



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Marin HIV/AIDS CARE Council Meeting

Draft MINUTES

May 3, 2006

2:30 – 7:00 PM

120 Redwood, East Wing, 3rd Floor, Sycamore Room
San Rafael, CA

Members Present: Elyse Graham, Cam Keep, Jennifer Malone, Will Boemer, Wade Flores, Diva Berry, Lisa Becher, David Witt, Roy Bateman

Staff Present: Chris Santini, Rebecca Smith, Sparkie Spaeth

Others Present: Dorothy Kleffner, Brian Slattery, Cathy Johnson, Andy Fyne, Leslie Gallen

I. Call to Order

Meeting called to order at 2:45 PM by CM Keep.

II. Roll Call

CM Witt arrived late (during Item VII – Conflict of Interest)

CM Bateman arrived late (after Item VII – Conflict of Interest)

III. Review and Approval of Agenda

CM Malone asked for clarification on Item XI. Funding allocation process for July 06-February 07. CM Graham clarified that the Council would be voting on all allocations. CM Keep made a motion to approve the Agenda. Motion was seconded and vote was done by a show of hands. The Agenda was approved.

AYES: CM Graham, CM Keep, CM Malone, CM Flores, CM Boemer, CM Berry, CM Becher

ABSTAIN: CM Flores

IV. Review and approval of April 5, 2006 Minutes

CM Flores requested a change to the minutes to reflect that there is not a 2-3 week wait for a County Dental Clinic appointment, and instead that there is no specific appointment times set aside for people living with HIV as yet. CM Keep made a motion to approve the Minutes of April 5th as corrected. Motion was seconded by CM Malone and vote was done by a show of hands. The Minutes were approved.

AYES: CM Graham, CM Keep, CM Malone, CM Flores, CM Boemer, CM Berry, CM Becher

V. General Announcements

CM Flores: 1) There will be a community forum in the Mission on May 10th and one for people 50 years and older in June at the MCC Church. 2) San Francisco is also considering changing their Reggie data base from consumers having share and nonshare options to moving to the share option only. 3) The Council is also discussing opening the Eligible Metropolitan Area (EMA) up for consumers to receive services across the EMA.

VI. Public Comment

a. Dorothy Kleffner: 1) Dorothy Kleffner presented a document showing living AIDS cases compared with clients in CARE-funded services for both San Francisco and Marin and asked why there was a difference between the two counties in the ratio of clients receiving services. She stressed the importance of patients getting primary care, particularly culturally competent primary care and secondary care. She expressed concern about how funding was getting to clients. She expressed concern about the cost per unit of service for primary care in Marin and San Francisco and whether Marin was exceeding the cost cap. She expressed concern about transportation to the Clinic. As background information she noted that the County must continue its maintenance of effort of \$850,000 to keep CARE funds coming to the County.

- b. Sparkie Spaeth: Sparkie commented that much of Marin is comprised of an affluent population and that there may be many clients who don't qualify for Ryan White services and therefore are not reflected in the clients receiving CARE funded services in Marin.
- c. Cathy Johnson: Cathy Johnson clarified that there are fundamental differences in primary care between Marin and San Francisco. San Francisco has a public hospital and clinics through the UCSF system. There has been some decrease in numbers of patients served in the past several years in Marin. The Clinic provides many services that are not Ryan White funded which are funded through the County general fund. The Clinic does an annual satisfaction survey that includes a question about how easy is it to get to the clinic and 80% reply that it is easy or fairly easy to get to. She gave credit to the MAP volunteers that bring people, and said that when she did direct case management she didn't hear from clients that their privacy was not being respected by volunteers providing rides. She reported that she does not see many canceled appointments because of transportation issues and that the vast majority of clients have their own cars or get a ride from a friend.

VII. Review Conflict of Interest Disclosures

CM Graham stated that members should have received the conflict of interest forms which will be reviewed and should be turned in to Rebecca Smith at the end of the meeting. The nameplates indicate affiliations with organizations or service categories. She clarified that conflict is perceived or actual and that whenever a member is speaking about a service category to be sure to acknowledge a conflict of interest. She said an actual conflict of interest exists when there is an economic interest, and the person should recuse themselves from voting.

CM Graham – Walden House, substance abuse treatment agency that receives Title I funding in San Francisco but not the program that she works for, former employer Immune Enhancement Project that receives Title I funding in complementary therapies category – both perceived

CM Keep-unaffiliated consumer

CM Becher- Hospice of Marin receives Title I funding for attendant care, actual and perceived

CM Flores- unaffiliated consumer

CM Boemer- unaffiliated consumer, volunteer and client at MAP-perceived

CM Berry-unaffiliated consumer

CM Malone- Executive Director of MAP receives Title I funding for 7 categories of service - benefits, case management, mental health, direct emergency assistance, volunteer, oral health, transportation, actual

CM Witt-primary care provider with organization that does not receive Title I funding

VIII. Review Data Packet for Allocation

CM Keep reviewed Guidelines for Council Members to Consider During Allocation. Rebecca Smith went over the questions to ask when reviewing data, and described the various data sources (i.e., the 2004 PLWH/A needs assessment survey results, epidemiological data, service category summary sheets, information from the CARE computer database, and decision matrix). Chris Santini added some more updated demographic data from CARE database prepared for the Annual Report to San Francisco, results of a needs assessment survey of staff who worked directly with clients, and updated decision matrix. Rebecca reviewed the decision matrix interpreter. Chris Santini and Rebecca Smith answered questions and or clarified information in the decision matrix.

Public Comment:

- a. Brian Slattery noted that it really isn't substance abuse case management but because they are a drug treatment facility and most of the clients have substance abuse problems or mental health

problems. He said the program is HIV case management and follows the standards of care for that service category.

- b. Dorothy Kleffner stated that there are cost caps on all services and she did not think Marin could make a contract which, for example, exceeded the cost cap of \$250 per encounter for primary care. Chris Santini stated that San Francisco has not required Marin to follow the cost caps of San Francisco because Marin has a much smaller system of care with few providers and can't produce the same economy of scale as San Francisco.

IX. Review Emerging Needs for Service Categories

CM Graham clarified that The Council isn't doing priority setting because the priorities are already set for the next 8 month period until the County gets on the CARE year, and that the Council is doing allocations based on existing service categories.

She said the Council would receive additional information about service categories to assist with allocations, including a report from service providers about emerging needs that they foresaw. Rebecca Smith explained the format of document, revisions to what the Council had been sent earlier. She said H& HS recommendations for infrastructure had to do with those that would apply across all service categories not for a particular agency.

CM Graham said the Council could make recommendations to the County regarding service delivery, which would be captured on a chart pad.

CM Flores asked why consumers weren't asked about their needs. CM Flores mentioned issues with the food program, the interest in vitamin vouchers, and transportation. CM Graham encouraged members to share any information they had from consumers. CM Malone asked about whether they could discuss emerging needs in any new categories. CM Graham said the Council couldn't add any new categories identified as emerging needs such as housing. CM Flores had a question about whether the caps in the direct emergency assistance funds had ever increased. Sparkie Spaeth responded the funding in the category had not changed and the caps were a contract issue. Rebecca Smith responded that the funding for that category was being underutilized and the recommendation to increase the caps had been implemented, and a service recommendation for FY 06/7 might be to clarify the funding caps in that service category.

Service Recommendation #1: Clarify funding/eligibility guidelines for emergency assistance

CM Bateman suggested that with increased funding for only 8 months, the categories that he recommended to increase would be mental health and dental care. CM Flores mentioned clients' interest in vitamin vouchers. CM Keep suggested thinking creatively including pre-buys of emergency vouchers and food vouchers. Rebecca Smith said that since there may significant cuts in FY 07/8, the Council may consider using some of FY 06/7 money to offset those possible cuts.

Public Comment

- a. Brian Slattery stated that there may not be cuts in FY 07/8 and suggested using the money to find unreached populations.
- b. Dorothy Kleffner explained that the restriction on using CARE Act funds for housing in San Francisco had to do with SRO's. She said Roy Bateman's proposal would maintain HOPWA-funded housing for people already in the long-term rental assistance program but there may be more housing needs than that. She said that there were a lot of rules that made people uncomfortable with transportation funds this year, in order to make the money last, and some people may have given up trying to access the fund.
- c. Andy Fyne Marin AIDS Project was planning to enhance programs by recruiting more volunteers and having staff and clients do more outreach as a pilot project.

X. Service Category Discussion

Transportation-Andy Fyne distributed Marin AIDS Project's transportation guidelines. He clarified that the steps of asking family and friends for a ride first, applied only to the use of cabs. The only criteria for use of bus tickets etc. is that the trip was for a necessary medical, dental, or acupuncture appointment. Case managers can deliver tickets to clients. And volunteers can be used. CM Graham asked about tickets to San Francisco. Andy Fyne explained that this requires patching different major transportation systems together. The client can use his own funds, and MAP can reimburse the client using non-CARE funds, then reimburse that fund from the transportation fund. CM Berry asked what if the person doesn't have the funds to put out up front. CM Bateman suggested we may be overly concerned about fraud. CM Graham suggests that be included as a service recommendation. CM Witt suggested not restricting just to medical appointments. CM Berry asked about using transportation funds to pick up a prescription and whether there are other transportation providers that could be used. She asked how clients are informed about the transportation funds.

Service Recommendation #2: Make transportation accessible across zones, utilize various transportation service providers, and make information about transportation options accessible to clients.

Service Recommendation #3: Create clear guidelines for all service categories.

Service Recommendation #4: Case managers should be trained on all CARE services and guidelines for these.

Public Comment

- a. Dorothy Kleffner suggested expanding activities/services for which bus tickets are authorized and liberalizing use of cab rides. She urged the development of a countywide communication system such as a website.
- b. Brian Slattery said Ryan White regulations only allow funds for transportation to medical appointments which can be liberally construed to mean prescriptions and case management. He expressed concern that the discussion was getting into contract management.

XI. Funding allocation process for July 06-February 07

Rebecca Smith clarified that HOPWA has been funding home health attendant care, skilled nursing (subsumed under the HRSA category of Home Health) and case management. Chris Santini clarified that this might require increasing the percentage of funding to the two categories of Home Health and Case Management to offset HOPWA cuts as proposed by Roy Bateman.

CM Keep read CM Bateman's recommendation from previous meeting. CM Bateman stated that he had a new memo which clarified that HOPWA currently funds the in-home support services of case management, skilled nursing, and attendant care. The new memo broke down what HOPWA currently funds into Home Health paraprofessional and professional and case management. The new HOPWA proposal reflected that the funding period would be 8 months, and the amount was changed from \$66,000 to \$45,000 accordingly. CM Bateman clarified that his proposal doesn't add any additional service but maintains what is already funded, and moving funding for these services to CARE would ensure that no one will have to be kicked out of the HOPWA rental assistance program until July 2008.

Rebecca Smith clarifies that this isn't about the CARE Council adding any new categories or funding of the housing category. CM Malone suggested taking CM Bateman's information as advisory to consider when making funding allocations when considering the categories of home health and case management.

Public comment

- a. Brian Slattery said it would be important to know what FTE of case management the amount represents.
- b. Dorothy Kleffner said that instead of swapping CARE funds for HOPWA of funds she suggests funding rental assistance directly.

CM Graham made a motion to put \$45,000 into home health care and case management to address cuts to HOPWA funds. CM Boemer seconds the motion. Motion fails.

AYES: CM Bateman, CM Boemer, CM Berry, CM Graham, CM Keep,

NO: CM Flores

ABSTAIN: CM Malone, CM Witt, CM Becher

Concern was expressed that Council members may have abstained from the above vote when they intended to recuse themselves due to conflict of interest. CM Graham clarified that a Council member recuses when one has a conflict of interest and abstains when don't have enough information, don't want to vote, etc. She said abstaining and recusing affects the vote differently because it affects the denominator.

Public comment

a. Brian Slattery stated it's unfair to revote on a motion because it appears that the Council doesn't like the outcome.

b. Cathy Johnson questioned what the difference was between abstain and recuse. It appeared that an abstention became a 'no' vote.

CM Berry made a motion to revote on the above motion. The motion was seconded by CM Graham. Motion fails.

AYES: CM Boemer, CM Berry, CM Graham, CM Keep,

ABSTAIN: CM Malone, CM Witt, CM Flores under protest

RECUSE: CM Becher, CM Bateman

CM Witt made a motion to allocate an additional \$45,000 to attendant care. CM Graham seconded the motion. CM Becher asked that the motion should include funds for attendant care and skilled nursing as they have no other funding source for this service. Rebecca Smith clarified that home health covers paraprofessional and professional care. CM Witt and CM Graham withdrew the motion.

Public Comment

a. Chris Santini noted that the provider was only able to spend \$14,488 on this service in 8 months so she questions whether they will be able to spend \$45,000.

CM Witt proposed a motion to allocate an additional \$45,000 to home health care. CM Graham seconds the motion. Motion carried.

AYES: CM Boemer, CM Berry, CM Graham, CM Keep, CM Witt

NO: CM Malone, CM Flores

RECUSE: CM Becher, CM Bateman

CM Bateman asked for clarification about the base amount to which the additional \$45,000 would be added. CM Graham clarifies that it is to the 6% of FY05/6 allocation of \$57,498.

CM Graham stated that the Council would move on to allocations for the other service categories. She clarified that the Council should focus on allocation percentages rather than specific dollar amounts. Chris Santini suggested using the column of 9 month spending as a reference point for deciding percentage allocations for the 8 month period of FY 06/7. Several service recommendations came out in the discussion of percentage allocations to service categories.

Service recommendation #5: Provide food vouchers as an alternative to current food distribution.

Service recommendation #6: Broaden substance abuse to include treatment modalities for alcohol, opiate, and methamphetamine abuse and a strategic plan for outreach.

Service recommendation #7: Direct financial assistance should be expanded to include housing emergencies such as eviction. (Chris Santini noted that a staff person must certify that housing helps client gain or maintain access to medical care.)

Service recommendation #8: Expand provider pool of acupuncturists to address underserved communities and those not currently receiving care.

Service recommendation #9: Use volunteers for transportation rather than case managers. Service should include an intensive recruitment plan and culturally competent training.

Service recommendation #10: Include a strategic outreach plan in dental services.

Service recommendation #11: Implement vitamin vouchers to increase client choice.

Service recommendation #12: Reimburse volunteers who provide transportation for bridge tolls, gas, parking. Allow cab rides to other counties.

Using the chart below, the group reached preliminary consensus on the funding allocation percentage for each of the service categories.

| Categories | 05-06 CARE contract allocation | 05-06 % of total CARE awarded 05/06 | Actual dollars spent | 06-07 CARE allocation at same % | Insert % for proposed 06-07 allocation | 06-07 Proposed allocation |
|--|--------------------------------|-------------------------------------|----------------------|---------------------------------|--|---------------------------|
| Primary Medical Care | \$316,238 | 33.0% | \$250,836 | \$337,394 | 25.0% | \$255,602 |
| Case Management | \$182,077 | 19.0% | \$131,899 | \$66,047 \$128,210 | 19.0% | \$194,257 |
| Benefits Counseling | \$94,396 | 10.0% | \$67,630 | \$102,241 | 7.8% | \$80,000 |
| Food (Rev 1/06) | \$78,581 | 8.0% | \$43,961 | \$79,748 | 5.1% | \$52,551 |
| Home Health (Attendant Care) | \$57,498 | 6.0% | \$43,252 | \$61,344 | 10.0% | \$102,241 |
| Substance Abuse Treatment (Rev 2/06) | | 5.0% | \$39,930 | \$51,120 | 5.9% | \$60,000 |
| Residential Treatment (incl admin) | \$24,840 | | | | | |
| Methadone Maintenance (incl admin) | \$23,075 | | | | | |
| Acupuncture | \$44,000 | 4.5% | \$28,537 | \$46,008 | 3.9% | \$40,000 |
| Volunteers | \$43,123 | 4.5% | \$34,513 | \$46,008 | 4.9% | \$50,000 |
| Direct Emergency Financial Assistance (incl admin) | \$38,332 | 4.0% | \$20,218 | \$40,896 | 4.9% | \$50,000 |
| Mental Health | \$28,554 | 3% | \$20,662 | \$30,672 | 4.9% | \$50,000 |
| Dental | \$17,249 | 1.8% | \$7,843 | \$18,403 | 3.9% | \$40,000 |

| | | | | | | |
|----------------------------|------------------|------|---------|--------------------|---------------|------------------|
| Vitamins (Rev 1/06) | \$7,666 | 1.0% | \$4,970 | \$12,269 | 1.2% | \$12,269 |
| Transportation | \$1,917 | 0.2% | \$826 | \$2,045 | 0.8% | \$8,000 |
| | \$957,546 | | | | | |
| Unobligated | \$753 | | | | | |
| Total | \$958,299 | | | \$1,022,406 | 97.30% | \$994,919 |
| | | | | | | \$27,487 |
| | | | | | | |

Public Comment

- a. Cathy Johnson \$316,000 doesn't even pay for half it what it costs to run the Specialty Clinic. The balance is paid out of net County funds. Pressure to reduce net County funds and County is under no obligation to pay any amount. If receive a smaller Ryan White allocation it doesn't necessarily mean the County will pick that up or that services will continue to be provided in the way they are now. Case management, mental health and nutritional counseling are not paid out of the primary care allocation. She is concerned with a reduction of primary care to 25% when it is a core service of Ryan White. If there are reductions there is no guarantee that the County will continue to fund at the level that it has.
- b. Andy Fyne suggested increasing funding to benefits counseling to provide the opportunity to do some one time public education on Medicare Part D. Crystal methamphetamine epidemic is not being well-addressed in this County and that is not reflected in our emerging needs portfolio.
- c. Dorothy Kleffner asked if it was possible to fund emergency shelter, or first and last month's rent.

CM Graham asked Rebecca Smith to email the above chart of allocation percentages to Council members. She proposed setting up a meeting to complete the allocation process for May 17th 4:30-6:30 at 899 Northgate. Four Council members requested such a meeting.

CM Becher distributed term renewals to Council members to complete.

XII. Membership Outreach Committee report-Carried over to next meeting.

XIII. Next steps/next agenda items

XIV. Meeting adjourned at 7:10 PM