



**Marin HIV/AIDS Care Council Meeting  
MINUTES**

**Wednesday, April 10, 2013**

**4:30p.m. - 6:30p.m.**

**899 Northgate Drive – 4<sup>th</sup> Floor Conference Room**

**San Rafael, CA 94903**

**[ Approved June 12, 2013 ]**

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**Council Members Present:** Roy Bateman, Kevin Cronin, Trinity Dushon, James Frazier, Deborah Kasel, Walter Kelley, Jennifer Malone, Scott Marcum.

**Council Members Absent:** Elaine J. Flores(AE).

**Staff Present:** Cicily Emerson, Chris Santini, Michael Schieble.

**Public:** Rolando Campos, Jami Ellermann.

**I. Call to Order.**

Co-Chair Marcum called the meeting to order at 4:35p.m.

**II. Roll Call.**

Roll was called at 4:35p.m. Quorum was established, with 7 of 9 Members present. CM Dushon arrived at 5:00p.m and the attendance increased to 8 of 9 Members present.

CM E.J. Flores(AE) was absent and excused.

**III. Review and Approval of Agenda - VOTE**

Council Support announced two changes to the agenda.

Item "IV. Review and Approval of March 27, 2013 Minutes" was tabled because the minutes were not fully completed.

Item "XI. Discussion of Core Service – Substance Use Treatment Service-Outpatient" was tabled and moved forward to the May meeting because of the schedule availability of the Presenter.

CM Frazier motioned to approve the revised agenda. CM Kelley seconded.

A voice **vote** was conducted. All were in favor. No objections were heard.

The revised agenda was approved.

**IV. Review and Approval of March 27, 2013 Minutes – VOTE**

*(Item Tabled)*

**V. Public Comment**

None

**VI. General Announcements**

CM Malone announced 1.) The AIDS Walk San Francisco is Sunday, July 21, 2013. "This is the best way that we know of to fund service in Marin. So, we are expanding our plans of how to get as many people involved as possible." A pep rally and picnic is planned for June 2013, to encourage interest and train people how to use the fundraising website. A post-walk picnic is planned at the end of August 2013. 2.) On Wednesdays, an end of the day walking group is being formed to encourage people to "get in the groove for walking". 3.) Information about regular Saturday hikes is posted on [www.marinaidsproject.org](http://www.marinaidsproject.org) website.

CM Kelley reported that Rock the MIC, a volunteer band, performed at "Women and Girls Rock the Bay" in Oakland on Wednesday, March 6, 2013. The band performs free at events that conduct HIV testing.

## VII. Co-Chair Report

Co-Chair Cronin thanked and congratulated CM Frazier and CM Marcum for their service to the Care Council. Certificates of Appreciation, for the completion of a two year term were presented.

Co-Chair Marcum reminded Council Members about appropriate discussion and comments during the Service Category presentations stating, "...on the Service Category portion of the agenda, we are just going to talk about the service and not the Provider of it, or the individual providing the service." C. Santini added, "The reason is, Service Categories are the purview of the Council and the others are the purview of the County as a Contract Manager".

## VIII. Membership

### James Frazier Subsequent Term Renewal Vote – VOTE

Council Members reviewed the "Marin Care Council Subsequent Term Application" submitted to Council Support on April 8, 2013, by J. Frazier.

CM Malone made a motion to approve James Frazier for a subsequent term. CM Kelley seconded.

CM Bateman requested that Council Support specify the dates of the subsequent term. Council Support reported that it is a two year term, if approved the subsequent term would start on May 9, 2013 and conclude on May 8, 2015. There was no additional discussion.

Public Comment: C. Emerson thanks CM Frazier for his service on the Council and added, "...we're happy to have you".

A randomized roll call **vote** was conducted.

**AYES:** CM Bateman, CM Cronin, CM Frazier, CM Kasel, CM Kelley, CM Malone, CM Marcum.

**Noes:** None

**Abstain:** None

**Recuse:** None

**7-0-0-0**

James Frazier was unanimously approved for a subsequent term.

## IX. Community Outreach and Advocacy

M. Schieble reported that Council Support had researched the annual AIDS funding lobbying effort in Washington D.C., which typically occurs in the summer. This year, the annual HIV/AIDS lobby day on Capitol Hill, kicked off February 25, 2013 in Washington, DC. Recaps of the lobbying effort can be found on the following websites: [www.aidsunited.org](http://www.aidsunited.org) and [www.taepusa.org](http://www.taepusa.org) (AIDS United-Treatment Access Expansion Project) and [www.hivhealthreform.org](http://www.hivhealthreform.org)

C. Emerson reported that she had reviewed the Marin County Annual Advocacy plan for Federal funding programs. Ryan White advocacy is included in the Marin County plan.

There was a discussion of a Community Forum. CM Malone suggested that we look for ways to "include more voices". Planning of Community Outreach and Advocacy events will occur in Fall 2013.

Public Comment: None

## X. Core Service Discussion – Mental Health

Jennifer Malone presented "Service Category Presentation – Mental Health". Handout (*see attachment -3-pages*)

*5:00p.m. CM Dushon arrives.*

The presentation recapped typical issues and needs of Clients who receive Ryan White Mental Health services. J. Malone reported that in addition to providing Mental Health services, "We are working more closely and intensely with Community Mental Health..." to partner and work in tandem, to provide help for individuals that have more intense problems.

Since the report included information about Clients who have mental health and substance use issues,

CM Frazier asked if there was any difficulty placing an individual in residential substance and mental health treatment. Co-Chair Cronin responded, "It seems to vary and a lot of it depends on the person". Placement possibilities might be a facility like Center Point or Healthright 360. CM Malone added that "there tends to be problems in finding a place" based on diagnosis and resource availability.

Co-Chair Cronin reported cases where HIV+ individuals come in for benefits counseling and it is determined that the Client has mental health and substance use issues. Often, there is a very fine line between case management and benefits counseling. CM Kasel asked if "we see people outside of Marin County". Co-Chair Cronin responded, "We are limited to just County residents". "High need" and homeless individuals have been directed to Ritter House [Center], since they recently started offering psychiatric services. CM Kasel asked, how would HIV+ individuals, who were not M.A.P. Clients, know that there were services available? It was reported that the information is available through doctor referrals from the Specialty Clinic and Kaiser. Ritter House has a medical clinic, psychiatrists, and case managers.

CM Bateman asked why there were Clients that received 5 hours or less of individual counseling. CM Malone commented that usually it is because a Client drops out of counseling, does not follow through, or determines that it is not "a good fit". CM Bateman asked if people were signing up for and if there was enough participation in the group counseling. CM Malone reported that they were not drop in groups and each group has a specific focus. There is a screening process to participate and the group leader determines the "fit" of an individual in order to participate in the group.

CM Malone reported that under-utilization of Mental Health funds in 2012-'13 was due to the difficulty in filling a part-time psychologist position. The third therapist position was filled late in the budget year. Additionally, state disability funds were used instead of Ryan White mental health funds to compensate another employee. Additionally, there is an arrangement to decrease the work load of the psychiatrist, which is the most expensive resource and increase the utilization of the licensed therapists. Going forward, it is anticipated that Mental Health funds will be fully utilized.

Public Comment: Rolando Campos "I am Rolando Campos, I am from Texas. I just got here in July [2012] and when I got here I knew I was an addict and I knew I was very depressed. So I didn't know what to do, so I looked on-line and found this agency. Am I allowed to say the agency? The Marin AIDS Project. So I made a call to a case manager and they saw me real quick and they facilitated my way to go to Center Point for Health. So I got all the paperwork ready and went to Center Point and during the intake interview, they asked me what my medical problems were and I said I'm HIV+. The first thing he said was, 'Well, I wouldn't disclose that here, if I were you and that was one of my major issues. So I thought, well how can I be here if I can't deal with my issues? So I was there for three days and I left and I went back to Marin AIDS Project and I said to my case manager, 'Look it didn't work out. What can I do? I really need help!' So she set me up with Dr. Mehra, who is the Psychiatrist and he has turned my life around with medication, also have some counseling done there and a lot of help from Kevin [Cronin] for my benefits, which if I didn't have and I wouldn't have any resources, so I'm really grateful for that."

In the discussion that followed, CM Malone stated, "I just want to go on the record as saying that it is more than distressing, to think that someone in the admissions role in a publicly funded entity would say, 'well you know you better not bring that [HIV+] up'. I mean, that's really unacceptable. I believe, in fact I think I'm correct, I may not be correct now, that I thought that they [Center Point] got some HIV funding". Co-Chair Cronin responded, "I know at one time they [Center Point] got some SAMHSA [Substance Abuse and Mental Health Services Administration] money". C. Emerson added, "Yea, I think that program is over now". "It's really good feedback that we can bring to our Alcohol and Drug Department".

Co-Chair Cronin stated, "I've always felt that Center Point is not appropriate for a lot of our Clients. The culture of Center Point is a bit too straight... very few gay men have gone through there. Really, very few. Like one or two. People who did Ok were straight Clients. We don't have that many straight male Clients." "On the other hand, I do know a straight male Client who went there and eventually disclosed his HIV status and thought it was all very therapeutic to have done so and felt supported there." "It may be more of a reason to try to have something worked out with San Francisco, so we can try to get people into Walden House and places that are a little more gay friendly, HIV friendly."

R. Campos was assured that his statement was valuable and important and would appear in the meeting minutes as part of the public record. The information would be forwarded by County Staff within the

Department. The Care Council will discuss the information at the May meeting with the Marin County representative, who is scheduled from the Mental Health and Substance Use Services Department. The discussion concluded with the need for EMA wide resources, concern about MediCal programs in San Francisco that limit benefits based on San Francisco County residency, and the need for collaboration with a Partnership Health Plan.

**XI. Core Service Discussion – Substance Use Treatment Services-Outpatient**

*(Item Tabled)*

**XII. Division of Public Health Report**

C. Emerson reported: 1.) The 2013-'14 Ryan White Part A fiscal year started on March 1, 2013. The amount of the Part A award is unknown, however "cuts are expected due to sequestration and other estimates". Providers have been advised and "put on notice" that a reduction of 11.9% (6.9%+5%) compared to last year's Part A award amount is expected. Once the FY2013-'14 actual Part A award amount is announced, the Care Council will review and finalize the allocation recommendation. 2.) Part B funds have been announced and the award amount is a 12.7% reduction from last year. Also, there is a change in the Part B fiscal calendar. A nine month "interim contract year" will begin July 2013 and run through March 2014. The "new" fiscal year will start on April 1, 2014 and conclude on March 31, 2015. 3.) Community Outreach and prevention efforts continue. Presentations on HIV care, prevention, and minority outreach have resulted in referrals from community clinics. 4.) The San Francisco HIV Health Services Planning Council has a Workgroup that is monitoring national healthcare reform. Updates will be provided to the Marin Care Council from the SF Workgroup and the CAEAR Coalition. 5.) Marin participated in the HIV aging adult's survey. The Researcher will produce a report that includes the Marin data as part of the aggregated total. 6.) The Latino Focus Group (HIV+ Latino) took place in Marin. The focus group was conducted in Spanish. Focus groups were also conducted in San Francisco and San Mateo. Once the report is published, the information will be forwarded to the Care Council.

C. Santini reported: 1.) The State Office of AIDS forwarded a HRSA recommendation for the use of Part B money to guide and enroll Clients that are currently using Ryan White services into private health insurance. As part of the implementation of the Affordable Care Act, the applicable Service Categories are; Benefits Counseling, Medical Case Management, Early Intervention Services, and Health Education and Risk Reduction. 2.) The "2012-13 Countywide Client Satisfaction Survey" was distributed and the data included in the executive summary and the survey results were reviewed. This year, the survey included a new section on the Food Gift Card Program. No information about Home Health Services was included, because feedback was received from only one Client. Substance Abuse Treatment was not included, because service delivery and monitoring falls under the Mental Health and Substance Use Services Department. The Oral Health survey results were reviewed in detail and discussed. Council Members shared their personal experiences at the Dental Clinic. Case Managers were given a list of Clients that completed the survey, so the gift card incentive could be distributed.

CM Kasel voiced concern about not receiving a copy of the survey. C. Santini reported that "shared clients that allow mail to come to their home" per the ARIES database, were sent the survey. A discussion followed about the process and steps for a Client to update their ARIES profile. C. Emerson stated, "We could send you a copy of the survey ...it's not too late. We still want your feedback." CM Kasel agreed. C. Santini will facilitate.

Public Comment: None

**XIII. Discussion of Allocation Guiding Principles**

C. Santini recapped the process of developing the Guiding Principles. Three Principles; Comprehensiveness, Impact, and Accountability had been discussed at the March 27, 2013 Council meeting. Council Members had submitted their worksheets and the results had been tallied by Council Support. M. Schieble added, "We presented you with two very extreme selections and that was by design to see if the group has a consensus towards one of the extremes. The totals (tally) are not a vote ... they are the start of a conversation." "...there are quite a few exceptions based on specifics, but in general, if we can come up with a philosophy that is consistent in the way you view your allocation or your prioritization. That will hopefully help guide you as a group."

Mainstreaming There was consensus with choice "A"; "Ensure that people living with HIV utilize available community resources". Food banks were discussed as an example. There was agreement on the importance of Ryan White funds used as a payer of last resort and HIV+ individuals fully accessing all community resources.

CM Dushon voiced concern that “not too many Service Providers are HIV friendly”. CM Bateman challenged the group, given the pending budget reductions, to consider which “services need to be HIV friendly”. Community Mental Health and Substance Use services were discussed as exceptions.

Access There was not a consensus, more Council Members selected “A” “Ensure that all clients have access to all services.” versus “B” “Ensure that only severe need clients receive some services.” The EMA definition of “severe need” was reviewed. CM Kasel stressed the need for client education and that during an intake the client should be informed of all available Ryan White services. CM Malone commented that, currently some of the services are already skewed to individuals within the lowest income levels. Some services have tiers or benefit levels based on income such as Oral Health. Mental Health services are currently based on diagnosis. In summary, currently, Core Services are available to all Clients to access all services. Currently, the Support Services access is based on the severe need definition and/or income levels.

Cultural Competent There was consensus with choice “A”; “Ensure that services are culturally competent to serve the client demographic of Marin.”

Availability There was consensus with choice “B” “Ensure that there are limits on the number of times a service can be accessed depending on client need\* level.” It was noted, that currently there is no limit on the number of requests for service, however a benefit may have an annual individual dollar cap.

Continuity There was consensus with choice “A” “Provide a system of care with services available throughout the year.” Oral Health services were discussed as an example. CM Malone commented that if “Continuity” was an agreed upon Guiding Principle, the Contractor would need to specify that to the Contractee. Cases of reallocation of unspent funds, between Service Categories, were discussed. In the future, budget cuts may eliminate availability of funds to reallocate and impact continuity. J. Ellermann commented that there are problems in predicting the demand for a service and there is a “first come, first serve” reality, based on funding. CM Bateman agreed that there could be difficulty implementing the Principle due to forecasting demand.

Predictability There was not a consensus, more Council Members selected “B” “Provide a system of care with funding for services to meet specific needs each year.” versus “A” “Maintain a system of care with the same services available from year to year.”

*6:36p.m. Point of Order – meeting overtime*

*CM Malone made a motion to extend the meeting time to 6:45p.m. All were in agreement.*

Co-Chair Cronin commented that there may be a specific reason to increase the funding of a Service Category for a specific fiscal year. Changes to ADAP and the addition of co-pays were given as examples. CM Malone stressed the need “for a system of care that Clients can rely on”.

C. Santini asked how the Guiding Principles would be used by Council Members during the Prioritization and Allocation discussions. CM Malone requested that there be a future discussion of how to put the Principle “into play” during the Prioritization and Allocation process. CM Kasel voiced the need to discuss each Service Category individually and not rush when evaluating each Principle to be applied to the ranking or funding of a Service Category, especially if there was going to be a cut. CM Bateman commented that the Guiding Principle discussion was a “useful thought process”, however the Council should not “be held to a Principle” if cuts were to be made, then each Principle would need to be reviewed and justified by logic.

For the Prioritization and Allocation meetings, Council Support has provided/will provide; Service Category Presentation(s), Service Category Summary Sheets, Epi information, and Satisfaction Survey report.

Council Members requested the following: [DK] Year to Date Actual spending by Service Category, [TD] Historical Data by Service Category.

C. Santini suggested that the Council develop reduction scenarios. CM Bateman suggested that the Prioritization process be eliminated and two meetings be dedicated to the Allocation. The first meeting would develop a budget. Council Members would each review the draft budget allocation between the meetings and produce a finalized allocation at the second meeting.

**XIV. Next Steps – New Business**

Next Meeting: May 8, 2013 – Connection Center, 4:30p.m. – 6:30p.m.

**Next Step / To Do's**

- Agenda Item (August 2013) Community Forum planning or other outreach event planning.
- Agenda Item – Review Prioritization and Allocation process.
- Agenda Item - Guiding Principles – how to put the Guiding Principles into action/actionable steps.
- Agenda Item – Support Services philosophy for all support service categories.
- Agenda Item – Discuss Service Categories per 2013 calendar.
- Agenda Item – Client education on money management.
- CE – Research if SF requires a Prioritization (ranking) of Service Categories for FY2014-'15.
- MJS – Restock motions sheet.
- MJS – Update phone list / Member Directory

**XV. Meeting Adjourned at 6:47p.m.**