Council. She felt the need for participation from very diverse populations including those who are difficult to get into care let alone into something like the Council. She questioned the need for this measure. Positive people have not been turned away. *Ken Pearce* spoke in favor of this Bylaw, while saying we would not be here today if it weren't for the tireless work of people who are themselves HIV-negative and yet have devoted so much effort to nurturing and developing services, organizations and coalition efforts such as this Council. He doesn't want to lose what they bring to the Council. He wants the Membership Committee to continue looking for people with the desire to serve and the commitment to work. Just because a person is HIV+ doesn't mean they have what it takes to attend meetings and contribute to this Council. We could load the Council up with all HIV+ people and could possibly be ineffective. He wants the Membership Committee to continue looking for people with good skills and experience rather than just being a member of a certain category or group. *Stephan Oxendine* spoke against this proposed change saying that in his three years of participation he has not seen the Council fulfill its desire to involve the disproportionately affected and historically under-served groups and sub-populations which the current Bylaws call for the Council to have at this table. He said that is not who is at the table now, and that would be a more appropriate objective. At the end of the day we need people who are going to do a rather substantial amount of work, and agreed that nobody who is HIV+ is going to be turned away because the Council is full. He wants to meet the requirements in our current Bylaws before raising the bar with respect to any of the percentages composing the Council. *GH* said it was important to send out a message of going beyond what is required. It would send a message to this community. Clearly the service system is built around the overall needs of PLWH.

*LCG* said she was in favor. As past Co-Chair of the Membership Committee, she said they were always looking for more PWAs as well as people who are part of communities disproportionately affected and historically under-served. This is an incredible opportunity for involvement of people who are feeling better. Ready to work should be defined as able to be active and not that everyone wants a job. The Council is primarily volunteer activity, and she wants to develop creative incentives that encourage participation. *Catherine Geanuracos* spoke in favor of the bylaw change but talked about the difficulties in finding representatives of some sub-populations in order to serve. She works with homeless youth and knows how hard it would be to get that sub-population to this table, as well as injection drug users. She wants to overcome those difficulties and still get a cross-section of the epidemic. *Jose Villarce* said he didn't want to speak about percentages but more about the desire to work. He is prepared to serve on the Council, but would not be able to go back to work. Those are two different things. *Carmen Madriz* said she wanted to speak on behalf of the people who are HIV-negative and have been working in the realm of AIDS services for more than 10 years. She said she has total respect for the clients she serves and she brings a great deal passion/compassion to this work. She is concerned about the outreach that will be needed to meet these higher objectives. We need to face reality. It is hard to find people who really want to contribute to a planning process such as this. She has daily contact with clients, but realizes that a small percentage of them are really interested in a Council or able to commit themselves. *CC* spoke again saying that there are currently people with HIV working at all service levels, which should translate into people who can represent themselves and other clients on the Council. She joined because of the obvious lack of representation by HIV+ women including transgendered women and women of color. She wants more systems to be developed for greater outreach and recruitment. She does not want to continue being the only representative of the sub-populations she just mentioned. *GN* thanked everyone who has helped him deal with his illness. He accepted a position to serve on the Council in order to say thank you for all the services, not with

any other agenda. He said we were now mandated by the CARE Act to have 14 people here who are unaffiliated consumers. This change would add two more. If we're going to take the steps to recruit and facilitate the development of the 14 people, then he believes we can go to 16 and we can find 27 HIV+ people, some of who will be affiliated with service agencies. *SO* reiterated his point about the disproportionately affected and historically under-served sub-populations not being at the table and challenged the Council's recruitment efforts to take that into serious consideration. *JM* summarized the differences of opinion and talked about the need to respect each other's views and the opposing side's viewpoints.

## **XI. Break**

## **XII. Bylaws Revision (continued)**

*Janis Takamoto* said that she thought the Membership Committee had done a pretty good job of getting qualified candidates in all categories and particularly those who are HIV+. She acknowledged how difficult it has been. For many reasons, many people feel that they are not ready to serve or get involved in this process. She reminded everyone that there are so many characteristics, which are required, mandated and desired. It is complicated to meet the representation needs of those mandates while at the same time reflecting the demographics of the epidemic in our EMA. She wants to try going beyond the percentages so far established for PWAs and unaffiliated consumers, but she is reluctant to make it mandatory on our part. *Ray Combs* said he agreed with all the arguments in favor of this change, but is still bothered because he doesn't want any kind of situation to develop where there is competition for seats between ethnic/racial communities and People living with HIV. He is a person who represents both. He really understands the difficulty in getting participation from the more disadvantaged populations with severe need. Ray made a motion to approve this bylaw change and it was seconded. A Roll Call vote was taken (see Attachment A, Column 3). The final tally was 14-7. The motion passed by the two-thirds majority that is required.

## **XIII. Steering Committee Report**

*Bob Teague* passed around a brief report about the first meeting of the Prioritization Organizing Committee. There will be much more information about this in the near future. The preliminary recommendations being brought forward for Council consideration are 1) beginning in April the Council will meet twice monthly instead of once (exact dates were provided); 2) committee meetings are optional during the period of prioritization and 3) the overall plan will be submitted for a vote. *SS* emphasized the need for facilitators, consultants and staff support. The ad-hoc Prioritization Organizing Committee will function as the temporary Steering Committee during this period. *Sam Kaplan* questioned the necessity of having all meetings on Mondays, which are difficult for him. Next, *JM* invited nominations for a new Co-Chair. *SS* nominated Hazel Betsey. *Hazel* said she would accept under the condition that she would serve only until September. No other nominations were made at this time. The actual election will take place the following month in April. There was some confusion about election procedures but those will be cleared-up by the meeting in April.

## **XIV. PWA Caucus**

*Cecilia Chung* said the Caucus would continue its regular meeting schedule. *JM* said that John Rosenzweig was ably fulfilling the role that Richard Bargetto had carved out. There has been no interruption in service.

## **XV. Implementation & Evaluation Committee**

*Susan Shea* asked for a budget from DPH-HHS, but it had not been completed. In light of news about an additional mandate from HRSA (Quality Management), it will be necessary for the I and E Committee to take another look at its Reductions Protocol and come back to the Council with recommendations for additional cuts. She explained the two options for initial reductions and the third option, which is sending the whole thing back to committee. Many issues were clarified concerning the

appropriate category some services belonged in, the impact of the Quality Management requirements and other technical points about budgeting. It was moved and seconded to send the reductions protocol and budget issues back to committee, waiting for more information from HRSA, in order to complete the budget for FY01-02. A Roll Call vote was taken (see Attachment A, Column 4). The vote was 10-10, so it didn't pass. *SS* made a motion to approved Option #2 (with Permanency Planning moved to Legal Services category). A Roll Call vote was again taken (see Attachment A, Column 5). The motion passed by a vote of 15-4.

**XVI. Membership Committee**

No time left; tabled until next meeting.

**XVII. Housing Committee**

No time left; tabled until next meeting.

**XVIII. New Business**

**XIX. Adjournment**