

I. Call to Order

4:30 PM

II. Roll Call

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

III. Review and Approval of Agenda

Catherine Geanuracos announced that this meeting might require extra time. She said that at about 7:00 PM there will be a time check and a possible vote to extend the meeting beyond the normal ending time of 7:30 PM. The Agenda was approved.

IV. Review and Approval of Minutes

7/9/01 Council Meeting Minutes – no changes were requested. By voice vote, the Council Meeting Minutes were approved. Several members abstained.

VI. General Announcements

CG thanked everyone who attended the extra meeting on July 30th in order to coordinate work more closely with the HIV Prevention Planning Council.

VI. Public Comment

Russ Zellers, AIDS Office, stated that the meeting between this Planning Council and the HIV Prevention Planning Council was an important event. He stated that collaboration between the two Councils would become increasingly important during the Prioritization process in future years. *RZ* said that a particularly important issue for planning has to do with HIV/STD prevention within the Health Services arena. He urged the Council to look at health services designed to decrease the transmission of HIV, due to the increasing number of people engaged in high-risk behaviors. He called for greater coordination between the two Councils and greater attention to prevention efforts among HIV+ populations that this Council serves.

VII. Reports

VIII. Membership Committee Report

Ken Pearce distributed an information sheet and reviewed the applicants that the Committee had endorsed for membership: *Dirk Doepfner*, *David Gant*, *Elyse Graham*, and *Kevin Johnson*. Additionally, *KP* said there were five more applicants under consideration and in various stages of the process for potential membership, which would help fill empty Council seats. Discussion turned to the percentage of Council members who are either HIV+ or consumers of CARE funded services. *Ken* said that out of the current roster, there are 19 HIV+ members (53%), and 12 consumers (33%). *Mjay Sanders* noted that the Council Bylaws require a total HIV+ membership of 67%. He asked how many HIV+ members would be recruited. *Laura Thomas* answered that based upon a full Council of 40 members there would be 27 HIV+ members and 16 of those would be non-affiliated consumers. *Mary Jane Wood* expressed a concern over disclosure of HIV status and what could be viewed as a violation of confidentiality. She said it might be possible to report from the Membership Committee to the Council without noting the categories of representation. The motion to approve the slate of nominees set forth by the Membership Committee was then approved by a unanimous vote. *MJW* also asked that attendance at meetings be recorded in two categories: full Council meetings and committee meetings.

IX. Service Category Goals and Objectives

The meeting was turned over to facilitator, *Monika Hudson*. She handed out drafts of Goals and Objectives for the various service categories, as well as the agreed-upon goals and objectives for the Health Care category that had been hammered out at the previous meeting on July 23rd. While members were examining the content of these handouts, Monika asked Laura Thomas to briefly explain the grid format and demonstrate how she would be making revisions to these documents on her laptop computer, which would be simultaneously projected on the screen at one end of the room. Allocations and funding issues were not to be discussed during this meeting. That was to be the subject for the meeting two weeks later. Tonight was designed to be the necessary groundwork because the discussion would establish agreements on what would be accomplished during the upcoming year. She clarified that “carry-forward,” “rollover funds,” and “Unfunds” were different terminology for basically the same thing: funds that were not used in the past fiscal year that are now available, with HRSA approval, to be used in the current year. This concept would become even more relevant in the discussion of funding/allocations to be held next meeting, but it was suggested that the Council agree on terminology. “Rollover funding” was considered the best term, at least for the portion of “Unfunds” related to the current discussion. Laura also said that the same or similar goals and objectives had been suggested for several service categories. After seeing this repetition the Prioritization Organizing Committee had thought it better to include in the overall workplan a number of system-wide goals and objectives. This would be the final category to be considered.

X. Goals and Objectives for Housing Services

Laura Thomas reviewed the draft language, mostly developed out of discussion in the Housing Committee. *Sam Kaplan* asked about emergency housing for people “not in care.” *Margot Antonetty* responded by mentioning contract language that will be included in next year’s contracts in order to insure access by this group of clients. *MJW* said that these goals and objectives seemed to plan for increased funding, a prospect that might necessitate taking a significant amount of money away from other service categories. *Susan Shea* did not agree that the language of the Housing goals and objectives was problematic. She saw the Housing goals and objectives as containing broad language. *MA* agreed and said that plans for implementation of goals and objectives will follow. *Jeff Byers* said he felt that goals and objectives might gain support, while funding is a separate issue and may not be available in all cases. *Jose Villarce* strongly supported the Housing goals and objectives. It was moved to “call the question.” No one objected to ending the discussion. A motion was made to approve the Housing goals and objectives as written. This motion was agreed to (*see Roll Call sheet, Column 2*).

XI. Goals and Objectives for Food

The goal and objective for this category was presented. *Laura Thomas* said that the generic wording was intended to address the need to use Rollover funds for food vouchers that will be distributed through service providers. She noted that current services would continue. *Donald Frazier* suggested that the wording might be more specific in regards to serving primarily HIV+ populations not currently in care, or alternatively being clear about wanting to serve all eligible clients. *SS* stated that the phrasing was appropriate in that it would allow the Council to use funding in various ways designed to increase access to health care. *Marc Dunlop* noted that this phrasing allowed for the inclusion of those not in care as well as those currently receiving care. The question was called. No one objected to cutting off discussion of this topic. A motion to approve was passed unanimously (*See Roll Call sheet, Column 3*).

XI. Goals and Objectives for Substance Abuse

The goals and objectives were reviewed for this service category. *CG* said that the objectives under Substance Abuse were drafted with input from providers, consumers, and DPH staff in order to address the gaps that exist in the services. As with other categories, these goals and objectives were finally put together and presented by the Prioritization Organizing Committee. Some members had questions about the process: to what extent consumers were involved and to what extent any groups functioned as

the Housing Committee did developing goals and objectives. These issues were clarified. *Bart Casimir* suggested that the language about “health status” include accessibility and quality of life for uninsured and under insured. *DF* questioned the language about increasing cultural competency in one of the objectives. He asked if Policy 24, in which all agencies with city and county contracts are participants, already provides a level of cultural competency to services. He wondered how this could be increased further. *Margot* answered that while Policy 24 is a part of current policy, it is often difficult to add additional cultural competency services without additional funding. *MJW* suggested a change in language that was noted on the computer and screen. Some suggestions came forward for improving this “cut and paste” method. *Jeff Byers* returned to the particular objective intended to expand upon the existing cultural competency mandates for agencies to follow and asked others to explain how this issue is handled in provider’s contracts. *Michelle Long Dixon* explained how compliance is monitored with reference to cultural competency and stated that specific cultural competency issues appropriate for individual agencies might be implemented to fulfill contractual requirements. Some specific cultural competency issues were referenced, such as the language in which service is available, or the accessibility of transgender-specific services. *CC* wanted to clarify the goal of substance abuse treatment services as being improved health status. *SS* suggested wording for the goal in order to focus on medical care. *Fernando Gomez-Benitez* also suggested wording. *Brad Hume* motioned for a vote on the language of this goal: Improve access to substance use treatment to increase access to health care to improve health status and quality of life for uninsured and underinsured people living with HIV/AIDS. A voice vote was taken on this goal, and it was unanimous.

Next, the Council reviewed the objectives under this goal. *DF* made a suggestion of substitute language for one of the Substance Abuse objectives so it was more encompassing and not population specific, especially in one objective that had been focused on the Latino community. *MA* mentioned the specific needs she had heard articulated in presentations about this service category and preferred the language as written. *FGB* talked about how difficult it is to find services for Latinos and Transgenders seeking Substance Abuse treatment. *Wayne Peace* spoke against the substitute language because he recognized specific needs in the two communities (Latino & Transgender). *SS* spoke in favor of specific targeting of services. *Jim Mitulski* suggested a compromise in wording for this objective, wishing to add two additional groups, African American & Homeless. *Larry Cruz* welcomed the specific focus on certain communities. This was in the spirit of information presented to the Council. *Jose Villarce* said he wanted to be true to the input received about specific needs among specific communities. *Carmen Madriz* talked about the difficulty she has as a social worker trying to place clients in programs. She recognized the lack of substance abuse treatment services for some populations. A lot of agencies were unable to handle even client intake, let alone treatment, in Spanish. All of these speakers were recommending the language as originally written. Some speakers, however, felt that other People of Color communities and Homeless populations had to be specifically addressed in these objectives. *DF* pointed out the relative lack of services and a total lack of testing services, in specific neighborhoods, Bayview Hunter’s Point and Visitation Valley. He supported the need for specific service components to the Latino community, and then talked about similar needs in the African American community. An attempt was made to “call the question,” but this was objected to. A voice vote was evenly divided. A Roll Call vote showed that more discussion was desired (*See Roll Call, Column 4*). *LC* said the proposed re-wording would make this objective into a political statement rather than programmatic. He said that trying to include all possible groups would make the objective meaningless from a programmatic standpoint. *FGB* suggested compromise wording.

CG stated that the objectives were designed based on the information about gaps in services that was presented to the Council. She did not want umbrella statements that would overshadow the initial objectives. *Jeff Byers* spoke in support of *CG* and also expressed concern about another objective and suggested that cultural competency was a system-wide objective. *WP* asked that the Council remember that these initiatives were for the upcoming fiscal year and not permanent items. *MA* stated that if

necessary, the Council could refer to its definition of “Severe Need” to establish the highest priority efforts, mainly outreach efforts. *CC* supported what Margot put forward in the form of a motion. The question was called. A voice vote was taken. The majority was in favor, and three members were opposed to stopping debate. It was agreed to proceed first to a vote on compromise wording: this substance abuse objective would read: *Ensure cultural competency for people living with HIV specifically people of color and transgender clients in residential/outpatient programs.* The motion failed (*See Roll Call sheet, Column 5*).

XII. Break

A motion was introduced by *Jim Mitulski* to extend the meeting until 8 PM. The motion was seconded. A show of hands was in favor of the extension. *Monika Hudson* asked that the members put suggestions in the form of motions to expedite the proceedings. The topic of Substance Abuse and the language for stating objectives was continued. The original motion as presented by the group was reintroduced. *WP* made a motion to accept the language as it was originally presented by Prioritization. That motion was seconded. The question was called and seconded. The motion passed 17-5 with one abstention (*See Roll Call sheet, Column 6*).

XIII. Goals and Objectives for Mental Health

Laura Thomas read the wording for this service category. A slight modification was made in the wording of the objective: *Janis Takamoto* stated that the language of the objective indicated that services would be limited to hospital care. Therefore, she made a motion to change the phrase “Psychiatric Emergency Services” to lower case letters so that it is more generic. Some members wanted to proceed directly to a vote without further discussion; others opposed “calling the question.” By a voice vote it was decided to end debate and proceed to a vote to approve this goal and objective by a vote of 19-3 (*See Roll Call sheet, Column 7*).

Jeff Byers cautioned members about jumping to “call the question.” He made a motion to reconsider the vote because there was confusion as to what the Council was voting on. *DF* said that he shared the confusion and added a complaint about the prior item under Substance Abuse being voted upon hurriedly at a time when he was out of the room. The motion to reconsider was seconded. *Monika* asked if there was opposition to this motion. She noted one member in opposition, so ruled in favor of reconsideration of the Mental Health objective. *MJW* made a motion to change the language of the objective to read: Respond to increased need for mental health emergency services for persons living with HIV. The motion was seconded. *KP* disagreed with the interpretation of psychiatric emergency service as only being provided by Psychiatrists and challenged *MJW* to convene a sub-committee of the Council that he said had not met in two years. *MJW* responded by reminding the Council that it had been decided as part of the Prioritization process to conduct these discussions in the Council as a whole rather than in sub-committees. *Monika* noted that this may be a topic for consideration next year, but that she saw many members indicating their agreement with *MJW*’s interpretation of the process this year. *Gary Harrell* spoke in favor of the revised language. *WP* asked for a definition for mental health. *MJW* clarified her motion to include licensed mental health providers. *BC* made a friendly amendment, subsequently re-worded by other members, to the language of the objective: Respond to increased need for psychiatric crisis and emergency services provided by licensed professionals for people living with HIV/AIDS. *KP* objected to this wording because he pointed to a significant population of triply diagnosed individuals who needed access to mental health services, but may not seek out “crisis” services related to their HIV. *BH* related a personal experience with seeking out psychiatric services. He said there is a definite need for crisis-oriented services. *MJS* said the population needing help in the mental health arena did not necessarily see themselves “in crisis.” Everyone then agreed on compromise wording of the objective, as written above, including the words “crisis” and “emergency.” *Edward Patterson* wanted clarification on the term “licensed professionals.” *MJW* responded that an

agency may be licensed but the employees may not be licensed. With the level of need being discussed here, she wanted the service to be provided by not just a licensed agency but also licensed professionals. *EP* opposed that language. *JT* said that the clients who become involved in a crisis through an agency, may be helped by social workers, who may or may not be licensed. *Laura Thomas* provided some background perspective, saying that there was already a funded range of mental health service, which will be continued. She said this objective was not intended to cover all the contingencies for all population segments. *JV* mentioned the number of people providing mental health services who are in training for their licenses. *CG* called the question, and it was seconded. The Council proceeded to vote on the goal and the objective for the Mental Health category. It passed 14-7 with two abstentions (*See Roll Call sheet, Column 8*). There was a lack of clarity concerning circumstances and rules for abstention. A Co-Chair said they would report to the Council with clear information on this issue.

XIV. Goals and Objectives for Client Advocacy

Monika reviewed the goal and objective in this category. It was asked if appropriate screenings for potential benefits were currently happening. *Laura Thomas* responded affirmatively and added that there was a desire to see this work continue. *WP* asked why the wording of the objective calls for an increase in this service. *CG* asked him to focus just on the objective, without even considering the availability of funds to support such an increase. *JB* clarified that the Council was not dealing with funding, only programmatic issues. That meant service providers in this category can vote without reference to any conflict of interest. The Council proceeded to take a voice vote on this category, with unanimous approval.

XV. Goals and Objectives for Case Management

Monika again reviewed the goals and objectives in this category. *SS* motioned to accept this set of goals and objectives as written. *BH* mentioned the input from consumers related to this category, including references to duplication of service and the need for more support to ISPs (Integrated Service Providers). No additional comments or questions came forward. Thus, the Council proceeded to a voice vote, with unanimous approval.

XVI. Goals and Objectives for Day and Respite Care

Monika once again reviewed the goal and objective in this category. *SS* motioned for an amendment to the wording of the objective related to outreach, specifically to 100 families in collaboration with the new Title IV project. *GH* asked where the number, 100, was derived from. He preferred being less specific. *Laura Thomas* responded that there was a desire to include measurable objectives where appropriate. *LC* noted that most of the other objectives did not include specific numbers. No one else indicated a desire to speak on this category. So, a voice vote was taken, and received unanimous approval.

XVII. Goals and Objectives for Transportation

Monika once again reviewed the goal and objective suggested for this category. *EP* expressed the point that not all PLWH are able to use public transportation. *CG* talked about the alternative forms of transportation already funded as part of the continuum of care. She suggested a change in wording. Other members came forward with additions and suggestions about the language of both the goal and the objective. After some back and forth, agreement was reached. *Monika* suggested a voice vote, which was unanimous for approval of this goal and objective.

XVIII. Goals and Objectives for Planning Council Support

Monika once again reviewed the goal and objective in this category. *Sam Kaplan* asked about why a three-year plan, rather than a five-year plan, was being included in the objectives. *Laura Thomas* explained that HRSA was now requiring this as part of comprehensive planning, with a focus on

assessing needs of people not in care. It will have to be submitted with the grant application in 2002. The next topic discussed was community forums to obtain consumer input. Multiple amendments, motions, and suggestions were put forth to change the language of an objective about community forums. The purpose of the forums was clarified for members. The only motion that passed was one that added an additional objective to read as follows: **I.)** The Council will actively solicit consumer input on an ongoing basis. A voice vote on the goals and the revised list of objectives was taken, and this passed unanimously.

XIX. Goals and Objectives for Program Support

Monika once again reviewed the goal and objective suggested for this category. *SS* made a motion to accept the language of the goals and objectives as written. A voice vote was taken and the motion was passed.

XX. Overall or System-Wide Goals and Objectives

Monika once again reviewed the goal and objective suggested for this category. *DF* made a motion to add a goal to read: Improve health status of people of color, especially African Americans, living with HIV not in care. He elaborated two objectives in connection with this goal. Suggestions came forward about the wording of these objectives about the African American community. *DF* stated that in the presentations heard by the Council from service providers and researchers, MSM was an under-served population with high rates of infection. This population required more funding while the rate of infection for other segments of the community was significantly lower. At this point discussion was suspended due to reaching 8:00 PM, the agreed time to end the meeting. The Prioritization Organizing Committee would meet and determine when the vote for this category would be completed.

XXI. Adjournment