SFAF HIV & AGING MINI STRATEGIC PLAN

INTRODUCTION

In late 2019 and the first half of 2020, the San Francisco AIDS Foundation executed a rapid strategic planning process for programs that provide services as part of Strategic Priority 3 in the SFAF Strategic Plan: "In partnership, create a comprehensive network of health and wellness services for people over the age of 50 who are living with HIV." The final product of that process is summarized as a mini strategic plan. The plan contains two components: 1) definition of the population, and 2) action items to achieve the department's goal.

The mini strategic plan outlines the group's priorities for the next year, which account for the COVID-19 pandemic and barriers to treatment and services (e.g., San Francisco's shelter-in-place order). The mini strategic plan builds upon the Foundation's strategic priorities and outlines the action items staff identified as essential steps to improve the quality of care and services provided to clients.
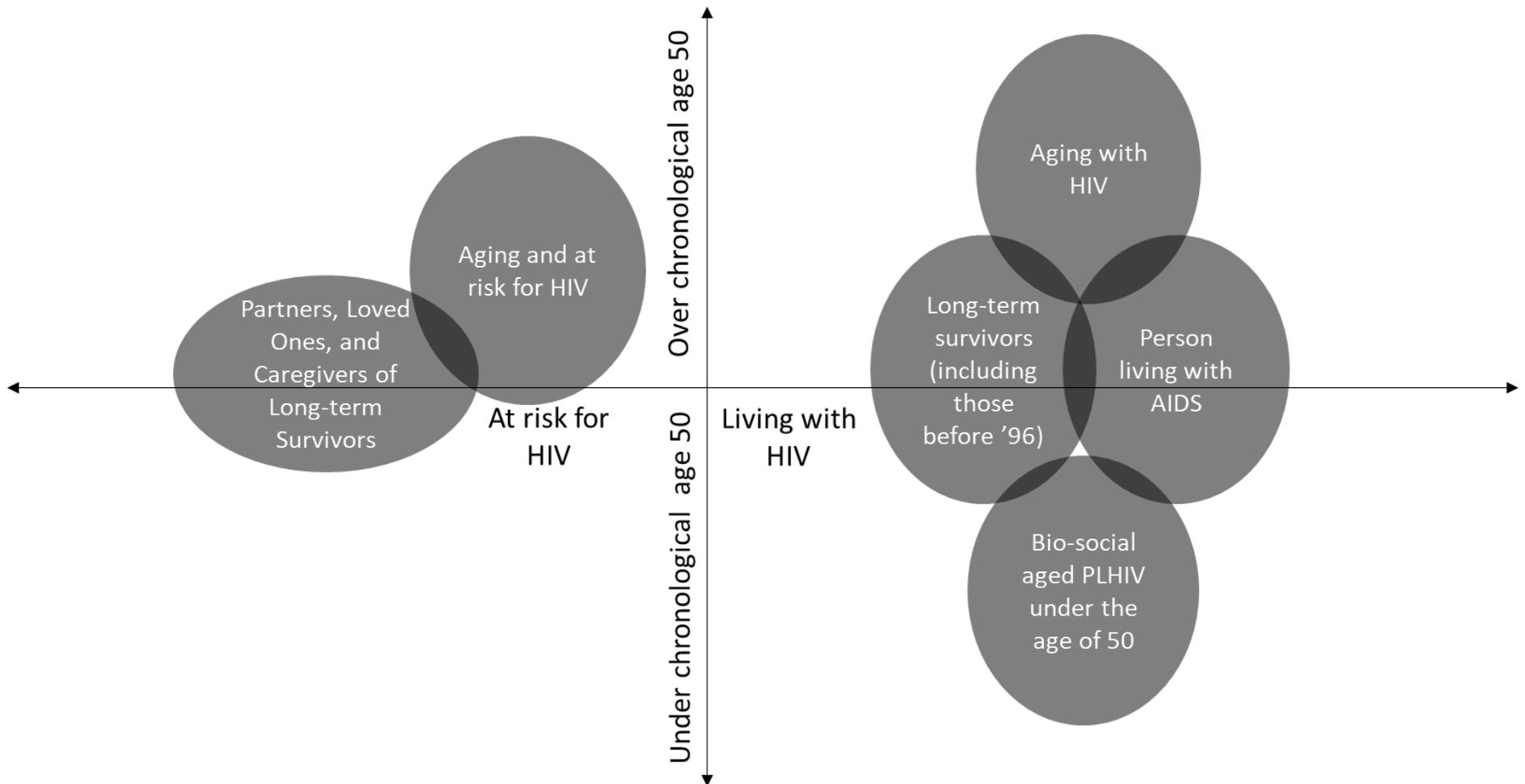
Between late April and mid-June, SFAF convened five meetings to execute a rapid strategic planning process related to Strategic Priority 3. During the first two meetings staff established standard terminology and definitions for this work, particularly regarding the terms "Aging with HIV" and "Long-term survivors." Before creating an action plan, the team needed to identify and clearly define the priority populations they strive to serve better through this prioritization work. Once the population was defined, the team focused on an action plan. The final consensus the group reached regarding terms and definitions are depicted in the following page.

The next three meetings focused on prioritizing action items and outlining next steps for each action item. The group initially reviewed a list of 69 action items from a previous meeting in late 2019, and selected a list of 26 action items that were high-value and feasible to address during the next 6 months while the COVID-19 pandemic continues to impact daily work. During the last three planning meetings, all 26 of these short-term action items were reviewed by staff and then prioritized and augmented with implementation information.

Glossary of terms for the clients we serve

Term	Definition	HIV-negative	Living with HIV	Living with AIDS	50+ years (chronological)	>20 years living with HIV	Diagnosed before '96
Aging and at risk for HIV	People over the age of 50 (chronologically, biologically, or socially) who are at risk for HIV transmission due to inequities and/or individual circumstances	✓			maybe		
Aging with HIV	People living with HIV who are chronologically aged 50+		✓	maybe	✓	maybe	maybe
Bio-socially aged PLHIV under the age of 50	People who are living with HIV and are under age 50 but their biological/social age is older (e.g. BIPOC, TGNC, people with other health issues/disabilities, people who race other structurally rooted health disparities, etc.		✓	maybe			
Long-term survivor	People living with HIV for 20+ years, regardless of when they were diagnosed		✓	maybe	maybe	✓	maybe
Long-term survivor before '96	People diagnosed with HIV before 1996		✓	maybe	maybe	✓	✓
Person living with AIDS	People who have an AIDS diagnosis (CD4 count <200 or an opportunistic infection at some point), regardless of age		✓	✓	maybe	maybe	maybe
Partners, Loved Ones, and Caregivers of Long-term survivors (PLC)	People who are HIV-negative but have been living through the trauma of HIV for a long period of time and/or are closely connected to long-term survivors and/or people aging with HIV	✓			maybe		

Visualizing the clients we serve

The action items prioritized for action while COVID-19 restrictions are in place are summarized in tables in the following pages. They are organized by priority level:

- **Urgent**: the action item is important, the need is urgent, and work can begin promptly
- **Medium Priority**: the action item is important, but not urgent, and work can begin in a few weeks
- **Low Priority**: the action item is important but lower priority, is not urgent, and work can begin in a few months
- **On Hold**: the action item will be postponed and be re-evaluated later (e.g., post shelter-in-place)

Each action item incorporates three additional components:

- **Roles**: Lists the people involved in each action item and describes their roles using the "MOCHA" too (see box below)
- **Next Steps**: Outlines the 3(+) next steps to begin implementing the action item
- **Comments**: Describes any unresolved or contextual matters that need to be addressed by the group

MOCHA Tool	
MANAGER	Assigns responsibility and holds owner accountable. Makes suggestions, asks hard questions, reviews progress, serves as a resource, and intervenes if the work is off-track.
OWNER	Has overall responsibility for the success or failure of the project. Ensures that all the work gets done (directly or with helpers) and that others are involved appropriately. There should only be one owner.
CONSULTED	Should be asked for input or needs to be bought in to the project.
HELPER	Assists with or does some of the work.
APPROVER	Signs off on decisions before they're final. May be the manager, though might also be the executive director, external partner, or board chair.

	ACTION ITEM	ROLES	NEXT STEPS	COMMENTS
1.	Sexuality education and support for 50-Plus	M: Vince, 50-Plus team O: C: 50-Plus team, 50-Plus members, Preston H: Janessa's team A: Julie	1. Meeting w/ JO, Vince, Dusty, Alex, Preston, Joaquin 2. Identify a new "Owner" for the MOCHA role 3. Create a calendar of deliverables & plan 4. Launch the program on September 4 (World Sexual Health Month)	1. Joshua was originally identified as the Owner, but his bandwidth is limited because he is focusing on contact tracing
2.	Volunteer structure, monthly trainings – currently BBE members are being trained in online volunteer outreach, SFAF iPad supplied	M: Traye, Dusty, Alex O: Vince, Preston C: Jody, I.T. H: 50-Plus team, Bridgemen, BBE A: Vince, Preston	1. Identify Volunteers roles 2. Develop how to implement these roles 3. Develop best-practices and training platform 4. Research other peer models – e.g., Shanti, BBE model for 50+ 5. Develop standard language (e.g., peer vs volunteer)	1. One option to carry out this task is to use biweekly trainings to train two groups at once (BBE and 50-Plus) – consult with Alex first 2. Also related to Item #14
3.	Launch case management services for 50-Plus and BBE	M: Tomi, Julie O: David C: Other CM at SFAF, Claudia, Janessa, Bunny H: Ben, Preston, Claudia, Golden Compass A: Julie, Vince, Kyle	1. Convene meetings - Julie, Tomi, David, Vince, Preston - to share updates on program development (David, Tomi, and Julie have been working on this). Also need to discuss: Who and how are we prioritizing? What is the menu of services? Which orgs should we partner with to provide referrals to? 2. Create handout for clients (and for other programs to educate their clients/how internal referrals work, etc.) 3. Launch with clients at a Wednesday night S&S - July 1 or 8 (goal because it's the beginning of the fiscal year) 4. Cross reference clients who are engaged in the COE, Housing & Benefits, BBE, and 50-Plus - Jen and Jason can help with this if we can get a CM list from Tomi. 5. Gather client input and needs – currently incorporated into David's check-ins with clients.	1. More staff is needed to adequately support the BBE and 50-Plus case load and prevent staff burnout 2. Staff identified case management infrastructure as a larger organization issue, so a separate Action Item (#27) was created

	ACTION ITEM	ROLES	NEXT STEPS	COMMENTS
4.	Conduct a focus group on mental health priorities for 50-Plus and develop a plan to address priorities	M: Julie O: David C: Golden Compass, Claudia H: Preston, David, Vince, Tomi A: Julie	1. Meeting to develop format, concerns, procedure 2. Develop primary questions for the assessment 3. Recruit participants	1. Possible questions to ask clients: What mental health services are you using/have used? Do you know what mental health services are available to you? What do you know about mental health?
5.	Staff retention, especially addressing HR issues	M: HR team O: Laura Skaggs (managers own the mid-year check-in process) C: Managers H: HR team A: Joe	1. Complete mid-year check-ins 2. Learn from recent exit interviews 3. Sharing staff retention ideas to and with managers across departments 4. Use monthly Program Manager meetings to build support of priority populations (staffing but also programmatically) 5. Discuss implementing a mid-year employee satisfaction survey	1. Can DecisionWise or Survey Monkey help with the implementation of the employee satisfaction survey? The demographic questions on the survey will need to be updated. 2. Staff retention is larger organizational issue but there steps the department can take to help address this issue. 3. Also related to Item #5
6.	Estate planning, work training, computer literacy	M: Julie O: Vince, Preston C: PRC, ALRP H: Traye, Alex, Dusty A: Ben	1. BBE x 50-Plus planning meeting 2. Develop a method of providing clients with tech and computer resources 3. Reach out to ALRP/PRC to strategize - what can they provide (so we can refer clients to) and what should we provide? 4. Identify other partners who can provide other types of low cost or pro bono legal support	1. Question for ALRP and PRC – Are you currently providing estate planning services? 2. Question for PRC – are you providing virtual classes for computer literacy?
7.	50-Plus and BBE socials (Virtual)	M: Vince, Preston O: Traye, Alex C: CABS, Joaquin, Mayia H: Dusty, David A: Baruch, Tony B.	1. Discuss with BBE and 50-Plus Steering Committees to see if this is feasible. 50-Plus Steering Committee is on 6/3 - so we will discuss this with them tonight. 2. Bring BBE and 50-Plus members together for a meeting to discuss ideas for collaboration for a Pride Game Night.	

			3. Vince, Traye, Dusty, Preston, David, and Alex meet to discuss logistics.	
8.	Recruitment for open positions related to HIV and Aging (need to do something intentional to support with recruitment efforts); ask for help with recruiting.	M: Julie O: Tomi C: Jamal, Sabina H: HR A: Lara	1. Identify internal candidates to assess interest 2. Inquire with Jamal and Sabina for connections 3. Request HR to refresh postings	1. This is a larger organizational issue, but has direct impacts on HIV and Aging work, so has been included here. 2. Also related to Item #5
9.	50-Plus – Strengthen internal collaboration	M: Vince, Preston, Joaquin, Jorge O: Vince C: Other Programs H: Dusty, Alex, Traye A: Vince & Julie	1. Identify other programs to collaborate with (e.g., BBE, 50-Plus CM, COEs, Services Navigation, H&FB) 2. Meet with coordinators of other programs, determine areas of overlap or mutual interest for collaboration. Identify the reason to establish a collaboration. 3. Develop/implement action plan.	1. This is an opportunity for all the programs in the department to improve their collaboration, not just for 50-Plus. 2. Collaboration across the organization needs to be improved, but 50-Plus members and staff are ready to improve their internal collaboration efforts 3. Also related to Items #10, 16, 21
10.	Look at consolidation & efficiency of services	M: Julie O: Ben C: Vince, Preston, Tomi, David H: Vince, Preston, Tomi, David A: Ben	1. Update and collaborate on monthly basis on what is being planned across all programs in SFAF 2. Decide whether regularly scheduled meetings between groups that provide social support should be reinstated 3. Identify opportunities where services can be streamlined	1. This is a larger organizational issue, but has direct impacts on HIV and Aging work, so has been included here. 2. Also related to Items #9, 16, 21

	ACTION ITEM	ROLES	NEXT STEPS	COMMENTS
11.	Create specific strategies and objectives re: homebound/socially isolated PLWH 50+	M: Vince O: Facente Consulting C: Tomi, Jesus, Jorge, Preston, Joaquin H: David A: Julie, Ben	1. Identify scope and capacity for the project - Will it require its own strategic plan or work plan? Should this be the new Director of Aging's top priority? 2. Who is already doing this and can we collaborate with them? Reach out to Homebridge, Shanti, Meals on Wheels, Open Hand, PRC, and OpenHouse. 3. Create definition for homebound, which is different from those who are socially isolated 4. Do a needs assessment among programs - Centers of Excellence, 50-Plus, TransLife, Latino Programs, BBE, and Housing & Benefits - how many folks are we engaging and what are their needs?	1. Possible needs assessment questions: Identify the services needed (e.g., social support, transportation, food, mental health, etc.); language barriers; what role will peers play; what is the scope (e.g., partner with East Bay orgs) 2. Resource article
12.	Mental health – peer counseling, emotional and practical support	M: Julie O: [Any Case Manager] C: UCSF H: Tomi A: Julie	1. Identify an "Owner" 2. Connect with PRC and Golden Compass – identify models we can replicate, can they share best-practices, can they provide some support? 3. Assess needs from clients 4. Enlist a MH professional 5. Marketing	1. This is the #1 request from clients
13.	Overdose prevention education for people over the age of 50 (BBE, 50-Plus, Latino Programs, Centers of Excellence, TransLife, Housing & Benefits)	M: Vince, Preston O: Vince, Preston, Jorge C: Alex Locust, Kyle Temple, Ryan D., Jesus, Joaquin H: Ryan D., Baruch A: Mike D, Julie, Ben, Rob	1. Meet with Kyle, Alex L., and Ryan D. 2. Plan Ask the Experts about Overdose Prevention. Ensure clients are involved in the planning process. 3. Identify roles for members to support the Ask the Experts event 4. Identify and connect with partners to participate Ask the Experts (e.g., Golden Compass, pharmacies)	1. Other ideas: Baruch can hold an event on this topic (e.g., a mental health comedy hour); help SROs and hotels advocate for onsite Narcan; focus on Narcan training and refresher courses for staff 2. All these efforts should include SIF education
14.	Create more roles for client involvement, leadership, and skills building within BBE	M: Preston O: Preston C: HEROS, peer leadership trainers, Vince, Jorge	1. Revisit current roles to identify new roles & positions 2. Develop a peer leadership training 3. Determine a way to benefit participation	1. This Action Item extends beyond volunteer opportunities to focus on personal and leadership development 2. Also related to Item #2

		H: Traye, Outside Facilitator A: Julie, Ben		
15.	Hold a BBE weekly health/get active group- (BBE members currently directed to other SFAF Yoga, Wed Dance, etc.	M: Preston O: Preston C: Outside facilitator, Janessa H: Traye A: Preston	1. Add this activity to the Year 3 budget planning 2. Schedule a chat with Janessa re: clearing health activities 3. Speak with clients to identify if there is any resistance/hesitation to this new activity, so members don't feel like their programs are being taken away 4. Revisit in Year 3	
16.	Improve internal coordination between TransLife & BBE, and BBE & Stonewall	M: Preston O: Mayia, Preston, Julie C: Kyle T. H: Alex, Traye, Joaquin A: Preston	1. Continue monthly meetings 2. Continue quarterly events 3. Interview clients (1:1 or steering) about this topic	1. Should DREAAM be included in these conversations? 2. Also related to Items #9, 10, 21
17.	Connecting community needs & language with what SFAF offers		1. Clarify the action item – by "language" do we mean terminology or more like Spanish, Portuguese, etc. 2. Identify "MOCHA" roles 3. By Sept/Oct, run the language through CAB	
18.	Keeping seniors housed in the age of COVID	M: Julie O: Jesus C: Vince, Preston, Tomi H: Ben A: Courtney	1. Assign Jesus a "MOCHA" role 2. Bring discussion of needs to H!&RIC dept meeting 3. Assess the extent of the problem, who it is impacting, for how long, etc. 4. Identify partners and collaborators (e.g., Q Foundation, PRC) 5. Identify next steps	
19.	Along with mental health services, cognitive health support is needed	M: Julie, Vince O: Tomi C: Golden Compass, WARD86 Geriatric Dept. H: Stonewall, Preston, David A: Julie	1. Define cognitive health (e.g., underlying medical issues vs mental health issues vs cognitive decline due to HIV & aging) 2. Gather client feedback on cognitive needs 3. Department meeting to assess cognitive support (who and what) 4. Meet with partners to review what services offered	
20.	Use "Ask the Experts" as a community forum	M: Preston O: Preston C: 50-Plus, TransLife, Stonewall, CUAV, CALPEP, DREAAM, Positive Force, QTPOC, Baruch	1. Review with Steering Committee 2. Develop a format and topics 3. Identify open dates and assign panel topics	

		H: Traye, David A: Preston, Julie, Ben		
21.	Internal referral	M: O: Ben C: Tomi, Jesus, Vince, Preston, David, Mayia, Kyle, Ashley F. H: Lara A: Julie	1. Identify which programs should be involved in this task. The picture below outlines some programs, but are others missing (e.g., Positive Force, social support, volunteers/peers)? 2. Identify a "Manager" for this action item 3. Convene a meeting of program managers with a goal of developing a process to strategize about ways of improving referrals/ coordination. 4. Update the COVID-19 blog and bimonthly programs email - add more detail (useful for clients and staff) 4. Update the internal referral guide (one page) --> move into a COVID-19 informed guide 5. Identify a role for Services Navigators	1. Questions to consider when developing a referral process: mechanism (e.g., paper, eCW, or Teams); how are staff oriented/informed about other programs and their services 2. All programs use eCW except COE and Stonewall; need to develop a way to refer between Welligent & eCW as well 3. This issue involves the entire organization, but smaller scale efforts are happening within the HIV & Aging department 4. Also related to Items #9, 10, 16

	ACTION ITEM	ROLES	NEXT STEPS	COMMENTS
22.	Use BBE game nights to engage the wider community- currently promoted in multiple AA social media groups	M: Traye O: Preston C: Oakland LGBTQ H: Oakland LGBTQ, External co-facilitators A: Preston	1. Develop expansion plan, format 2. Review w/ Steering Committee 3. Recruit Partners	1. On hold due to COVID (i.e., can't hold in-person groups) 2. Smaller scale efforts are currently taking place
23.	Provide/enhance/maintain benefits counseling for financial, medical insurance, access to care and treatment			1. Felipe does benefits counseling, so does Ellen at 1035
24.	Accessibility – translation equipment, harm reduction materials			
25.	BIPOC group for PLWH inclusive of 50+	M: Julie, Dir of Aging O: Preston, Vince C: Dir of Aging H: Alex, Dusty, Traye, David A: Julie, Dir of Aging	1. Consider making this a "Low Priority" action item rather than "On Hold" – if this is a client need, we should prioritize 2. Decide whether Alfredo should have a "MOCHA" role	1. This can be a virtual group
26.	Work with the QTPOC Steering Committee to explore hosting a QTPOC tea time with staff and Policy Team			1. Felipe might be a lead for this task 2. HAN Happy Hours have been happening with QTPOC. Can we invite other groups to this (virtual) happy hour (e.g., BTAN, AIDSWatch)?
27.	Need more infrastructure to support CM and referral piece – need agency-wide commitment (NEW ACTION ITEM – stems from Action Item #3)			1. Need a centralized place for staff providing referrals, CM, and health navigation services 2. Latino Programs should also be in these conversations because they also serve people over 50