



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
April 4, 2007
4:30 - 6:30 PM
899 Northgate, 4th Floor Conference Room**

Members Present: Will Boemer, Elyse Graham, Diva Berry, Peter Hansen, David Witt, Roy Bateman, Lisa Becher, Jennifer Malone
Members Absent: Wade Flores
Staff Present: Sparkie Spaeth, Cicily Emerson, Chris Santini
Others Present: Pam Lynott, James Frazier, Maria Ramos-Chertok, Dorothy Kleffner, Laura Thomas, Nino Van Vacas

- I. Call to Order**
Meeting called to order at 4:35 PM by CM Graham.
- II. Roll Call**
CM Flores was absent.
- III. Review and Approval of Agenda**
CM Witt motioned to approve the Agenda and CM Graham seconded. Vote was done by show of hands. The Agenda was approved.
AYES: CM Boemer, CM Graham, CM Berry, CM Hansen, CM Witt, CM Bateman, CM Becher, CM Malone
- IV. Review and Approval of February 7, 2007 Minutes**
CM Bateman stated that there was a typo on page 4 on the first arrowed item "Reduce food from \$7,000 to \$5,500" which should read \$70,000 to \$55,000. CM Graham motioned to approve the 2/7/07 Minutes, seconded by CM Witt. The Minutes, with noted correction, were approved.
AYES: CM Graham, CM Berry, CM Hansen, CM Witt, CM Bateman, CM Becher, CM Malone
ABSTAINS: CM Boemer
- V. Review and Approval of March 7, 2007 Minutes**
CM Becher motioned to approve the 3/7/07 Minutes and CM Bateman seconded. Vote was done by show of hands. The Minutes were approved.
AYES: CM Graham, CM Berry, CM Hansen, CM Bateman, CM Becher, CM Malone
ABSTAINS: CM Witt, CM Boemer
- VI. General Announcements**
CM Becher: She is no longer with Hospice by the Bay and, therefore, no longer has a conflict of interest.
CM Malone: There will be a lunch presentation about the Conference on Retroviruses and Opportunistic Infections (CROI) by Dr. Marshall Kubota of Sonoma on 4/16 at Maria Manso Restaurant in San Rafael. Please call the MAP office to register: 457-2487
- VII. Public Comment**
None

VIII. Co-Chairs Report

CM Graham reported:

- a. The Membership Committee is in support of asking Jeff Byers, from the State Office of AIDS, to join the Council and she had extended the invitation on behalf of the Council. He had received approval from his supervisor to do so for a limited amount of time. However, he has a conflict with the regular meeting time (1st Wednesday of the month) and she suggested moving the next several meetings to the 2nd Wednesday of the month. Jeff Byers would be very helpful with parliamentary issues, as he sits on many planning bodies and he has a lot of knowledge from working at the State Office of AIDS.

CM Witt responded that he would be unable to attend on the 2nd Wednesday in July and August. CM Bateman suggested waiting to change the meeting time until CM Witt could attend. CM Graham stated that the Council will be working on allocations during that period, so there may need to be meetings at different times than anyway. She also said that Jeff Byers only received approval to join the Council for the next few months and couldn't do it later. CM Graham made a motion, seconded by CM Malone, to move the meeting to 2nd Wed of month to accommodate Jeff Byers. CM Malone stated that she would like this action to be taken in the future if another qualified candidate had a similar conflict.

Public Comment: *Dorothy Kleffner* - CM Flores has a conflict with the meeting change, as he is co-chair of a subcommittee of the SF Planning Council that meets on the 2nd Wednesday as well.

Vote was done by show of hands. The motion passed.

AYES: CM Graham, CM Boemer, CM Hansen, CM Witt, CM Bateman, CM Becher

NOES: CM Malone, CM Berry

- b. Will Boemer announced that he and the County will be interviewing persons to take minutes at the Council and subcommittee meetings. There are two applicants from the Positive Resource Center and one from the County's Volunteer Office.
- c. The Infrastructure Work Group was convened and was attended by CM Graham, CM Becher, Cicily Emerson, Chris Santini, Dick McKee of CAM, among others. Not all the people who were interested in attending could attend the first meeting. This Work Group will look at how the undiagnosed fit in, who's getting services, duplication of services, other resources available for services, what services are used in SF, and what other services should be provided. The next meetings are scheduled for 4/18 and 4/24 from 5-7 PM in the 4th floor conference room at 899 Northgate.

IX. Update on Cultural Competency Plan

Maria Ramos-Chertok, Cultural Competency consultant, distributed a handout about the key informant interviews with clients who are marginally in care [Attachment 1].

She is finishing up her report, which is 38 pages long. A draft was reviewed by Sparkie Spaeth, Cicily Emerson, and Chris Santini and a better organizational format was suggested, focusing on broad themes from the informant interviews. She has met with all the agencies' executive directors, done site visits, and recommended a series of cultural competency trainings, four of which have already taken place. They are: "Cultural Competency 101," "Working with the Transgender Population," "Harm Reduction," and "Working with Latinos" (which happened to occur on the second day of the immigration raids in the Canal. She will be working with African Americans on 4/25 and will be in conjunction with staff from the health and wellness center and Bay Area Recovery Services. She passed around some of the books she is using as a resource. She showed examples of cultural competency posters that she offered to agencies to put up in their organizations and offered them for people to take. She also read the agencies' DPH Cultural Competency Reports.

She presented information from her interviews with 16 out-of-care clients. The definition of out-of-care is those that are unaware of their HIV status or those who know, but are not in care or in and out of care. Because of time limits, she couldn't determine whether there are groups that are out-of-care. That outreach would be better done by people from the particular community. The result is interviews with those who are marginally connected to care. She described the demographics of who she interviewed. Half her referrals for interviews came from MAP.

When asked where they are getting medical care, 6 of 16 clients responded at the Specialty Clinic. 3 switched from the Specialty Clinic to the Tom Steele Clinic. 2 others have received care from the Tom Steele Clinic since the beginning of their care. The rest receive care elsewhere. (1 received no care due to being without insurance coverage and being homeless.)

CM Berry asked what percentage of possible participants attended the trainings. Maria responded that between 19-23 people attended. CM Berry asked if the training was only for those funded by Ryan White. Chris Santini added that people from HIV testing and prevention also attended. CM Graham asked for more information on the number of people who should have attended the training. County staff indicated that they would provide this information at the next meeting.

Maria will concentrate on themes related to competency and cultural competency. She will meet with the other consultant on quality assurance to determine what goes into her report.

Regarding cultural competency, there are not sufficient services for each group, e.g. a group for Latinos, women, AA, etc. There needs to be targeted outreach to Marin City and monolingual Spanish-speakers in San Rafael and Novato. They are more isolated and have experienced racist comments, so they need more specific services. There are also unmet needs in the homeless population. Services are not targeted to people in crisis. They need intensive case management and emergency funds. Newly diagnosed are in crisis, too. There was a request for services after work hours and on weekends. Some miss the Positive Center as a place to drop in, socialize and some miss CAM as place to find a person to talk to, to connect, to get assistance. People felt like numbers. CM Witt asked what the cause is and what the effect is. Did people have bad experiences and then drop out of care?

She recommends hiring more people of color, training, case management standards, quality assurance, client satisfaction, MOUs. There is a need to do collaboration with Marin City and pay them for work. In the Canal, there should be HIV 101 training for staff, prevention, materials, names available of whom to call at each RW agency. CM Witt asked about the interface between cultural competency and competency.

Public Comment: 1) *James Frazier* - People don't pay attention to those who have been infected for many years. What she's doing is great. [Maria responded that only 2 of her informants were recently diagnosed and indicated that the others were long-term survivors.] 2) *Dorothy Kleffner* - Make sure the client data isn't lost. 3) *Pam Lynott*. Thank you and Maria expressed things she's thinking about, especially in emergency situations.

X. Invited Guest – Laura Thomas

After describing her background, Laura Thomas (SF HIV Planning Councilmember), gave an overview of the new Ryan White CARE Act. [See Attachment 2] Kaiser Family Foundation has a policy fact sheet of the Ryan White Program on their web site: <http://www.kff.org/hiv/aids/7582.cfm>

Sparkie Spaeth asked if Congress is looking at ways to address the issue of specialty care and people living longer. Laura responded that the legislation doesn't specifically address the issues around specialty care. The definition of ambulatory medical care is broad enough to include some things thought of as specialty care and does include Hepatitis C services.

Public Comment: 1) *Dorothy Kleffner* - The definition of ambulatory care includes treatment for opportunistic infections which would include an eye exam for CMV since that's an opportunistic infection. 2) *James Frazier* -They should make sure unspent money is spent on other things. Council should work with providers to make sure all money is spent.

XI. Membership Committee Report

CM Becher reported:

1) The Membership Committee reviewed two applications, one from James Frazier and the other from Cynthia McIntyre, and will interview one applicant at the next meeting. 2) At the May full Council meeting, they will orient the Council on Chapters 7, 8, and 9 of the Member Orientation Handbook. 3) The Committee worked on definitions of unexcused absences and probation. 4) There was a closed session, on 3/29/07, where CM Becher (Membership Chair) and CM Graham (Council Co-Chair) met to discuss how to conduct an investigation for a grievance that was filed by one Council member against another for his/her behavior at the 1/3/07 Membership Committee meeting. As Chair of the Membership Committee, CM Becher reviewed

the facts and those involved were interviewed. She will be sending a letter to the party whom the grievance was filed against with the outcome of the investigation.

CM Graham added that when she voted on changing the Council meeting date she was not aware of CM Flores' conflict. She will call him regarding his flexibility. The date change will start the next meeting that Jeff Byers can attend. The Membership meeting will remain on the same day and time (1st Weds of the month at 3:30 PM).

Public comment: *James Frazier – He asked if there is a system to go through to get oriented. [CM Graham explained that there is a Handbook and, at next meeting, they will present sections of it. She added that she is not required to respond to members of public.]*

XII. Community Outreach & Advocacy Report

CM Witt reported:

There will be a Community Forum next month. The Committee discussed the format and how to publicize the forum. CM Flores, who designed the flyer, was unable to attend and forgot to email the flyer, so a copy was passed around for approval by the Council.

Public comment: *Nino Van Vacas – He said it needed more green.*

A vote was taken to approve the flyer. The flyer was approved.

AYES: CM Boemer, CM Graham, CM Berry, CM Hansen, CM Witt, CM Bateman, CM Becher, CM Malone

XIII. Division of Public Health Report

- a. Chris Santini went over the results of the County Satisfaction Survey [Attachment 3]. CM Boemer asked what the total number of clients was. She responded that the total number was about 200 clients. He said results of the Survey verify what he has heard at past forums.
- b. Sparkie Spaeth acknowledged CM Berry's loss of her roommate and supports her in making the system better.
- c. Cicily Emerson reminded everyone to fill out the process evaluation form [Attachment 4].

Public Comment: *Dorothy Kleffner - Maria had a different sample than those who filled out the satisfaction survey. The system works for gay, white males.*

XIV. New Business/Next Steps/Next Agenda Items

- a. Council Orientation [*CM Graham noted that the Member Orientation Handbook is online and encouraged Council members to review it before May's meeting. She invited interested applicants to attend May's meeting.*]
- b. Maria Ramos-Chertok and Susan Haikalis will report back to the Council.
- c. Infrastructure Work Group Update
- d. COA update on Community Forum

Public Comment: 1) *Pam Lynott - She asked if a person has to be HIV+ to apply to be on the Council. CM Graham said that a person can be infected or affected. Pam Lynott also asked if a person applying for the Council could be Hep C infected, because many people are co-infected. CM Graham said yes.* 2) *Dorothy Kleffner – She requested that the names of who the Membership Committee is interviewing be on the Membership Agenda.*

CM Berry thanked the members of the Council, Dorothy Kleffner, Pam Lynott, and Sparkie Spaeth for being supportive. She also thanked MAP for making the process easier. The experience has made her stronger.

XV. Meeting Adjourned at 6:30 PM

ATTACHMENT 1

MARIN HIV/AIDS CARE SYSTEM CULTURAL COMPETENCY ASSESSMENT
KEY INFORMANT INTERVIEW SAMPLE SUMMARY
DRAFT

Category	Numbers	Percentages
GENDER	12 = Male 4 = Female	75% = Male 25 % = Female
AGE	5 = 30 – 39 Years 8 = 40 – 49 Years 2 = 50 – 59 Years 1 = 70 – 79 Years	31% = 30 – 39 Years 50% = 40 – 49 Years 13% = 50 – 59 Years 6% = 70 – 79 Years
RACE	6 = Caucasian 4 = Latino/a 3 = African American 3 = Other/Mixed Race (includes Chinese American parent/ancestors and Native American parent/ancestors)	38% = Caucasian 25% = Latino/a 18.5% = Af. American 18.5 % = Other/Mixed Race
LANGUAGE	12 = English as 1 st language 4 = Spanish as 1 st language ¹	75% = English 1 st lang. 25% = Spanish 1 st lang.
SEXUAL ORIENTATION	7 = Gay males 8 = Heterosexuals 4 women 4 Men 1 = Did not specify	44% = Gay men 50% = Heterosexual 25% - women 25% - men 6% = Unknown
CITY of RESIDENCE in Marin County	8 = San Rafael 3 = Mill Valley 2 = Homeless at time of interview 1 = Larkspur 1 = Novato 1 = Sausalito	50% = San Rafael 19% = Mill Valley 13 % = Homeless at time of interview 6% = Larkspur 6% = Novato 6% = Sausalito
How long has interviewee known of HIV+ Status?	7 = 18 years or more 2 = 13 years 3 = 2 years or less 4 = Did not disclose	44% = 18 years + 12% = 13 years 19% = 2 years or less 25% = Did not disclose
Parent with Dependent Child/ren Living with them in household	13 = No dependent children living with them 3 = Dependent children living with them	81% = No dependent children living with them 19% = Dependent children living in household
Incarceration	12 = did not disclose any period of incarceration 4 = disclosed having been incarcerated	75% = did not disclose any period of incarceration 25% = disclosed having been

¹ Everyone who spoke Spanish as a first language also spoke varying degrees of English. No one was monolingual Spanish.

ATTACHMENT 1

MARIN HIV/AIDS CARE SYSTEM CULTURAL COMPETENCY ASSESSMENT
 KEY INFORMANT INTERVIEW SAMPLE SUMMARY
 DRAFT

		incarcerated
ALCOHOL &/or SUBSTANCE USE	8 = disclosed present/past alcohol or substance use ² 8 = did not disclose any present/past alcohol or substance use	50% = disclosed present/past alcohol or substance use 50% = did not disclose any present/past alcohol or substance use
How did you learn about the Key Informant Interview?	8 = staff person at MAP 4 = staff at another agency 3 = other 1 = unknown	50% = staff person at MAP 25% = staff at another agency 19% = other 6% = unknown

LIMITATIONS

Much of the networking and outreach to find key informants occurred during the winter holiday period (mid-November 2006 to December 2006). While the holiday season could have been a good incentive to participate due to the financial reward of \$60.00 in Safeway cards, it very likely reduced the *overall* effectiveness of my ability to reach people because a lot of staff were out on vacation, many of the participating offices were closed for various periods of time and, overall, many people (staff and potential interviewees) were primarily focused on the holidays.

A second issue was that some of my ability to secure interviews depended on my going to various sites in the community and posting flyers. While I was able to do this at a few places in Marin County (Ritter Center, Canal Welcome Center, Marin City Health & Wellness Clinic, Novato Human Needs Center), I had to rely primarily on phone conversations with people I asked to post the flyers I e-mailed to them. For a majority of these organizations, I had no way of knowing whether the flyers were posted and/or whether they were put in a prime location.³ Finally, due to time constraints, there were a few places and individuals that I was not able to contact (e.g., RotaCare Free Clinic of San Rafael, Tom Steele Clinic) and certain communities in Marin that I did not network in (Vietnamese community, Haitian Community).

Also, while there are many people living in West Marin (and likely some percentage of them HIV+ and eligible to receive Ryan White services) none of my interviewees lived in West Marin despite having shared the flyers with at least one County staff person working in that area. Unfortunately, I was not able to get to West Marin in person to speak to staff about the interview process.

Finally – in addition to the time constraints – there are various populations I cannot easily access due to my gender, language limitations and credibility. Due to my gender I would not have great success doing street outreach with undocumented monolingual Spanish speaking males or African American males. Due to my language constraints I would not be able to speak directly to any monolingual member of the Mayan community or the Vietnamese community. Finally, due to my credibility, I'd likely have challenges engaging directly with communities of IDUs and/or other active substance users.

In sum, there is always more outreach and networking that can be done in an attempt to connect with the HIV+ members of underserved and isolated communities in Marin County. While the group of interviewees does demographically represent a diverse cross section of HIV+ people in regards to race, sexual orientation and gender, it is limited in its ability to connect with many of the more isolated and/or minority groups in Marin County including:

- undocumented workers

² At the time of the interviews 2 people revealed that they were actively using substances – one alcohol and one drugs (no IDU)

³ For a list of places contacted and the Flyer used to do outreach - see Appendix A

ATTACHMENT 1

MARIN HIV/AIDS CARE SYSTEM CULTURAL COMPETENCY ASSESSMENT KEY INFORMANT INTERVIEW SAMPLE SUMMARY *DRAFT*

- migrant farm workers
- monolingual immigrants (Latino, Haitian, Vietnamese)
- monolingual Spanish, heterosexual Latina women
- Latina IDUs
- heterosexual identified Latino men having sex with men (MSM)
- members of the Mayan community
- African American residents of Marin City
- youth (under 18 years) and young adults (18 to 23 years)
- people over 50 & Senior Citizens⁴
- People who identify as transgender
- the incarcerated

Number of Consumers	Site of HIV Medical Care
6 Consumers	<i>Marin Specialty Clinic (5 history of inconsistent care; 1 consistent medical care⁵)</i>
3 Consumers switched to Tom Steele after having contact with MSC	<i>Tom Steel Clinic (2 history of inconsistent care; 1 consistent medical care⁶)</i>
3 Consumers	<i>Choose to receive HIV medical care outside Marin County (2 history of inconsistent care; 1 consistent medical care⁷)</i>
2 Consumers had no contact with MSC & had been referred to Tom Steele from the beginning of their care	<i>Tom Steele Clinic</i>
1 Consumer was completely out of medical care because of losing insurance coverage and becoming homeless	<i>NONE</i>
1 Consumer	<i>Able to get health coverage from a family member; had been out of medical care prior to that</i>

⁴ CDC 2005 Statistics reports 22% PLWHA between ages 50 and 65. There was no one in the interview group between 51 and 65 years of age. There was one person over 65 in the interview group (6%). The 2000 Census estimates senior citizens in Marin make up 13.7% of the population. The CDC 2005 statistics reports 12,181 PLWHA 65 and over (approx. 3%).

⁵ Three consumers who were in consistent medical care wanted to participate in the Interviews, but did not received the \$60.00 Safeway incentive. Instead, they received only \$20.00 incentive.

⁶ Three consumers who were in consistent medical care wanted to participate in the Interviews, but did not received the \$60.00 Safeway incentive. Instead, they received only \$20.00 incentive.

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The Ryan White HIV/AIDS Treatment
Modernization Act
of 2006

Laura Thomas and Marilyn Miller
for the
California State Office of AIDS
Title I Summit

February 6, 2007

Ryan White CARE Act History

- First Enacted 1990
- Re-Authorized 1996, 2000
- Expired October 1, 2005
- Re-Authorized December 19, 2006
- Will be repealed September 30, 2009

2

Acknowledgements

- Gunther Freehill
- CAEAR Coalition
- Kaiser Family Foundation
- National Alliance of State and Territorial AIDS Directors

3

Reauthorization Process

- Bill drafted in Fall 2006 passed the House
- Held in the Senate by New York & New Jersey
- 2006 election led to changes in leadership
- "Lame duck" Congress passed compromise bill in their last hours of business

4

Compromises Made

- Bill authorized for only 3 years – avoided large potential losses in last 2 years
- Takes bill out of election cycle
- "Sunset" provision – will be repealed – as incentive to finish next bill
- Proposed process to re-examine full set of services and needs

5

Global Changes: Title I and II

- Use of HIV cases
- 75% "Core Medical Services"
- Carry forward limitations
- MAI competitive

6

Use of HIV Cases

- Allocation formulas for Title I and II
- Includes code-based data
- 5% penalty for code-based states
- Problems for Georgia and Puerto Rico
- California implications

7

75% for "Core Medical Services"

- Outpatient & Ambulatory Health Services
- Medications
- Pharmaceutical Assistance
- Health Insurance Premium and Assistance
- Home Health Care
- Medical Nutrition Therapy
- Hospice Services
- Home & Community Based Health Services
- Mental Health Services
- Substance Abuse Outpatient Care
- Medical Case Management, incl. Treatment Adherence

8

Waiver for 75% Requirement

- Requirement can be waived IF:
 - No ADAP wait list in state
 - Core medical services are available to all eligible clients
- Waiver process and time line not yet described by HRSA; unclear when it will be available

9

"Medical Case Management"

- Definitions Pending
 - "Medical Case Management"
 - "Case Management"
 - "Treatment Adherence"
- House Report Language
 - "it is the Committee's intent that the provision of funds for medical case management, including treatment adherence services, as a core medical service ... shall include funding case management services that increase access to and retention in medical care. The Committee understands that such services often are or can be provided by a range of trained professionals, including both medically credentialed staff and other health professionals."

10

"Medical Nutritional Therapy"

- Definition Pending
 - Debate Indicates Does Not Include
 - "Nutritional Counseling"
 - Food
 - Food Supplements

11

25% for "Other Support Services"

- Needed to achieve medical outcomes
- Includes, but is not limited to
 - Respite Care
 - Outreach
 - Medical Transportation
 - Linguistic Services
 - Referrals for Health and Support Services

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Carry Over/Unexpended Funds

<p>CARE Act 2000</p> <ul style="list-style-type: none"> ■ Carry over permitted ■ Adjustments permitted ■ Expired funds return to treasury 	<p>CARE Act 2006</p> <ul style="list-style-type: none"> ■ Carry over permitted only with waiver ■ >2% carry over eliminates eligibility for supplemental ■ Supplemental carry over not permitted ■ Unspent funds re-distributed within Title I
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Title I Changes

- Tier 1 and Tier 2
- Formula and supplemental
- Planning Councils

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Title I Eligibility

<p>■ CARE Act 2000</p> <ul style="list-style-type: none"> ■ 2,000 AIDS Cases within 5 years ■ No Transitional Grant Areas 	<p>■ CARE Act 2006</p> <ul style="list-style-type: none"> ■ EMA: 3,000 AIDS Cases within 5 years ■ TGA: 1,000 – 1,999 AIDS Cases within 5 years <ul style="list-style-type: none"> ■ Previous EMA ■ "Grandfathered" ■ Previous Emerging Communities
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Title I Eligibility in California

<p>Tier 1:</p> <ul style="list-style-type: none"> ■ Los Angeles, ■ San Diego, ■ San Francisco 	<p>Tier 2:</p> <ul style="list-style-type: none"> ■ Oakland, ■ Orange County, ■ Inland Empire, ■ Sacramento, ■ San Jose, ■ Sonoma
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Tier 2 Changes

- No longer called "EMAs"
- All existing Title I areas are continued for the full 3 year period
- No hold harmless protection
- For new areas, CEO may choose not to have a planning council
- Previously funded areas keep a council

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Title I Funding Formula

<p>CARE Act 2000</p> <ul style="list-style-type: none"> ■ Estimated Living AIDS Cases <ul style="list-style-type: none"> ■ Diagnosed within Previous Ten Years ■ Adjusted for Expected Mortality ■ 50% of Title I funds 	<p>CARE Act 2006</p> <ul style="list-style-type: none"> ■ Living HIV and AIDS Cases <ul style="list-style-type: none"> ■ Transition Plan for Code-to Name-Based Conversion ■ 5% Duplication Penalty ■ 2/3 of Title I funds
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Title I "Protection Period"

CARE Act 2000	CARE Act 2006
<ul style="list-style-type: none">■ Amount Changes Each Consecutive Year of Need■ Maximum 15% Over Five Years	<ul style="list-style-type: none">■ 95% of FY 2006■ Maximum 5% Over Three Years

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Title I Supplemental

CARE Act 2000	CARE Act 2006
<ul style="list-style-type: none">■ Competitive application■ "Severe need"■ Grant performance	<ul style="list-style-type: none">■ Competitive application■ Demonstrated need■ Grant performance■ Priority for areas losing funding

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Title I Minority AIDS Initiative

CARE Act 2000	CARE Act 2006
<ul style="list-style-type: none">■ Formula-based<ul style="list-style-type: none">■ Proportion of total cases among people of color	<ul style="list-style-type: none">■ Competitive application■ Later time frame – not on the current Title I year■ Capacity building, NOT service delivery

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Title I Planning Council

CARE Act 2000	CARE Act 2006
<ul style="list-style-type: none">■ Assess need■ Establish priorities, allocations■ Assess administrative efficiency■ Comprehensive plan	<ul style="list-style-type: none">■ No changes for EMAs■ Not required for new TGAs

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Title I Council Membership

- Two new categories of representation:
 - Members of a Federally recognized Indian tribe as represented in the population
 - Individuals co-infected with hepatitis B or C

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TITLE II

24

Global Changes Impacting TII

- Use of HIV Cases
- 75% "Core Medical Services"
- Carry Forward limitations
- MAI competitive

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Title II Changes

- Formula and supplemental
- Hold Harmless
- ADAP
- Emerging Communities
- Severity of Need Index

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Title II Formula Funding

CARE Act 2000

- Estimated Living AIDS Cases
 - Diagnosed within previous 10 years
 - Adjusted for expected Mortality

CARE Act 2006

- Living HIV and AIDS Cases
 - Transition Plan for Code to Name-Based Conversion
 - 5% code duplication discount
 - Code State Gain Cap: 5% over previous year

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Title II Funding Formula

CARE Act 2000

- 80% of Funding:
 - All cases
- 20% of Funding
 - All Non-EMA Cases

CARE Act 2006

- 75% of Funding:
 - All Cases
- 20% of Funding
 - All Non-EMA Cases
- 5% of Funding
 - States w/o EMA or TGA

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Title II "Protection Period"

CARE Act 2000

- Amount changes each year
- Used base year FY2000
- Maximum 5% over 5 years

CARE Act 2006

- 95% FY06 Base + ADAP
- Eliminates separate hold harmless for Base & ADAP?
- Funded by TII Base Supplemental then pro rata reduction

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TII Core Medical Services

CARE Act 2000

- Did not include minimum spending levels

CARE Act 2006

- 75% expenditures for Core Medical Services
- 25% Support Services Cap
 - Expenditures for or through consortia --- clarification pending

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Title II Supplemental

<ul style="list-style-type: none">■ CARE Act 2000■ No TII Base Supplemental	<ul style="list-style-type: none">■ CARE Act 2006■ Establishes TII Base Supplemental<ul style="list-style-type: none">■ 1/3 of new TII funds over FY06 level■ 1st tap = hold harmless■ Balance competitive: demonstrated need■ Ineligible if >2% formula grant canceled or waived
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Title II ADAP

<p>CARE Act 2000</p> <ul style="list-style-type: none">■ No Formulary requirement■ 3% ADAP Supplemental Tap<ul style="list-style-type: none">■ Funded TII Hold Harmless	<p>CARE Act 2006</p> <ul style="list-style-type: none">■ Core list of Antiretroviral Drugs<ul style="list-style-type: none">■ Developed by Secretary■ Required for all ADAPs■ 5% ADAP Supplemental Tap
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Title II Emerging Communities

<p>CARE Act 2000</p> <ul style="list-style-type: none">■ 500-1,999 ADIS cases in most recent 5-yrs■ \$10 Mil	<p>CARE Act 2006</p> <ul style="list-style-type: none">■ 500-999 AIDS cases in most recent 5-yrs■ \$5 Mil■ States provide funds to ECs separately from other TII funds■ No Hold Harmless
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References

- Text of Bill

<http://thomas.loc.gov/cgi-bin/query/z?109:H.R.6143>

- Side-by-Side Summary – Kaiser Family Foundation

<http://www.kff.org/hiv/aids/upload/7531-03.pdf>

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ATTACHMENT 3

2007 Countywide Client Satisfaction Survey

Executive Summary

To reduce the burden on clients of completing multiple agency satisfaction surveys and also potentially increase the number of surveys completed, a countywide satisfaction survey was developed. This survey was mailed to clients who had received CARE-funded services in the past year who were Share clients in the CARE database and permitted mail to their homes. One hundred fifty-five surveys, including 8 in Spanish, were mailed out. Completed surveys were received from 57 respondents which constitutes a return rate of approximately 37%.

Client profile. Forty four of the respondents provided demographic and health information about themselves. The majority of respondents were male, white, and between the ages of 51-60 years. The majority described their health as good or excellent and said that their health had improved a little or a lot over the past year. This information was corroborated by the CD4 and viral load information provided. Half had CD4 counts of 350 and above and approximately the same percentage had undetectable viral loads. Nearly 70% had seen their primary care provider in the last month. However, many respondents still identified several health-related problems that affected them including fatigue, chronic pain, depression and anxiety, and the side effects of medications. Many also indicated they had a problem of lack of money for daily living.

Survey results. Respondents completed satisfaction surveys for every service category with the highest percentage receiving case management services (91%) and the lowest percentage (16%) receiving substance abuse treatment services. The respondents were generally quite satisfied with all aspects of the majority of services they received. Using the typical contract objective of 80% or higher client satisfaction as a reference point, there were only two service categories in which satisfaction fell below 80% on several questions. Those service categories were Oral Health and Direct Emergency Assistance. One question on the Food satisfaction survey fell below 80% and that was whether the program helped respondents with their overall food budget (79%).

Conclusions. Further investigation is necessary to determine why respondents expressed dissatisfaction with the two service categories. It would also be important to determine why the question regarding whether staff were sensitive to respondents' cultural or ethnic background was the most likely question to be left blank.

Background

On an annual basis all CARE-funded agencies have sent satisfaction surveys to their clients to complete in order to comply with contract requirements. However, this practice resulted in clients receiving and having to complete several different surveys depending on the number of agencies from whom they received services. To reduce the burden on clients and potentially increase the number of completed surveys, the idea of doing one countywide satisfaction survey was discussed with the San Francisco AIDS Office. The AIDS Office determined that doing one countywide satisfaction survey would meet their CARE contract requirements. Marin hired a quality assurance consulting firm, Patricia Sullivan Consulting, to develop the survey.

ATTACHMENT 3

Instrumentation

At a brief meeting of interested staff representing the 6 CARE-funded agencies in Marin County, a recommendation was made to develop a comprehensive survey instrument that would cover all agencies and services. Examples of survey questions from the literature, San Francisco CARE-funded agencies, and previous Marin County CARE surveys were shared with the group. Due to everyone's schedules, the group found it easier to do the committee work by phone and email.

A set of common questions were developed which would be used for each agency and then specific questions were developed for each agency and/or service. Each agency provided the consultant with input and/or feedback on their agency's specific questions as well as on the overall questions and the cover letter. By early February, 2007, a final draft was approved. In addition to Chris Santini, County HIV/AIDS Services Program Planner/Evaluator, the following agencies participated in the review, input, changes and final approval of the survey, including the cover letter:

Hospice by the Bay – Lisa Becher/Cynthia McIntyre
MAIN – Amira Jones-Martin
Marin AIDS Project – Jennifer Malone/Bill Jones
Marin Food Bank – Mary Hopp/Anne Rogers
Marin Specialty Clinic – Jon Botson/Cathy Johnson
Marin Treatment Center – Laura Gaughan

The County had the English version of the survey translated into Spanish.

To reduce duplication of effort, clients would be mailed or given the survey packet and asked to complete sections for the agencies from which they had received services in the past year. Only one agency requested extra copies for distribution to their clients. Each agency's survey was color coded to make it easier for clients to find the survey(s) they needed to complete.

To ensure the anonymity of the responses, clients were asked to place their completed survey(s) in the envelope provided. This envelope was placed inside another envelope addressed to the County HIV/AIDS Service Program c/o Chris Santini. Clients were asked to place their names in the upper left corner of this envelope to identify who should receive a \$20 food voucher as an acknowledgement of the time involved in completing the survey. These food vouchers would be distributed through the client's case manager of record in the database or if the client did not have a case manager through Chris Santini. A client was eligible to receive only one \$20 food voucher for completing and returning a survey.

Procedures

Sample selection. The County Planner/Evaluator reviewed client information in the CARE database to determine which clients had received CARE-funded services in the last year or so. Second, she determined whether or not they were Share or Non-share clients. Then, she determined whether the client permitted mail to be sent to his/her home. Finally, she asked agencies to supply her with a list of clients that would need the survey sent to them in Spanish. Only one agency provided a list of Spanish clients. Survey packets were mailed out in English or Spanish to Share clients who permitted mail to their homes who had received CARE-funded services in the previous year.

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One hundred fifty-five surveys, including 8 in Spanish were mailed out beginning the week of February 5th to be returned by a deadline of February 23rd. In fact, completed surveys were accepted through April 2nd. The returned surveys were separated from the envelope with the identifying information and delivered to and coded by a County staff member at a separate location. For those clients whose name appeared on the envelope, their case manager of record in the CARE database (if any) was identified. A list of clients from each case management agency was developed and the agency was called to verify the accuracy of the list. The agency was directed to distributed food vouchers to this list of clients.

Results

Completed surveys were received from 57 respondents which constitutes a return rate of approximately 37%.

A. Client Information. Respondents were asked to provide some demographic information. Forty four of the 57 respondents completed the client information section of the Satisfaction Survey. Of those who answered the question about gender (n=43), 77% were male, 19% were female, and 5% were transgender. Of those who answered the question about ethnicity (n=41), 12% were Latino(a), 76% were white, 7% were African American and 5% were Asian/Pacific islander. Of those who answered the question about age (n=43), 7% were 26 to 33 years, 2% were 34-40 years, 30% were 41 to 50 years, 42% were 51 to 60 years, and 19% were over 60 years.

Respondents were asked to provide us with some health information. Of those who answered the question about overall health (n=43), 28% stated that their health was excellent, 26% good, 2% between good and fair, 37% fair, 2% between fair and poor, and 5% poor. Of those who answered the question about how much their health had improved over the last year, (n=42), 31% stated that their health had very much improved, 26% stated that their health had improved a little bit, 2% stated that it had improved between a little bit or not at all, 41% stated that their health had not improved at all.

When asked when they had last seen their primary care provider (n=42), 69% had seen their provider in the last month, 2% in the last 3 months, 29% in the last 6 months. When asked about their most recent CD4 T cell counts (n=32), 25% were up to 199/mm³, 25% were 200-349/mm³ (counts related to when antiretroviral treatment might be recommended depending on viral load), and 50% were 350 and above. When asked about their most recent viral load counts (n=31), 52% were zero or undetectable, 35% were between 25-55,000 (RT-PCR), and 13% were over 55,000 (RT-PCR).

When asked what needs/problems stood in the way of improving their health (n=28), the problems identified were medical-7, finances-5, housing-3, insurance-3, substance use-2, depression-2, better medications-2, dental needs-1, caring for partner-1. When asked to select from a list of problems, the 5 problems that affected them most, the most common problems identified were fatigue-25, lack of money for daily living-23, chronic pain-18, depression or anxiety-11, and side effects of medications-10.

B. Satisfaction by Service Category in 2007/8 Priority Order

Every service category was represented with the highest percentage receiving case management services (91%) and the lowest percentage (16%) receiving substance abuse treatment services.

ATTACHMENT 3

Primary Medical Care (n=31, 3 in Spanish). All but two respondents were satisfied with the knowledge/skills of the medical providers and the knowledge of the case managers. All but two respondents were satisfied with the health information and the overall quality of the medical care they received. All but two respondents were satisfied with staff sensitivity to their cultural/ethnic

background and having their confidentiality maintained. Ninety percent were satisfied with the written/educational materials available, being treated with respect, receiving the help they needed, having phone calls returned in a timely manner, and indicated that the physical setting was warm and welcoming. Eighty-six percent of respondents indicated that they received the help they needed in a timely manner and felt that the clinic was convenient and easy to get to. Eight-five percent were satisfied with the knowledge/skills of the mental health providers.

Mental Health (n=21). All but two respondents were satisfied that staff maintained their confidentiality and the office was convenient and easy to get to. Eighty-six percent felt that they could get an appointment when they needed one. Eighty-five percent were satisfied with the knowledge/skills of the mental health staff, the mental health information they received, felt staff treated them with respect, and felt the physical setting was warm and welcoming. Eighty-four percent felt the instructions from the staff were useful. Eighty-three percent were satisfied with staff sensitivity to their cultural/ethnic background. Eighty percent were satisfied that they received the help they needed and received this help in a timely manner.

Benefits Counseling (n=41). All but one respondent were satisfied with the staff's help applying for the AIDS Drug Assistance Program, staff sensitivity to their cultural/ethnic background, and staff treating them with respect. All but two respondents were satisfied with the written/educational materials available, the ability to get an appointment when needed, staff maintaining their confidentiality, the office being convenient and easy to get to, and the physical setting being warm and welcoming. Ninety-two percent were satisfied with the information they received. Ninety percent were satisfied with the knowledge/skills of the benefits staff and the help they received from them. Eighty-nine percent felt that they received help in a timely manner.

Case Management (2 programs n=52). All but one respondent were satisfied with the staff's sensitive to their cultural and ethnic background. All but two respondents were satisfied with the staff treating them with respect, the staff maintaining their confidentiality, and the physical setting being warm and welcoming. Ninety-four percent were satisfied with getting an appointment when they needed and the convenience and ease of getting to the office. Ninety-four percent were satisfied with the written/educational materials available. Eighty-eight percent received the help they needed. Eighty-eight percent were satisfied with the knowledge/skills of the case management staff. Eighty-seven percent were satisfied with the health information they received. Eight-two percent were satisfied with receiving they help they needed in a timely manner.

Home Health Care. Nursing case management services (n=17, 1 in Spanish). All but one respondent were satisfied with the knowledge/skills of the nursing staff, getting health information, receiving the help they needed, receiving the help in a timely manner, having phone calls returned in a timely manner, being treated with respect, and having their confidentiality maintained. All but two respondents felt that the staff was sensitive to their cultural or ethnic backgrounds and the written/educational materials available were useful.

Social work case management services (n=15). All but one respondent indicated satisfaction with the knowledge/skills of the case managers and all other satisfaction questions for this program.

ATTACHMENT 3

Attendant care services (n=10). All but one respondent were satisfied with getting health information, felt that the attendants was sensitive to their cultural or ethnic backgrounds, thought the written/educational materials available were useful, were satisfied with having phone calls returned in a timely manner, being treated with respect, and having their confidentiality maintained. All but two respondents were satisfied with the knowledge/skills of the attendants, receiving the help they needed, and receiving the help in a timely manner.

Substance Abuse Treatment (n=9). All but one client was satisfied with the help they received with their drug/alcohol treatment issues and the treatment programs they received at the agency. These results include one client who received detox services and 1 who received methadone maintenance services.

Oral Health (n=26). Seventy-seven percent of the respondents were satisfied that they were treated with respect by the staff. Seventy three percent felt they received the dental care they needed in a timely manner. Sixty nine percent were satisfied with the knowledge/skills of the program staff.

Direct Emergency Assistance (n=29). Eighty-six percent of the respondents were satisfied that they were treated with respect by the staff. Seventy-nine percent were satisfied with the knowledge/skills of the program staff. Seventy-six percent felt they received the help they needed in a timely manner.

Food/Vitamins (n=31, 2 Spanish). Ninety-three percent were satisfied with staff maintaining their confidentiality. Ninety percent were satisfied with the staff's sensitivity to their cultural or ethnic background and the return of phone calls in a timely manner. Eighty-eight percent were satisfied with the written/educational materials available; 87 percent with the knowledge/skills of the staff; and 86 percent were satisfied with receiving help in a timely manner. Eighty-four percent were satisfied with receiving the help they needed; 83% were satisfied with the information they received and being treated with respect. Eighty-one percent were satisfied with the convenience of the food pick-up sites; 79% were satisfied with the help the program provided to their food budget. Seventy-four percent were satisfied with the quality of the food.

Acupuncture (n=14, 1 in Spanish). All the respondents were satisfied with the sensitivity of the staff to their cultural or ethnic backgrounds, the maintenance of their confidentiality, the convenience of the acupuncturists' offices, and the physical setting. All but one respondent were satisfied with the knowledge/skills of the acupuncturists, the information from the acupuncturists, the written/educational materials available, the help they received form the program, the receipt of help in a timely manner, and having phone calls returned in a timely manner. Eighty-six percent were satisfied with being treated with respect.

Transportation (n=21). All but one respondent was satisfied with being treated with respect and with sensitivity to their cultural and linguistic needs. All but two respondents were satisfied with the knowledge/skills of the Transportation program staff and receiving transportation services in a timely manner.

Volunteers (n=38). All but one respondent were satisfied with staff sensitivity to their cultural or ethnic background, treating them with respect and receiving the help needed on a timely manner. All but two respondents were satisfied with the knowledge and skills of the volunteers, receiving the help they needed, getting an appointment when they needed one, and the staff maintaining their confidentiality. Ninety-one percent were satisfied with the information they received.

ATTACHMENT 4

Marin HIV CARE Council Meeting Process Evaluation Form

April 4, 2007

Please circle your answer to the following questions. Thank you!

Section A

1 The information received prior to the meeting, either in hard copy or electronically, adequately prepared me for the meeting.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

2 The meeting was run efficiently.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

3 In the discussion and debate of the issues taken up at the meeting, I felt that my point of view was adequately expressed and understood.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

4 The Agenda was well planned

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Comments:

5 How would you rate this meeting on a scale of 1-10, 10 being excellent?

ATTACHMENT 4

Section B-Specific Agenda Items

- | | | | | | | |
|---|---|----------------|-------|---------|----------|-------------------|
| 1 | The Cultural Competency Plan update was relevant to the council's work
Comments: | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| 2 | Laura Thomas' presentation was relevant to the council's work
Comments: | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |

Section C- Feedback

What worked well for you?

What could have been done better? Any suggestions on how to improve? Please be specific in your suggestions.
