



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DIVISION OF PUBLIC HEALTH

## COMMUNITY HEALTH & PREVENTION SERVICES

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### Marin HIV/AIDS CARE Council Meeting

#### Draft MINUTES

February 1, 2006

4:30 – 6:30 PM

899 Northgate Drive, 4<sup>th</sup> Floor Conference Rm

**Members Present:** Elyse Graham, Cam Keep, Jennifer Malone, Roy Bateman, Lisa Becher, David Witt, Wade Flores

**Staff Present:** Chris Santini, Deb Mullaney-Fricke, Sparkie Spaeth, Karen Kindig

**Others Present:** Anne Rogers, Brian Slattery, Dave Martin, Andy Fyne, Leslie Gallen, Dorothy Kleffner

#### I. Call to Order

Meeting called to order at 4:45 PM by CM Graham.

#### II. Roll Call

CM Boemer was absent.

#### III. Review and Approval of Agenda

CM Keep motioned to approve the Agenda. Vote was done by a show of hands. The Agenda was approved.

**AYES: CM Graham, CM Keep, CM Malone, CM Bateman, CM Becher, CM Witt, CM Flores**

#### IV. Review and approval of January 4, 2006 Minutes

CM Becher motioned to approve the Minutes of January 4. Vote was done by a show of hands. The Minutes were approved.

**AYES: CM Graham, CM Keep, CM Malone, CM Bateman, CM Becher, CM Witt, CM Flores**

#### V. General Announcements

Wade Flores: 1) Tijuana Public Health Dept is also working with the Migrant HIV/AIDS tracking project. 2) The (current) Consumer CARE Report has been published. [Copies were distributed to the Council.] Sparkie Spaeth noted that Chris Santini had requested some corrections to the newsletter that will appear in the next edition.

Jennifer Malone: Jennifer suggested contacting the person who runs the Tijuana Clinic for the AIDS Health Foundation to get more information about the Migrant HIV/AIDS tracking project. (That person's contact information was forwarded to Rebecca Smith.)

Chris Santini: There will be an opportunity for Council members to attend a training on the ABC's of Community Planning by the State Office of AIDS and get to know the Marin Local Implementation Group on Monday, 4/3/06, from 12:00-1:30 PM at the Marin Treatment Center.

#### VI. Public Comment

There was no Public Comment.

## VII. Ryan White/Title I Service Provider Presentations

*[Providers were asked to address the following:]*

1. Describe service offered by your program and the demographics of the clients you serve. Describe any known, recent changes to how this service is delivered to your target population.
2. Identify the most important ways this service contributes to the physical and/or emotional health of HIV/AIDS clients in Marin.
3. Are there other agencies that you coordinate with to provide this service? Are there other agencies that provide the same services in the community?
4. What additional sources fund this service?
5. What are emerging needs or challenges you have identified that relate to the provision of this service?
6. If your unduplicated clients, units of service, or money spent are below the target level, please tell us why that is. If you perceive that there are any barriers to this service category for clients, please tell us what those barriers are and any possible solutions.
7. Other information you feel would be valuable for the Council membership to know.

### a. Brian Slattery, Executive Director, Marin Treatment Center (MTC):

1. MTC provides case management with two part-time professionals and operates a substance abuse scholarship program paying for alcohol and drug treatment needed by people with HIV. Both contracts are reduced from their historical levels due to funding cuts in Ryan White contracts and the agency does not expect any excess funds as of data available at the end of 6 months of the contract year. In the last 12 month period for which data is available 20 clients were case managed at MTC. The program provided intensive case management to a population ranging in age from 28-66 years who were 70% Caucasian and 30% African American. 15% were females. 80% of the clients have mental health diagnoses and virtually all have drug and/or alcohol concerns impacting their lives.
2. The program achieves its most important goals in that 95% of the clients are supported in obtaining on-going medical care in Marin or S.F. at a variety of providers and 85% of the clients are taking HIV anti-viral medications. These are remarkable achievements by clients who are often homeless, jailed, and disenfranchised by their status and lifestyles.
3. MTC works closely with Marin AIDS Project, Hospice of Marin (case management program), and other substance abuse providers in Marin.
4. No other sources fund this service, except for drug abuse treatment, which is sometimes paid for by Prop 36 funds and Medi-Cal.
5. Most have not had great success obtaining health care services due to barriers created by poverty, lack of access, and judgmental behaviors on the part of some providers due to failure to understand and work with people with the diseases of addiction and/or mental illness.
6. [N/A]

*[Brian thanked the group for their support of his client services and answered questions from Council members.]*

### b. Deb Mullaney-Fricke (for Cathy Johnson), Health Svcs Assoc, Specialty Clinic:

1. The Department of Health and Human Services (HHS) Specialty Clinic provides HIV primary medical care visits to low-income, uninsured or underinsured Marin residents living with HIV/AIDS. The Specialty Clinic, a Medi-Cal certified provider, provides medical care and 24-hour on-call services. The Specialty Clinic provides comprehensive medical assessment, evaluation, diagnosis, and treatment services rendered by experienced HIV medical providers in an outpatient clinic setting and as needed, Marin General Hospital. More specifically, medical visits include diagnostic testing, early intervention and risk assessments, preventive care and screenings, practitioner examinations, medical history taking, diagnosis and treatment of common physical and mental conditions,

prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties). There have been no recent changes to how this service is delivered to its target population.

2. The mission of HHS is to promote and protect the health, well-being, self-sufficiency, and safety for all people in Marin. The HIV/AIDS Services program and the Specialty Clinic work to prevent new HIV infections and support and improve the health of Marin residents living with HIV/AIDS. These integrated services will assist patients to access needed services and remain in primary medical care. Specialty Clinic staff strive to establish and maintain the primary care patient relationship in order to increase the number of patients on appropriate prophylactic treatments, decrease hospitalizations, and decrease patients lost to follow up in order to improve the longevity, health, and quality of life of patients. The Specialty Clinic provides primary care in the context of a multidisciplinary setting that also offers mental health services, medical social work and case management services, nutrition consultations and access to clinical trials (all non-CARE Act funded).
3. There are no other Ryan White-funded agencies providing this type of medical care. Non-CARE Act-funded staff work with Ryan White-funded community agencies to access non-medical services that are not provided to shared clients, e.g., food, benefits assistance and emergency fund assistance.
4. The 2005/2006 budget for the HHS HIV/AIDS Services Program is \$3,780,255. County General Fund contributes \$2,117,480 toward this program. The Title I Grant funds \$316,238 of Specialty Clinic costs.
5. An emerging need is access to care for complicated and complex specialty medical care for low-income uninsured patients. To date, the Specialty Clinic has been able to meet the needs of this small population. However, should a patient require complex, costly subspecialty care, there is no clearly defined method to provide this service.
6. Units of service are below target level. The best explanation for this is due to the increased health of its patient population. Unduplicated clients are not below target levels, supporting that it is the general health of its patients accounting for the drop in units of service, rather than a decrease in the patient population. The average CD4 count for Specialty Clinic patients is over 300. Based upon its annual patient satisfaction survey, no barriers to care were identified by any significant percentage of patients.

*CM Flores brought up some barriers he has faced as a client of the Specialty Clinic, including getting to the clinic, losing mental health and phlebotomy services at the Specialty Clinic when he changed to an outside primary care physician, and not being able to get a referral for specialty care in Marin. He requested that he not to be seen by Specialty Clinic doctors when he is a patient at Marin General Hospital and this request was not honored.*

Public Comment: Dorothy Kleffner commented that not being able to be a “co-client” (e.g. seen at the Specialty Clinic as well as at UCSF) is a barrier, in that once a client is seen somewhere else, they are no longer able to be seen at the Specialty Clinic. She also commented that a barrier for patients with no other funding (besides Title I) is that they cannot be referred for specialty care. She questioned how the funding is being used when there are fewer patients being seen at the Specialty Clinic.

c. Anne Rogers, Executive Director, Marin Food Bank:

1. The Food Bank operates seven programs that provide food to low-income people and others with special short-term needs that live in Marin County. These programs include: Emergency Food Pantries for families experiencing a short term crisis (1700 families monthly). Brown Bag Program for low income seniors (450 persons monthly), USDA Commodity Distribution (1700 persons monthly), and Holiday Food Boxes (3500 family boxes for Thanksgiving, Chanukah and Christmas). Food for these programs comes from food drives, is purchased with community donations, and is donated by local grocery stores. In the case of USDA Commodities; the food comes courtesy of the government.

Persons with HIV/AIDS are eligible for all of these programs if they meet the program guidelines. Neither the clients nor the agencies pay for these services.

The On Site Meal Program helps subsidize 9600 meals each month through 60 non-profit agencies in Marin. These agencies provide snacks and meals to their clients. This food comes from the food industry. Persons with HIV/AIDS are served by many of these agencies. The agencies pay a small "share fee" for the foods they receive. These fees are 1/5 of the Food Bank budget.

Twice monthly food boxes are currently being provided to 74 persons living with HIV/AIDS through the Title I/Ryan White Program. 63 are male and 11 are female. (Other statistics are in the County's CARE database.) Since the initial sign-up week, no clients have self-referred nor signed up through the Food Bank. The Food Bank receives a referral page and the client's food preference sheet and the rest is up to the case manager.

The Program's goal is to try and get the food to the people rather than the people having to get to just one food distribution site. The Food Bank has agreements with the seven emergency food pantries and others to serve as distribution sites for this food program. There have been no changes in the way the service is delivered.

2. The receiving clients are low income and often very ill. Providing healthy and nutritious food to them is a boost to both their physical and mental well-being.
3. The Food Bank currently distributes food through Marin AIDS Project, Novato Human Needs Center, San Geronimo Community Center, Southern Marin Food Pantry (St. Andrew Presbyterian Church) Canal Alliance, the Salvation Army and West Marin Resource Center. It has agreements with other agencies but clients have not chosen them as distribution point. The Food Bank also makes deliveries to 15 clients who are too ill to pick up their food.
4. The Food Bank uses community donations (boxes, gasoline, trucking), a grant from Marin Community Foundation (rent), CDBG funds (warehouse salary), and funds generated by its thrift store, Good Stuff (delivery expenses) to supplement this program.
5. Streamlining the process of purchasing in bulk and packing efficiently within the budget and time frame of the program budget has been a challenge. In addition, the clients have very strong opinions concerning the foods that they, as individuals, want. The Food Bank does not have caseworkers, as such, and it appears that many clients have emotional needs that the Food Bank is not prepared to handle. Participants don't always pick up their food as scheduled at their distribution sites and are not at home when the food is delivered, as scheduled. Some of the Title I clients seem to have an extremely difficult time remembering the schedule, even though it is printed on their program ID card. This has been frustrating to the agency and volunteers.
6. Funding spent is below the target level, as the food program got off to a very slow start. Clients did not understand the switch in agencies and the Food Bank did not know how to reach them to inform them of the change. In addition, the County furnished the Food Bank with some Ensure and vitamins, which reduced its initial expense. At this point, no barriers to clients using this program are seen.

*CM Flores made comments about his personal food preferences, his desire for a food gift card, and the Food Bank's lack of a grievance policy.*

*[Anne thanked the Council and urged any case manager or person working with HIV/AIDS clients to call her if their client is having any difficulties or problems with the food they are receiving.]*

d. Dave Martin, Marin AIDS Interfaith Network:

1. The Acupuncture Program provides access to the complementary therapies of acupuncture and herbs for at least 25 unduplicated low-income persons with HIV/AIDS in Marin County. Twenty-five treatment slots are maintained. Each treatment slot provides a participant with two acupuncture

treatments per month and an herbal allocation of \$30 per month. Herbs are prescribed and provided by the treating acupuncturist when needed.

Five of twenty-five participants currently enrolled in the program are long-term survivors; that is, they have been diagnosed with AIDS for more than 10 years. All 25 are diagnosed with AIDS and are above the age of 40. Three of 25 are persons of color; three are women; five have a dual diagnosis of AIDS and substance abuse or mental illness; four have other life-challenging illnesses such as cancer, liver or heart disease.

2. According to the National Institutes of Health (NIH), acupuncture is a therapeutic intervention that has shown clinical efficacy in “adult postoperative and chemotherapy nausea and vomiting; addiction; headache, musculoskeletal and nerve pain; fibromyalgia, myofascial, lower back and other chronic pain conditions.” NIH Consensus Statement, Vol.15, 1997

MAIN's Acupuncture program provides participants with multiple health benefits that they directly attribute to their use of acupuncture and herbs including: pain and neuropathy relief, increased energy, and management of nausea and other medication side-effects. Participants consider acupuncture to be an important component of their comprehensive self-care plan. This program has been especially critical for long-term AIDS survivors who have severely suppressed immune systems and more acquired drug resistance. Regular visits with acupuncturists who are experienced in HIV/AIDS primary care help to better identify and treat early symptoms of primary, secondary and opportunistic infections related to HIV infection. This in turn, alerts participants and their treating physicians of such early warning signs of serious illness and helps meet a primary goal of the Ryan White CARE Act to reduce hospitalizations and increase access to primary care.

The geographic distribution of contract acupuncturists throughout Marin County (San Rafael, San Geronimo/West Marin, San Anselmo, Corte Madera, Novato and Mill Valley) is a program strength that enhances the access of service for program participants.

3. MAIN coordinates acupuncture services with all other HIV/AIDS service providers in Marin County and with interested primary (medical) care providers of program participants, including staff at the Marin Specialty Clinic and the Tom Steele Clinic. While there are individual licensed acupuncturists who provide acupuncture services for people living with HIV/AIDS in Marin on a private pay basis, there is no other such coordinated acupuncture program providing services for low-income people with HIV/AIDS in Marin.
4. Currently, MAIN also receives funding for this program from the Marin Community Foundation, the Union Bank of California, and from individual donors. MAIN just received a renewal of funding for this program from MCF for January-December 2006. In the past, MAIN has received funding for the Acupuncture program from the California Endowment.
5. Most of Marin's long-term survivors are well over 40 years of age and many develop other chronic health conditions, including medication related challenges such as lipodystrophy, high cholesterol, and degenerative joint diseases. Many have long since exhausted their financial resources to pay for complementary care. Last year, San Francisco de-funded acupuncture services with no follow-up study regarding the health impact to people with AIDS receiving these services. Marin is in a unique position to consider carefully and hear directly from long term survivors how acupuncture services in Marin undergird their complex primary care needs.

Competing demands for decreasing dollars challenge all AIDS services and service providers. MAIN's program has safeguarded CARE Act funds as “funds of last resort” to provide direct service to low-income people with AIDS in a way few other providers have matched. Less than 10% of CARE Act funds contracted to MAIN are spent on program staff compensation. Over 85% of contract funds pay for acupuncture (\$30,000) and herbs (\$9,000) used directly by people with AIDS.

6. The program goal is to provide access to the complementary therapies of acupuncture (600 treatments) and herbs as a component of primary care for 25 or more low-income Marin County

residents living with HIV/AIDS who could not otherwise afford these services. As of December 31, 2005, MAIN has provided 25 unduplicated low-income persons with AIDS access to 286 acupuncture treatments and \$3,526 in herbs. Winter months often bring more illness and need for treatment.

MAIN will continue to maximize the 25 treatment slots to serve the maximum number of unduplicated clients (UDC) and will likely provide services to 28 or more UDCs by the end of the contract period. If there is a surplus of funds in the "Herb vouchers" line item by the end of March 2006, staff will request of the County a contract modification to shift extra funds to "Acupuncture services to serve additional UDCs.

Decreased funding is an increased barrier to service.

7. This program receives no Ryan White CARE Act funds to pay for "Indirect Expenses" or "Administrative Expenses" as allowed by CARE Act guidelines and included in most other County contracts. This has been done to maximize CARE Act funds to provide direct services for low-income people with AIDS. As funding from the San Francisco EMA continues to shrink, the HIV CARE Council could help maximize funding by considering how efficiently contracts allocate CARE Act dollars to effectively provide primary need services that directly benefit low income people with HIV/AIDS and meet the primary goals of the Ryan White CARE Act.

e. Lisa Becher, Hospice of Marin:

1. Hospice of Marin State AIDS Program provides assistance with activities of daily living to persons in Marin County living with disabling HIV/AIDS. Our caseload consists of a total of 24 clients, 21 males and 3 females. 67% (16) are Caucasian males; 17% (4) are African American males; 4% (1) Asian male; 8% (2) are Caucasian females; 4% (1) Hispanic female. We have not identified any recent changes as to how this service is delivered to our target populations.
2. The most important ways that this service contributes to the physical and/or emotional health of HIV/AIDS clients in Marin is to help break isolation, assistance with medication adherence and compliance, assistance with activities of daily living, i.e. personal care, meal preparation, light housekeeping.
3. Hospice of Marin State AIDS Program sub-contracts with two home health care agencies in the county: Arcadia Health Care and Heart of Humanity HealthCare.
4. Hospice of Marin State AIDS Program holds two other contracts for funding for in home attendant care services besides CARE dollars. Those contracts are with The State of California and Housing Opportunities for Persons with AIDS (HOPWA).
5. Emerging needs that have been identified that relate to the provision of this service: clients are requiring more frequent visits after acute episodes of illness or hospitalizations. Other chronic illness, diabetes, heart disease, infection of the pancreas and kidney require closer observation and assistance with activities of daily living.
6. Hospice of Marin State AIDS Program units of service are right on target, as projected, and the unduplicated clients are above initial projections. No barriers have been identified in this service category.
7. Hospice of Marin State AIDS Program is the only recipient of funding in the County to provide assistance with activities of daily living, free of charge, to those eligible living with HIV/AIDS.

f. Jennifer Malone, Executive Director (with Andy Fyne and Leslie Gallen), Marin AIDS Project:

Direct Emergency Assistance program:

1. The goal of Direct Emergency Assistance program is to provide a means for clients to meet any unexpected financial emergencies while maintaining their basic needs. The program is broken into

two categories, Emergency Funds and Pharmaceutical Funds. Each fund is divided into two tiers. Tier I is for clients who make less than 200% of the Federal Poverty Level. Tier II is for clients who make more than 200% of the Federal Poverty Level up to the maximum income limit for Title I funds.

In response to the increase in utility rates and new medical costs associated with Medicare Part D, as of February 1, 2006. The ceiling on emergency fund has been raised. Clients in Tier I who seek assistance will be able to receive up to \$600 a year for eligible emergency expenses to cover prescriptions and emergency utility needs. This amount has been increased from \$400 a year set forth in the original proposal. Clients in Tier Two will be able to receive up to \$300 a year for eligible emergency expenses. Again, this is an increase from the \$150 set forth in the original proposal. A total of 60 unduplicated clients will be able to receive assistance and 100 requests will be filled.

To date, the majority of clients accessing funds had incomes well below 200% of the poverty level (\$1197), usually around \$900 a month.

2. Life will always present stressful situations for clients to cope with. Being HIV-positive is a lifelong challenge that can create stress on its own. The Emergency Funds can make a difference to a client's health through alleviating the stress of not having enough money to cover bills or medication.
3. The Direct Emergency Assistance Fund coordinates with all other HIV/AIDS service providers in Marin County, Marin Treatment Center, Specialty Clinic, State AIDS Program and the Case Managers and Benefits Advocates at MAP for low-income people living with HIV/AIDS in Marin County.
4. There are no other funding sources supporting the Direct Emergency Assistance Fund program at this time.
5. The changes in the Medicare/ADAP/Medi-Cal programs will most likely increase the need to access the emergency funds for prescription coverage on an ongoing basis. Never before have had clients on Medicare/Med-Cal programs had to deal with co-payments for prescriptions. Usually ADAP took care of any Medi-Cal share of cost or co-payments. Clients with incomes under \$1197 living in Marin County with high rent, gasoline and utility costs, now have to face co-payments of \$20, \$30 or more each month.

It is unlikely that the magnitude of need will be known until things begin to work more smoothly within Medicare. It could take up to four months to get a realistic picture of what the true need is for assistance.

6. The program goal is to provide 60 clients and 425 requests to the Direct Emergency Assistance Fund between both the prescription program and emergency fund program. With the increase of the emergency fund limits it is anticipated that the number of clients accessing the fund will remain the same. However, the number of requests is expected drop significantly to 100. The only potential barrier is that clients who need ongoing assistance with prescription co-payments not met by other sources could require MAP to look at how to accommodate these individuals while remaining true to the rules of Ryan White Title I funds.

#### Oral Health Program:

1. The goal of the Oral Health Fund is to provide a means for clients who are Marin's "very low income," living with HIV+/AIDS and who are uninsured or underinsured to receive dental care. Severe need clients who are uninsured or underinsured are the highest priority group for coverage through the dental fund. The fund is tracked by income tiers. Tier I is for clients who make less than 200% of the Federal Poverty Level. Tier II is for clients who make more than 200% of the Federal Poverty Level up to the maximum income limit for Title I funds.

It is feared that some clients still may not be seeking dental care because the cost of this care is prohibitively expensive when having anything other than teeth cleaning done. Previously the fund

was limited to \$500 a year for all clients regardless of income tier. However, about 50% of the bills that have been processed to date actually had totals over \$1000 which means that the client was responsible for all costs above what the Oral Health Fund could pay for. In response to these concerns the limit has been increased to \$1000 for all clients through the end of this contract. This includes those clients who previously requested and were given funds up to \$500 who had bills far greater than that amount. MAP will attempt to pay the remainder up to a total of \$1000, as appropriate. With this revised limit, a total 19 Tier I and 13 Tier II unduplicated clients will be able to receive assistance and 40 requests will be filled.

2. Life will always present stressful situations for clients to cope with. Being HIV-positive is a lifelong challenge that can create stress on its own. The Oral Health Fund contributes to the overall health of a client living with HIV/AIDS by reducing stress, and promoting physical health through dental care.
3. The Oral Health Fund coordinates with all other HIV/AIDS service providers in Marin County, Marin Treatment Center, Specialty Clinic, State AIDS Program and the Case Managers and Benefits Advocates at MAP for low-income people living with HIV/AIDS in Marin County.
4. There are no other funding sources supporting the Direct Emergency Assistance Fund program at this time.
5. The current challenges within the program are that it can take up to 4 months to get a scheduled appointment at the Marin County Dental Clinic. Also, by reimbursing private dental providers with the Medi-Cal rate, clients have larger bills for which they are responsible. In an effort to reduce the waiting time for the County Clinic they were asked to consider holding treatment slots for people with HIV/AIDS. They have instead decided to increase the number of chairs available to reduce the waiting time. The rules associated with Title I funds are that the fund pays at the Medi-Cal rate. Until this changes, it will always be a challenge to provide adequate dental care for clients.
6. The program goal was to provide 19 tier I and 13 tier II clients with 140 requests to the Oral Health Fund. With the increase of the funding limit MAP anticipates that the number of clients accessing the fund to remain about the same. However, the number of requests that can be filled are will drop to 40. Again the barrier is the waiting period to get a scheduled appointment at the County Clinic. Hopefully, the additional chairs at the Count Dental Clinic will alleviate some of the wait time.
7. This program received no Ryan White CARE Act funds to pay for salaries to administer the fund as allowed by CARE Act guidelines. This has been done to maximize CARE Act funds for voucher assistance to clients, thus meeting the primary goals of the Ryan White CARE Act.

#### Case Management:

1. Case managers, in partnership with clients, assess short and long term needs, develop a care plan, and provide information about and linkages to a wide variety of social service and health care organizations/providers. Vital follow up and consultation with clients ensures consistency of care for people living with HIV/AIDS.

Demographics for calendar year 2005 show that MAP clients are 75% Caucasian, 10% African American and 10% Latino(a); 87% male and 12% female; 75% of clients live at 200% of FPL or below and 60 % are 45 or older. Of the 83 clients MAP has seen in client services in the first half of FY0506, 38% have had an acuity level of two and 62% have had acuity level at three or four.

2. Case management's primary objective is to connect people to health care providers and support and maintain that connection by enhancing the client's psychological and social well-being. While the system of care now allows clients to by-pass case management services, MAP finds most clients still choose to use a case manager. Case managers are knowledgeable, skilled professionals with expertise in cutting through red-tape and getting clients linked with essential services. Using case management conserves clients' physical and emotional energy; case managers also provide clients with supportive care that contributes to their health and welfare.



3. MAP provides information about and referral to a multitude of providers in the Bay Area. MAP case managers work closely with other social work providers at the State AIDS Project, Marin Specialty Clinic, Marin Treatment Center, and Shelter Plus Care in order to coordinate care. MAP is the sole source of HIV/AIDS case management if an individual is not connected to an aforementioned agency.
4. Case management funding is the primary source of funding for this program; a small amount of private funding supplements Title I funds.
5. MAP has been given the opportunity to provide supportive case management for six units at Hamilton Transitional Housing in Novato. Of the 11 clients currently under lease, 10 can be defined as "severe need". The complexities of providing supportive case management to these clients are challenging and time-consuming. MAP needs additional case management time and greater expertise in working with people with mental health issues. MAP is giving current staff specialized development/training and hopes to obtain additional funding to support hiring a Senior Case Manager with a clinical degree and experience.
6. MAP's grant objectives call for it to maintain a 90% performance level related to 500 UOS to 50 unduplicated level II clients and 1000 UOS to 70 unduplicated level III and IV clients. At mid year for level II, MAP is at 128% of its UDC target and 48% of its UOS target. In level II and IV, it is 146% of UDC's and 62% of UOS.

Because case management targets for UDC's and UOS were set without historical information on MAP's new system of delivery, MAP is below its projections for UOS. Additionally, MAP's case managers have been involved this year with outreach to hidden and outlying populations, a contract objective that does not immediately lead to billable hours. In addition, MAP has added a support group for women. This has required on-going program development, another non-billable activity. MAP is on target for UDC objectives and funds spent.

7. MAP case management is staffed with two half-time case managers which is 1 FTE. The Client Services Director supplements their time along with an MSW intern.

#### Benefits Advocacy:

1. MAP's benefits advocacy specialists assist clients in accessing and maintaining public and private entitlement programs and assist clients with financial planning, money management and credit/collection issues. They also serve as advocates with medical providers regarding fees and payments plans and with employers regarding reasonable accommodations for disabilities.

Demographics for calendar year 2005 show that MAP's clients are 75% Caucasian, 10% African American and 10% Latino(a); 87% male and 12% female; 75% of clients live at 200% of FPL or below and 60 % are 45 or older. Of the 83 clients MAP has seen in client services in the first half of FY0506, 38% have had an acuity level of two and 62% have had acuity level at three or four.

2. Benefits advocates are able to reduce stress for clients, helping them to resolve benefits issues and to make best use of financial resources available to them. This contributes to both their physical and emotional well-being.
3. MAP is the sole provider of this service in the county. MAP refers legal and credit counseling issues to outside resources.
4. Title I funds approximately 2/3 of the cost of this program. The remainder of the cost is provided through private sources.

5. Medicare, Part D has been a large focus of attention this contract year and MAP expects to continue to spend considerable time helping clients with the challenges of this new program and working to find additional resources to assist with uncovered medical and pharmaceutical costs.
6. MAP's grant objectives call for it to maintain a 90% performance level related to 1425 UOS to 145 unduplicated clients. At midyear, it is 140% of its UDC goal and 86% of UOS.

Because case management targets for UDC's and UOS were set without historical information on our new system of delivery, MAP is off its projections for UOS. Additionally, the time for research and trainings on Medicare, Part D did not contribute directly to UOS. MAP is on target for UDC objectives and money spent.

7. Benefits advocacy, including pre and post disability counseling, remains a vital need for clients with HIV/AIDS.

#### Mental Health Program:

1. The mental health counseling program is newly funded this contract year. The program is providing individual and group counseling services.

Demographics of the client population are as follows:

Total clients: Individual – 17; Group – 6. Additional demographics will be provided at the next CARE Council meeting.

2. Mental health counseling is essential for clients who are experiencing depression, anxiety, and other emotional disorders. It contributes to both their emotional and physical health by giving them the opportunity to talk through difficult feelings, gain support and understanding and develop new, more effective coping strategies.
3. MAP is coordinating with Family Service Agency and Canal Alliance and expects to be working with several other providers as the year continues. One of MAP's objectives is to offer groups in sites around the county. These are currently being planned.
4. This program is primarily supported with Title I funds; a small amount of private money is also being used to support an MFT Intern.
5. With the focus of Ryan White funds being on "severe need" clients, MAP has a growing need for mental health counseling services to complement the core case management and benefits advocacy services that have been the mainstay of the system of care. MAP needs to expand the mental health program to include psychiatric consultation. MAP also needs to consider how it can best integrate mental health services into the array of core services so all clients are able to receive the most appropriate and effective support.
6. At mid year, MAP's client count and units of services are in line with budget.
7. MAP's plans include developing a counseling group for Spanish-speaking clients.

#### Transportation Program:

1. The Transportation fund has been set up to provide a fund of last resort for clients to provide transportation to and from health care appointments.

Demographics for calendar year 2005 show that MAP's clients are 75% Caucasian, 10% African American and 10% Latino(a); 87% male and 12% female; 75% of clients live at 200% of FPL or below and 60 % are 45 or older. Of the 83 clients MAP has seen in client services in the first half of FY0506, 38% have had an acuity level of two and 62% have had acuity level at three or four.

2. Connecting to health care is a primary objective of Title I funding. This fund provides a safety net when no other mode of transport can be accessed.
3. There are many sources that MAP's clients try to access before turning to the transportation fund. These include, but are not limited to, family and friends, agencies such as Whistlestop Wheels and the American Cancer Society, MAP's Volunteer program, MAP's Case Managers and other providers. There is no other fund to provide transportation funds to its clients.
4. This fund is entirely funded with Title I monies.
5. The trend has been that a majority of clients are able to use public means of transportation because their health is stable. Thus the fund is being used to most often to assist low-income clients with the costs of public transportation. One challenge is that some very ill clients are traveling long distances to reach specialty medical services. Alternate forms of transportation and assistance with the costs needs to be considered to assure clients are being adequately and appropriately supported.
6. At mid year, MAP has billed very little to the Transportation Fund because of pre-buys from the previous year. However, records show that clients are accessing the program at well over the 130 UOS projected in the contract. At mid year there have been 200 UOS. 195 of these units represent \$2.00 bus tokens and 5 represent cab rides at an average cost of \$18.00 per ride.
7. MAP has kept a cap on cab usage; however, there may be a need to loosen the reigns on this fund to provide for its full use in the contract year.

#### Volunteer Program:

1. Volunteers offer emotional support through a "buddy" program and assists clients with activities of daily living such as transportation to medical appointments, grocery shopping, household chores, etc.

Demographics for calendar year 2005 show that MAP's clients are 75% Caucasian, 10% African American and 10% Latino(a); 87% male and 12% female; 75% of clients live at 200% of FPL or below and 60 % are 45 or older. Of the 83 clients MAP has seen in client services in the first half of FY0506, 38% have had an acuity level of two and 62% have had acuity level at three or four.

2. Volunteers frequently connect clients to health care by providing transportation and related support. Volunteer "buddies" are also vitally important in reducing the isolation of disabled clients and supporting their emotional health.
3. MAP is the sole provider of volunteer service to People Living with HIV/AIDS in Marin. Clients with cancer can also rely on American Cancer Society volunteers for transport to/from Chemotherapy appointments.
4. The Volunteer Services Program is funded 80% by Title I funds and 20% from private sources.
5. This year, the Volunteer Coordinator is working closely with Marin County Food Bank and the new Title I food program to distribute and deliver food boxes to clients. Challenges include being able to recruit and retain an adequate pool of volunteers to provide transportation and help with chores. MAP has many short-term volunteers, but needs to expand the number of volunteers who will commit to a year or more of service. This allows MAP to match clients with known volunteers with whom they can form an ongoing, supportive relationship.
6. MAP's grant objectives call for it to maintain a 90% performance level related to 500 UOS to 50 unduplicated level II clients and 1000 UOS to 70 unduplicated level III and IV clients. At mid year for the program's three components (Practical, Emotional, Transportation), MAP is at 166% of its UDC target and 80% of its UOS target.

7. MAP's Volunteer Coordinator was increased from .75FTE to .9FTE when private funding became available in November. The value of MAP's volunteer program cannot be overstated in an era of diminishing funds for professional services. Volunteers are a vital part of MAP's service delivery team.

**VIII. Next Steps/Agenda Items**

Due to the length of the Service Provider presentations, the following agenda items were tabled for next month's meeting: VIII. Unspent Funds (Reallocation discussion - VOTE), IX. Membership/Outreach Committee Report (Policy and Procedures – VOTE), and X. Public Health Department Report.

**IX. Meeting Adjourned at 6:45 PM.**