



HIV Health Services Planning Council

POLICY AND EVALUATION COMMITTEE

MINUTES

Thursday, June 7th, 2007

San Francisco Department of Public Health

25 Van Ness Avenue, 3rd Floor, **Room 330B**

4:30 - 6:30 pm

Committee Members present: Allgaier (Co-chair), Spaeth (Co-chair), Brown, Antonetty, Pillatzke

Committee Members absent: None

Other Council Members present: Manley

Others present: Francine Austin (SF DPH HHS)

Council Support Staff: Jack Newby, Lili Belo

1. Introductions

Meeting is called to order at 4:40 p.m. by CM Allgaier (Co-Chair) and everyone introduces themselves.

2. Review/Approve Agenda

The Agenda is reviewed and approved by consensus.

3. Review/Approve *March 1, 2007 minutes, April 5, 2007 Notes and May 3rd Notes*

March 1st minutes were reviewed and approved by consensus.

April 5th notes were reviewed and approved by consensus.

May 3rd notes were not approved as not enough CM members were present at this meeting to approve the minutes.

4. Announcements

- Memorandum of Understanding (MOU) will be put off for 60 days. CARE Council structure was not able to be discussed at the new member orientation following the budget cuts.
- The Budget Committee meeting and press conference is announced for next Wednesday the 13th at 1:00 pm.
- Mayor proposes backfilling \$3.8 million for CARE losses fiscal year 07/08 while the Budget Committee proposes backfilling an additional \$4 million. Other strategies of obtaining alternative funding were discussed.

5. Public Comment

There was no public comment.

6. Steering Committee Update

Steering reviewed proposals for 75/25 budget which was then approved at the Planning Council.

7. Review/Discussion of Council Structure Evaluation Timeline/Framework/Tasks

The central purpose of the Policy and Evaluation Committee whereby the committee discussed recommendations regarding CARE Council structure.

- Issues that should be considered in council structure include:
 1. *Retention*
 2. *Money,*
 3. *Recruitment,*
 4. *Reauthorization,*
 5. *Consumer participation, input and integration,*
 6. *Goals of the 3-year plan and the efficacy of the structure,*
 7. *Patient and care issues,*
 8. *Investment,*
 9. *Motivation*
- Member retention and involvement in the council committees was considered the main discussion topic. Several strategies were explored to address this area and gather information to assess them.
 - The possible strategies discussed were:
 - Online surveys
 - Interviews and focus groups comprised of consumers (long term and new consumers), former members, members on leave, 'veteran' members (more than 2 years on the Council), and new members.
- Council members agreed that the most promising strategy would be focus groups.
 - Focus groups should be diverse as well as specific to address individual issues.
 - Focus groups should discuss member retention, why members have left and/or why they joined the council.

Developing the instrument and collecting the data:

- The Committee discussed factors involved in developing focus groups and collecting data.
 - The resources and abilities of council support were noted.
 - Possibly working with a grantee was discussed, including how to involve the grantee in the process and data interpretation.

- Each member of the committee will research models from various councils (i.e. The SF HIV Prevention Planning Council (HPPC)) and present them at the next meeting. These models will be considered and later used as possible council structure options during the focus groups.
- The Committee will work with council support to pull together some existing questions and surveys to be used in the focus groups.
- Also discussed was a potential timeframe for developing the focus groups, collecting the data and preparing their recommendations on the council structure.
 - The instrument to collect data will be developed and a possible announcement regarding participation in focus groups will be presented to the Council during the months of June and July.
 - Dates for the final recommendation have not yet been determined.

8. Review of 2007 Work Plan & Comprehensive Plan Implementation

Council Support looked at the reauthorized CARE Act and how that would impact Council policy or structure:

- HRSA (see handout) requires having a member from a federally recognized Indian tribe and an individual co-infected with Hep C and HIV. The CARE Council recently approved a member from the Navajo Tribe, thereby putting the council in compliance with HRSA.
- Memorandum (see handout): the next Needs Assessment meeting will consider severity of needs, core medical services, how categories are defined, and possibly adding services like medical nutrition therapy.
 - Low-income eligibility will be defined.
 - Core medical services also include co-occurring conditions and should include Hepatitis.
 - Support services may also need to be redefined.
 - Policy change and carry-over funds spending to be reviewed. The 3-year plan may not have the funding and should be revisited.
 - MOU review, language of MOU to be reviewed and clarified.
 - Needs Assessment and Grantee Assessment changes.
 - The 3-year plan included increasing client self-management: address how will this be done and what funds will be used.
 - Late testers to be presented to prevention planning council to determine if the council wants to do its own late testers study.
 - Literature review for inconsistent care populations, however there is a lack of funds for all these items mentioned in the 3-year plan.
- Kaiser (see hand-out): review of information on legislation and implementation.
- Implementation issues surrounding the 3-year plan are to be discussed and reviewed.

- Work on the issues in the Memorandum and the 3-year plan will begin at the next meeting.

9. Next Meeting Date & Agenda Items

The next meeting date will be July 12th, 2007.

Agenda Items

- Work on the issues in the Memorandum of Understanding and the 3-year Plan will begin at the next meeting.

10. Adjournment

Meeting adjourned at 6:28 p.m.