



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Larry Meredith, Ph.D., Director*

DIVISION OF PUBLIC HEALTH  
**COMMUNITY HEALTH &  
PREVENTION SERVICES**

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**MARIN HIV/AIDS CARE COUNCIL  
DRAFT MINUTES  
Wednesday, March 7th, 2007  
4:30 – 6:30 PM  
899 Northgate Drive, Suite 415  
San Rafael, CA 94903**

**Members Present:** Lisa Becher, Roy Bateman, Wade Flores, Elyse Graham, Peter Hansen, Jennifer Malone

**Members Absent:** Diva Berry, David Witt, Will Boemer (on leave)

**Staff:** Cicily Emerson, Chris Santini, Sparkie Spaeth

**Public:** Cathy Johnson, Gregory Giorgi, Dorothy Kleffner

**I. Call to Order**

Meeting was called to order at 4:47pm by CM Graham.

**II. Roll Call**

**III. Review and approval of Agenda**

CM Graham noted that Laura Thomas had rescheduled for the April meeting.

CM Becher motioned to move Item XV to directly after Item IX (Membership Committee Report). This was seconded by CM Graham

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

CM Becher motioned to approve the Agenda, as altered, and CM Bateman seconded. The Agenda was approved.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

**IV. Review and approval of February 07, 2007 Minutes**

CM Bateman stated some discrepancies that needed to be changed in the Minutes. The Appendices were referred to as A, B, & C but they were attached as 1, 2, and 3. On page 4 in the bullet "Reduce food from \$70,00 to \$55,000" should read "\$7000 to \$5,500, the bullet "Reduce transportation" should say "from" and not "by". The bullet "Increase outpatient substance abuse treatment from approx "13,524 to \$ 44,418" should read \$13,254 to \$ 33,254.

A short discussion on the discrepancy in the "Outpatient substance abuse" increase ensued. Cicily suggested that this was because the administrative costs were reflected in the Minutes, but were not specified at the time of the meeting. CM Flores motioned to we want to create seconded by CM Malone.

Public Comment: Gregory Giorgi stated he wondered if there was a financial ramification for delaying announcement of numbers.

CM Bateman asked if the numbers had been sent to San Francisco. Staff responded that they had. CM Graham stated the meeting was out of order at this point, before continuing the discussion. Discussion should take place after the motion and then before Public Comment. The discussion continued about clarification on the numbers for the substance abuse treatment funding increase. Staff stated they would make the spreadsheet with the final allocations (Attachment 1) available to the Council by the end of the meeting.

CM Malone reiterated that the discussion should be tabled.

CM Graham called for the meeting to get back in order. She called for any more public comment before the vote.

Public Comment: Gregory Giorgi stated his concern from the public standpoint is that he wanted to make sure that there is not an allocation that needs to be made on an emergency time basis and that this delay is not giving that window of opportunity for that to occur which would then circumvent the usual timely process of that happening.

A vote was taken to table approval of the 2/7/07 Minutes to April's meeting. The motion passed.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

## **V. General Announcements**

- a. CM Malone reminded that the play about the AIDS Quilt at Drake High School was that night and the following two nights at 7:30pm. MAP is there with students from the REACH project. This original play was written by the head of the drama department and is very well received.
- b. CM Becher announced that the 4<sup>th</sup> Cultural Competency training was held the day prior at the Canal Welcome Center. It was very good, the speakers were tremendous, and it was well attended, with good information on cultural sensitivity in working with the Latino and Mayan population, of which there are estimated population of 10,000.
- c. CM Flores announced 1) that the COA committee of the SF council was having a community forum on Thursday the 22<sup>nd</sup> at the Women Building at 4:30 to 6pm. The forum is open to women in the EMA. 2) He also said he is Co-Chair of the Needs Assessment Working Group who will be working with Harder and Co who are doing focus groups. He will send out information for these focus groups, folks from San Mateo and Marin are encouraged to attend and will be reimbursed for going. 3) He has been working in the Canal and there are some individuals and families that have been affected by the raids that have HIV. This group is working to help with these families. 4) He distributed his Consumers' CARE Report.

## **VI. Public Comment**

- a. Gregory Giorgi: He announced that 5 years ago Peter Hansen and he started the Marin AIDS Emergency Fund. This is a community grassroots volunteer of Community Action of Marin. The Fund comes from the proceeds of a series of Flea Markets. The first Flea Market will take place in April and he passed out a flyer. Each vending space costs \$25.

He understands that the standards of care have been implemented and developed. He encourages the County to implement these in all categories of core services, after all, it is very important for consumers to have the best dollars spent and by having standards of care that can be analyzed and the consumer can take part in the actual process of determining what works best for them.

As a disabled person, he has mobility impairment. He stated that this meeting room is very inaccessible for disabled people and creates a barrier for disabled people to participate and to advise the council of their needs and wishes that to be noted.

- b. Dorothy Kleffner: She is really saddened by the immigration raids that are attacking a lot of people that are not under the warrants. Maybe the newspaper is misleading, but what they did is go to old addresses and arrest whoever was there. They basically went door to door and dragged out a lot of people. And she also wants to call attention to the immigration ban that does not allow people with HIV to travel into the US which makes a greater burden on these people.

She did file a grievance against the last meeting's allocation process, that there was an illegal process, because it did not allow public comment, but she still has not gotten a formal reply yet.

## **VII. Co-Chairs Report**

CM Graham said there has been a grievance filed against the Council as far as the procedure that was used at the last meeting. There will be a work group put together to address this.

She stated that, in the spirit of what we are doing, that we are all here to volunteer our time for people living with HIV AIDS in this community. What she has learned from the grievance, and her conversations with Dorothy, is that we need to allow consumers to talk as much as possible within the context of what we are doing. She asked for the Council to help and remind her to keep the Council accessible to consumers.

CM Flores announced that he gave a presentation to the SF Council on the 75-25 reallocation. There was a discussion and they stated that if the Council wanted to adjust the numbers, they could, if that was the decision of the group.

Sparkie stated that, as the Grantee representative of the County of Marin to the SF Planning Council, she was not at the meeting and had advised the SF Council of that. There were no presentations scheduled on the agenda. She takes her role very seriously and would have sent a representative to do a presentation had she not been assured they were not to take place. She apologized to CM Flores that he was put in an uncomfortable position.

**Public Comment:**

Gregory Giorgi commented that, based on what he had just heard, it seems to him that the most valuable way to make sure occurrences of lapse in data or lapses in presentations do not occur in the future that a working sheet either by fax or email be developed with the components that so that every party that is participating will be able to check off and there is no way that anything can be left off the plate, it is a very simple procedure and that is my suggestion.

**VIII. Discussion on Medical Care/Specialty Care**

Cathy Johnson, Program Manager at the County's Specialty Clinic, which provides HIV and Hepatitis C care, presented a spreadsheet (Attachment 1) "Access to Specialty Care for Patients with MediCal and CMSP March-07."

The information is a survey of specialty care practices in Marin for people that accept MediCal and CMSP. She pointed out that this issue does not just affect people with HIV/AIDS; this is the status of all specialty care in Marin for people on MediCal and CMSP. CMSP is managed by blue cross in Marin but this is not the same as having blue cross insurance.

She reviewed the spreadsheet with the Council.

She noted that psychiatry is provided by MAP and the Specialty Clinic. But, for those who would like to access psychiatry outside of this, they must have a qualifying diagnosis and can get services through the County's Community Mental Health Program. On rare occasions, they have been able to refer clients in acute situations.

For all other specialty care, patients are referred to UCSF that accepts MediCal and CMSP. In fact, if you call the CMSP for an orthopedic referral, they will refer you to UCSF. The information is current, as of this month.

In addition, she surveyed other California counties that do not have county hospitals. In Marin, the Specialty Clinic is the contracted provider of Ryan White HIV Primary Care. They subsidize those that are undocumented, shares of cost, and uninsured/underinsured and pay for labs and do office visits at no cost. They refer for specialty care where they can. They have been fortunate in that they have been able to meet the needs of undocumented individuals. Last year, there was one person in this category that needed specialty care, and they found a specialist to see that client at no cost.

Sonoma County has a clinic like Marin's; they refer out for complicated non-HIV needs and specialty care. Of note, they usually refer to UCSF. For undocumented people, they do their best to have people be seen and may pay for a medical visit in the same fashion as Marin.

Napa County has a community FQHC clinic that has a small clinic for HIV clients. They have a sliding scale for undocumented. They refer out for specialty care and send undocumented clients to the hospital in acute situations.

San Louis Obispo is often compared with Marin. They contract with a community FQHC clinic and HIV care is considered a specialty within that clinic. They refer out for specialty care as well. They have a few undocumented patients that they subsidize. In really complicated situations they refer to UCSF or Los Angeles. They actually have a line item in the Ryan White budget to pay for transportation to these locations.

Santa Barbara has two county public clinics where they see people with HIV. They have a sliding scale for undocumented persons and subsidize. They have a "regional health authority network" that provides specialty care within that network. In emergency, they would refer to a hospital.

For acute specialty care needs, such as a bypass, everyone said they would need to be referred to the hospital.

Cathy responded to questions from the Council. She clarified that CMSP (County Medical Services Program) is a County safety net insurance provided by the local government when there is not a county hospital. It is an income-based program - if you make less than \$15,000 per year you are eligible. As far as undocumented individuals, they only qualify for emergency medical care such as pregnancy and urgent care. ADAP covers undocumented individuals.

CM Bateman asked if a specialist could be a primary care provider for a patient, get funded through Ryan White, and then provide specialty care. Cathy responded that only those that define themselves as a primary care provider could do this, and then they would have to provide primary care. The chances of an oncologist doing this are probably slim to none. They would also have to apply for and meet all of the requirements to be a Ryan White provider. They also would be limited to the cost caps.

CM Graham asked for clarification regarding Ryan White definitions of primary care vs. specialty care. Cathy said that the HRSA language says that as a primary care provider the definition includes referral to and provision of specialty care. We are bound to provide referrals, but as is true in Marin and every other county she spoke with, we could never pay for specialty care because it is too expensive. The other issue is that funds are only supposed to support HIV disease related needs. There is a questions of what is HIV related and what is not. If someone needed bypass surgery which could be related to aging, there is no one in a Ryan White funded system of care that could pay for that. Without insurance, that patient would go to the hospital.

**Public Comment:**

Dorothy Kleffner stated that she wished the name of the specialty doctor was listed. She stated that this was a big issue with her. She is most concerned about uninsured. She talked to Michelle Long about making a fund that would administer funding for services for uninsured who said that it could be possible to have a medical fund for specialty care for those that cannot afford it. This is one of the reasons people get a San Francisco address and then go to the general hospital where they can access all of the care they want. Anything we can do to balance this out is in our favor. Another thing that they are saying is that you can't be in two clinics at one time. If you are getting care in SF you have to go to get your blood work there and cannot remain a patient at the specialty clinic.

Gregory Giorgi commented that it is very un-user friendly to get to the Specialty Clinic if you do not have a car. If you are relying on the bus it is more than a ten minute walk if you are a person with a mobility issue, nearly impossible. As far as he knows there is not van to pick you up. This should be taken into consideration especially indigent undocumented person who will not have cars. Also the issue about referrals of patients, some of these connections sound like you have to be a specialty clinic patient in order to get them there should be a resource again that benefits the people we have been talking about so much today who are undocumented, who desperately need the care, who have language barriers there needs to be away for those people to get care without being forced into a system of medical care or case management that they may wish to utilize, perhaps they only want the referral and that mechanism should be available to anyone and everyone in the county.

Cathy Johnson stated that people are not kicked out of the Clinic for seeing specialists the specialty clinic sees people for primary care. It is a medical decision that people do not get primary care from multiple doctors. They see many patients who see many doctor, but not many patients who split care between two counties. In part, this is not because it is a good standard of care. If they are getting primary care in one county and they need to be hospitalized, they need the primary doctor to be around. Additionally, in a managed care system all patients who need to see a specialist need a referral from their primary care doctor, you cannot just call a specialist and say you want to be seen. At the Clinic, the referrals are facilitated by the doctors, and try to get them seen in the county as much as possible. We can only do that for those that are patients of the Clinic. As far as accessibility of the Clinic, they will be moving to San Rafael's Canal district when the new County integrated health clinic is there.

#### **IX. Membership Committee Report**

CM Becher reported that they had met and were not able to get through the agenda. Some youth have been interested in joining the Council. They had a discussion on orientation to the Council, which will be discussed at the next meeting. They clarified the membership on both of the subcommittees (Membership and Community Outreach & Advocacy Committees). The action regarding excessive excused and unexcused absences was discussed, but will be continued at the next meeting.

#### **Public Comment:**

Gregory Giorgi stated he was wondering if the orientation included Robert's Rules. He also questioned the attendance policy. There was heated discussion regarding equal implementation of attendance policies. From his experience, these things need to be handled equitably, fairly, and equally for all.

#### **X. Quorum Policy Discussion**

CM Graham stated we have had problems with quorum particularly at the subcommittee meetings.

Cicily passed out binders to the council that had the approved New Member Orientation Handbook, which includes the bylaws and all of the policies and procedures. The bylaws state that a quorum is two thirds of the membership and this is necessary for a vote. There is no policy about other members voting on committees that they are not members of.

CM Graham stated that lack of attendance at committee meetings has been an issue and some of the work has stopped for months because of this.

CM Flores suggested that they should assign people to the committees so they are equal in number, and this may help with obtaining the quorum. They would need to recall the bylaws committee to do so. In San Francisco, the quorum is fifty percent plus one at the council and the subcommittees.

CM Bateman stated that most public commissions follow the fifty percent plus one rule for establishing quorum. Maybe we should do this if our current two thirds are not working. Also, maybe we should no longer have subcommittees and do everything at the full council where quorum does not seem to be an issue.

CM Becher stated that they had a committee of four, and when only two came, they did not have quorum and that is why things did not get accomplished.

CM Flores restated that he thought the best solution might be to assign people to committees to even out the committees. There are seven on the COA and five on Membership.

CM Bateman stated they could make committee membership optional. Right now it is required. He does not really want to be on a committee and therefore is not likely to attend a committee meeting and therefore is negatively affecting the quorum.

CM Graham stated that the committee work is important and that much work gets done on that level and it is more efficient than doing everything at the full council level. She also stated that maybe they could just have a quorum made up of a number, like four or five, or however many of the council members are there, regardless of committee assignments.

CM Flores commented days and times should be adjusted if people are not able to keep their commitments

CM Graham stated that maybe the issue was commitment and not quorum.

CM Malone suggested they remove this issue from this discussion and refer this to the Bylaws Committee. CM Bateman seconded the motion.

Staff pointed out they would need to reconvene a committee to do so. CM Flores stated that Membership Committee should address the issue. CM Malone amended the amendment to refer the discussion to the Membership Committee.

**Public Comment:**

Gregory Giorgi stated that he did not think it should be moved. He thinks that committees are basic procedural issues and if people do not take part, than they are not part, so it seems to him that it is an unnecessary delay. If there are those that need a little guidance and assistance and help to get to a meeting that can be addressed but he doesn't sees the delay as underscore and a waste of time.

Cm Graham called for a vote.

A vote was taken on moving the discussion to the Membership Committee. The motion passed.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

**Public Comment:**

Gregory Giorgi stated that a quorum is very important, as everyone knows, in any meeting and any decision-making process. The quorum should only be made up for the members of that body because those members have taken the time to understand the policies procedures and all of the small details that make an educated decision possible. Members need to be assigned to specific committees. If they are not willing then other persons who could do the job need to be recruited. A member should serve on at least one committee. Subcommittees are extremely important and it is not possible to do the detailed work in the context of a commission meeting without having the subcommittee work done. As you know it takes many many meetings to get things accomplished. If it is going to be streamlined to the point where there are no subcommittees, then it is creating a sham. It is very important that the public again be part of the decision making and information gathering process. The public needs to be recruited and they need to know when meetings are taking place. Really what we are talking about is the membership committee doing their job in implementing policies and procedures of attendance and if that committee is doing its job all of this that has just transpired would not be necessary. That also underscored the importance of outreach. Outreach has to be done and must be done on a regular basis to ensure fair and equitable public participation and comment on any issue especially those before this commission.

Dorothy Kleffner stated that she did not care what the quorum rule is just so that there is one and they follow it. It would make for less discord, and the system would be more harmonious if the Council members knew what was expected.

**XI. Community Outreach and Advocacy Committee Report**

CM Flores distributed the COA Calendar (Attachment 2). The May forum will be held in San Rafael instead of Novato. Anne Donnelly of Project Inform will be a guest speaker on Medicare Part D. He wanted the Calendar to be approved so it could be posted on the SF and Marin website.

The Council voted on approving the COA Calendar. The Calendar was approved.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

**Public Comment:**

Gregory Giorgi wondered if there was a comprehensive consumer outreach kind of a guide other than this calendar that would be available to the public. He would be interested in knowing what that might be.

## **XII. Division of Public Health Report**

Sparkie Spaeth reported that, on March 1, HRSA released its Title I formula awards. The EMA was reduced by \$ 772,240 from the previous year, not including supplemental funding. The supplemental award will not be released until April 30<sup>th</sup>. We still do not know the bottom line on how much money we will have for the grant. What San Francisco is telling their providers and what Marin is telling the providers, with the exception of residential substance abuse treatment, which has been eliminated, is to continue providing service, but spend the minimum. We are extending current contracts and cannot make the new one until the final amount comes through.

Sparkie also made a comment on the Consumer Care Report. Several providers had called her and were upset about the article: "Marin's Care Delivery System: What's Wrong". She distributed a handout "Comments on CARE Delivery System from Consumers' CARE Report" (Attachment 3) and read it to the group and asked that it be included in the next Consumers' CARE Report.

Cicily handed out a spreadsheet that contained the final allocations after the 75/25 readjustments (Attachment 4) that was sent to the SF Council. Chris explained that the exact numbers do not match what the Minutes of the February meeting said because administrative costs are redistributed. She also stated that it is not a final number because we still did not get the award.

CM Flores said he would consider adding the information Sparkie shared to the Consumers' Care Report. He stated the Consumers' Care Report is not part of this Council. He got feedback from providers and consumers about the delivery system and it was what was being observed and was not an attack on the County. The purpose was to talk about how hard it was to access various programs within the county and he wanted to open up discussion and that is good.

CM Malone stated that, as a provider, it is a difficult situation having had larger amounts of money for the last eight months with the assumption that some services will no longer be provided, without any guidance and we are already several days into the contract year. She did not know if the Council can provide assistance with this, but she does not feel comfortable, as a provider, that program guidelines are on the website and yet they do not have a contract. She wondered what she should say to clients about these changes knowing that there is less money, for instance for transportation or emergency funds.

Gregory Giorgi stated that it is important, from a consumer standpoint, that when monies are reduced that agencies look at reducing their costs, not just what hits the consumer. The agencies should operate more efficiently. Regarding the contracts being still pending, in the past years these things have gone on. It is important for the public and members to understand that if there is no timetable and it is not followed that some of those things were outlined can occur. Only clients of the Specialty Clinic may receive case management at the Specialty Clinic. We should also look at what is the cheapest way to provide the service. Is it cheapest to pay through Ryan White Funds, County Funds, or other funds? He said he is not talking about reimbursement. He would also like to see regular site visits on an annual basis, not quality assurance with each contracted agency and program.

CM Graham clarified to Gregory that general public comment should take place at the beginning of the meeting and that only comments specific to what was discussed should take place after each agenda item.

CM Graham suggested extending the meeting for ten minutes. CM Bateman moved to do so, seconded by CM Becher.

### **Public Comment:**

Gregory Giorgi commented that the extra time was burdensome

CM Graham called for a vote.

A vote was taken to extend the meeting for 10 minutes. The motion was approved.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

**XIII. Review Potential Calendar for FY 07-08**

The calendar was reviewed and discussed (Attachment 5). CM Bateman moved to approve the draft calendar as a working document, seconded by CM Hansen.

**Public Comment:**

None

A vote was taken to approve the draft calendar. The draft calendar was approved.

**AYES: CM Becher, CM Bateman, CM Flores, CM Graham, CM Hansen, CM Malone**

**XIV. Review Website Process**

Cicily showed how to get to the website:

<http://www.co.marin.ca.us/depts/HH/main/hs/CARE/CAREhome.cfm>

It has the eligibility guidelines, service categories, and service providers.

The Council asked that all of the agendas and minutes from the past be listed in the Council Section.

CM Malone wondered if the website was able to be read in Spanish. Staff stated they would look into it and report back.

The Council wants to have more detailed information about the specific program guidelines. For instance, what exact service is available specifically, and how to get it. It was agreed that the service providers would need to provide this information. They also would like a special section for upcoming events, resources, and programs such as the dental and other community resources that are not HIV-related and not County funded, such as CAM, Tom Steele.

Additionally, a Prevention section will eventually be created.

**Public Comment:**

Dorothy Kleffner suggests we create a list serve for clients or email list.

**XV. Next Steps/Agenda Items**

- a. Laura Thomas
- b. Update from Maria Ramos Chertok

**XVI. Meeting adjourned at 6:40 PM**



ATTACHMENT 1

| <b>Access to Specialty Care in Marin County for patients with MediCal and CMSP</b> |                        |                     |                          |
|--|------------------------|---------------------|--------------------------|
| <b>March-07</b>  |                        |                     |                          |
| <b>Medical Specialty</b>   | <b>Accepts MediCal</b> | <b>Accepts CMSP</b> | <b>Notes</b>             |
| Cardiology   | Yes                    | Yes                 |                          |
| Dermatology  | Yes                    | Yes                 |                          |
| Infectious Disease   | Yes                    | Yes                 |                          |
| Oncology   | Yes                    | Yes                 |                          |
| Ophthalmology  | Yes                    | Yes                 |                          |
| Psychiatry   | Yes-CMH                | Yes-CMH             | Qualifying diagnosis     |
| ENT (Ear, Nose, Throat)  | Yes                    | No                  | One office               |
| Gastroenterology   | Yes                    | No                  |                          |
| Neurology  | Yes                    | No                  | One office               |
| Endocrinology  | No                     | No                  |                          |
| Orthopedics  | No                     | No                  |                          |
| Podiatry   | No                     | No                  | Rotocare Clinic 1x month |
| Urology  | No                     | No                  |                          |

This information represents information for all specialty referrals, regardless of diagnosis.

CMSP, managed by Blue Cross, refers patients to UCSF for those areas where there is no Marin provider.

Some specialists are sometimes willing to take individual referrals for Clinic patients

Prepared by Cathy Johnson, M.S.W.  
 HIV/AIDS Services Program Manager  
 County of Marin

ATTACHMENT 2

**Marin HIV/AIDS CARE Council**

**COMMUNITY OUTREACH & ADVOCACY COMMITTEE**

***Calendar 2007***

|                  |   |
|------------------|---|
| <i>February</i>  | Begin Planning for Community Forums   |
| <i>March</i>     | Set format for May Community Forum – in San Rafael  |
| <i>April</i>     | Open  |
| <i>May</i>       | First Community Forum of 2007 – In San Rafael   |
| <i>June</i>      | Quarterly Review - Updates on “Outreach Plan”   |
| <i>July</i>      | Report on the Community Forum (San Rafael) to the Marin Full Council, and Begin Planning for the Second Community Forum |
| <i>August</i>    | Open  |
| <i>September</i> | Set format for Community Forum – in Novato  |
| <i>October</i>   | Second Community Forum – in Novato  |
| <i>November</i>  | Quarterly Review – Updates on “Outreach Plan”, Report on the Community Forum (Novato) to the Marin Full Council         |
| <i>December</i>  | Open – Happy Holiday!   |

## ATTACHMENT 3

### Comments on CARE Delivery System from Consumers' CARE Report

- The Marin CARE database tracks and counts the number of unduplicated clients in the Ryan White system of care. It also tracks a variety of other information, including medical provider, demographics, etc.
- The amount of funding for primary care services is limited by cost-caps to the current allocation of \$125,000.
- The Marin CARE Council allocates the funding for each service category. The County does not allocate money and has no say in how much funding goes to each service category.
- The Marin CARE Council received a data report from the CARE database during the priority setting/allocation process.
- It is a federal law that consumers show proof of eligibility in order to access Ryan White services.
- "Non-Share clients must, by law, show proof of eligibility the first time, not each time, they access services with each service provider.
- All people with HIV/AIDS are not eligible for Ryan White services due to income restrictions mandated by the federal government.
- The federal guidelines are very clear and not open to interpretation. Program guidelines are different and are not a function of the CARE database.
- All program guidelines and requirements are described in a brochure and on the Marin CARE Council website.
- No eligible CARE client is denied service in Marin, regardless of the fact that they have or do not have a case manager.
- Consumers are invited to be involved in policy/procedure discussions through the work of the CARE Council.
- Through the Infrastructure funding, many hours of training have been provided to Marin CARE providers. In addition, consultants have worked with each provider individually to assess quality assurance and continuity of care within the last eight months.
- Each Marin service provider has a client grievance policy in place in order to assure that clients' concerns are acknowledged and follow-up.

ATTACHMENT 4

| <b>Marin County 75/25 Breakdown with 5% Award Reduction</b> |   |                                       |   |  |
|---|---|---------------------------------------|---|--|
| <b>Rank</b>   | <b>Categories in 07/8 priority order</b>      | <b>Reauthrzn Percentage breakdown</b> | <b>Core Medical Services/ proposed allocation</b> | <b>Non-Core Medical Service/ proposed allocation</b> |
| 1   | Primary Medical Care                          | 20.59%                                | \$200,000   |  |
| 2   | Mental Health                                 | 8.75%                                 | \$85,000  |  |
| 3   | Client Advocacy/ Benefits Counseling          | 10.30%                                |   | \$100,000  |
| 4   | Case Management                               | 27.28%                                | \$265,000   |  |
| 5   | Home Health - Attendant and Professional Care | 8.24%                                 | \$80,000  |  |
| 6   | Substance Abuse Treatment                     | 4.58%                                 | Outpatient - \$44,518                             |  |
| 7   | Oral Health                                   | 4.39%                                 | \$42,662  |  |
| 8   | Direct Emergency Financial Assistance         | 1.81%                                 | Pharmaceuticals- \$11,285                         | \$6,321  |
| 9   | Food  | 5.66%                                 |   | \$55,000   |
| 10  | Complimentary Therapies - Acupuncture         | 2.99%                                 |   | \$29,000   |
| 11  | Transportation                                | 0.41%                                 |   | \$4,000  |
| 12  | Buddy / Companion / Volunteer                 | 3.09%                                 |   | \$30,000   |
| 13  | Vitamins                                      | 0.31%                                 |   | \$3,000  |
| 14  | Outreach                                      | 0.93%                                 |   | \$9,000  |
| 15  | Housing                                       | 0.00%                                 |   |  |
| 16  | Legal Services                                | 0.00%                                 |   |  |
| 17  | Planning Council Support                      | 0.67%                                 |   | \$6,500  |
| 18  | Child Care                                    | 0.00%                                 |   |  |
| 19  | Quality Management                            | 0.00%                                 |   |  |
|   |   |                                       |   |  |
|   |   |                                       |   |  |
| <b>Total</b>  | <b>\$971,286</b>                              |                                       | <b>\$728,465</b>                                  | <b>\$242,821</b>                                     |
|   |   |                                       | 75.00%  | 25.00%   |

ATTACHMENT 5

**MARIN HIV / AIDS CARE Council  
2007– 2008  
DRAFT  
Annual Calendar**

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|------------------|--|
| <b>March</b>     | Full Council meeting<br>Specialty Medical Care Discussion<br>Website Review  |
| <b>April</b>     | Full Council meeting<br><i>Presentation from Laura Thomas</i><br>Presentation from Maria Ramos on the Cultural Competency Plan   |
| <b>May</b>       | Full Council meeting<br>Review Recommendations from Infrastructure Work Group<br><i>Membership Committee does orientation training for council?</i><br><i>Review of Roberts Rules</i><br><i>Review By Laws</i> |
| <b>June</b>      | Full Council meeting   |
| <b>July</b>      | Prioritization and Allocation for FY 08-09   |
| <b>August</b>    |  |
| <b>September</b> |  |
| <b>October</b>   | Unspent funds  |
| <b>November</b>  |  |
| <b>December</b>  | Full Council meeting and holiday celebration   |
| <b>January</b>   |  |
| <b>February</b>  |  |

Parking Lot: RFP for Outreach  
Update from H& HS about Food Bank Program  
Evaluation of Service Delivery System, County & Council

**Meeting Days**

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|---|--|
| Marin HIV / AIDS CARE Council           | 1 <sup>st</sup> Wednesday of the month, 4:30 – 6:30 PM |
| Membership Committee                    | 3 <sup>rd</sup> Tuesday of the month, 3:30 – 4:30 PM   |
| Community Outreach & Advocacy Committee | 4 <sup>th</sup> Thursday of the month, 5:30 – 7:30 PM  |