



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Marin HIV/AIDS CARE Council Meeting

Draft MINUTES

May 17, 2006

4:30 – 6:30 PM

899 Northgate Drive, 4th Floor Conference Room

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

Staff Present: Chris Santini, Rebecca Smith, Sparkie Spaeth

Others Present: Dorothy Kleffner, Brian Slattery, Cathy Johnson, Kevin Cronin, Rhonda Fisher-Brown, Luis Castillo (and daughter)

I. Call to Order

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

II. Roll Call

CM Keep was not present.

III. Review and Approval of Agenda

CM Graham motioned to approve the Agenda. Motion was seconded by CM Becher and vote was done by a show of hands. The Agenda was approved.

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

IV. Review and Approval of May 3, 2006 Minutes

CM Malone motioned to approve the Minutes. There was no second, motion failed. CM Flores stated he couldn't find a table of votes at the end of the Minutes. CM Graham stated that votes are now listed after each item voted upon, instead of in a table at the end. CM Bateman thanked staff for work on the Minutes. He noted that he arrived late to the last meeting (after Item 7) and was not present for Conflict of Interest item. He stated that the Minutes should note the time people arrive. CM Graham commented that CM Becher was present. CM Graham requested that, in the future, listing order should be: Motion, Public Comment, and then Vote. CM Boemer motioned to approve the Minutes, as amended, and was seconded by CM Witt. The amended Minutes were approved.

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

V. General Announcements

CM Flores: 1) He stated that a letter went out to Julie Chinn, at the SF Redevelopment Agency, on a matter that had not been voted on by the Council. [CM Bateman stated that he had sent the letter to Ms. Chinn. He noted that he had acted as a HOPWA staff person, not as a Council member. He had received a call from SF Redevelopment Agency (funder of HOPWA) notifying him that they were finalizing the HOPWA budget and, if Marin was ready to make budget changes, it would be more convenient to do so now, rather than later. The letter he sent listed the revised numbers, stating that Marin should have sufficient supportive care services for FY 06-07, based on recent deliberations of the Marin CARE Council, and that HOPWA funds could instead be used for rental assistance. The Marin HOPWA budget will be presented to the Board of Supervisors for final approval. CM Bateman would like a determination from the Council as to whether or not his actions were appropriate] 2) The San Francisco HIV Health Services Planning Council will be voting on Marin's allocations on Monday, 5/22/06, and will be wanting to know how and why the Marin CARE Council came up with its allocations. [Sparkie stated that she will be doing the presentation. She invited Council members to attend the meeting, from 4:30-7:30 PM, in the State building. She noted that Council members must attend one meeting and suggested that this one would be a good one to attend. She will send out the agenda for the meeting.] 3) The San Francisco HIV Health Services Planning Council will be discussing opening up the EMA for receiving services across counties.

VI. Public Comment

- a. Luis Castillo: He expressed that has been a patient of the Specialty Clinic for 11 years and the Clinic takes good care of him. He said he would be sad if they were not able to give him the same kind of service that he receives now. He is a single dad and has an 11 year-old daughter who is also HIV+. He said hopes he can continue to go to the Specialty Clinic because he wants to see his daughter grow up and he thanks the Specialty Clinic.
- b. Cathy Johnson (Specialty Clinic Program Manager): She expressed concern about reducing the Specialty Clinic percentage of funding from 33% to 25%. Primary medical care is currently prioritized as the number one service and is the core service of Ryan White funding. The Clinic serves low income, underinsured, and uninsured people and people of color. She said these people have the least choices for medical care and she feels it would be irresponsible to take funds away from them. The Clinic offers comprehensive care with 24-hour/7-day on-call services with Clinic doctors. She said that the services are expensive, but she wonders why the best quality service shouldn't be provided to this group. She provided demographics of people using the Clinic: 41% people of color (Total Marin AIDS cases are 21% people of color); 59% have incomes below \$900/month; 73% have incomes below \$1200/month; 82% have public insurance (Medi-Cal, Medicare, CMSP); 10% are uninsured; 8% have private insurance.
- c. Rhonda Fisher-Brown (Hospice of Marin Director of Quality Assurance and Special Programs): She recommended moving \$30,000 of the additional CARE money (\$102,000) to a different category, medical case management (which would include comprehensive nursing and psycho-social assessment), and the remaining \$72,000 continue to be provided for home-based health care (skilled nursing and attendant care). She said Hospice of Marin is the only program in Marin providing medical home-based services and they need to address increased caseloads and to increase social work coverage in order to bring their staffing ratio up to State standards.
- d. Dorothy Kleffner: 1) She stated that the Marin CARE Council has been making recommendations regarding services, but the San Francisco HIV Planning Council has stated that the CARE Council can stipulate what should be in contracts. 2) She stated that San Francisco Planning Council was surprised to find out that Marin is doing allocations now. They will be working on the budget in August and Marin should give input at that time and later when budget cuts are done. She suggested having the Co-chairs from the three counties coordinate twice a year to talk about calendar issues.
- e. Kevin Cronin (Marin AIDS Project Benefits Advocate): 1) He has heard that the work the benefits advocates would be doing regarding Medicare Part D would be over by July. He said he strongly disagrees with that, because all of MAP's Medi-Medis (recipients of both Medi-Cal and Medicare) have to be enrolled in ADAP and a Medicare Part D drug plan, which causes a permanent increase in the workload for benefits advocates. He said Medicare part D claim denials, which are now just coming in, will also increase the workload. 2) He said he is having to help new clients build benefits packages, and is seeing the barriers that they are coming up against and would like to work on streamlining the process to help eliminate delays and barriers.
- f. Sparkie Spaeth (for Linda Black, Operations Manager, Marin Community Food Bank): 1) Sparkie Spaeth read an email from the Food Bank and noted that the proposed allocation for the Food Program is \$52,551. The Food Bank is concerned that if this is the amount that is allocated to them, they will be unable to provide the amount of food and the home delivery service that they have planned for the 2006/2007 year. The Food Bank said they spent about \$8,000 each month from January-March and would need this monthly amount for 8 months (\$64,000). 2) The Food Bank said they have mailed out a satisfaction survey and the majority of responses, so far, indicate that people are happy with the food and quality of service.

VII. Funding Allocation Process for July 06 – February 07

Before starting the allocation process, CM Graham reviewed the Conflict of Interest policy. A Council member with an actual conflict of interest needs to recuse him/herself. A member that wishes not to vote for any other reason, such as not having enough information, should abstain. Each member was asked to state his/her perceived or actual conflicts of interest.

CM Graham said she met earlier with CM Keep and created a list of motions/suggestions regarding strategic planning (including coordination with SF HIV Planning Council and the County). The County also distributed a list of recommendations and concerns:

1. It is important for the Council to remember throughout its allocation process that CARE Act-funded programs are the “payer of last resort.” Title I funds may be used for HIV/AIDS primary care and support services that enhance access to and retention in primary care. We have attached HRSA guidelines for the prioritized service categories in Marin to assist the Council with allocation decisions.
2. Funding allocations should reflect and take into consideration available data. It is important to compare current allocations with funding that was actually spent over the last year to determine whether it will be feasible to spend the full allocation in 8 months. Based on current utilization data, DHHS believes that proposed 07-08 allocations for many service categories may not be spent by providers.
3. DHHS recommends that the Council consider a Title I quality management plan, coordinated by a consultant with experience in HIV. Aspects of the plan may include cultural competency training and planning, strategic planning for outreach to bring PLWH/A into CARE, and other aspects of developing a system of care. The Council could designate a specific amount of money for this activity.
4. DHHS also recommends that technical assistance and training for providers for particular service categories may be helpful. This technical assistance and training may help to identify and resolve service delivery issues, and make services more accessible to clients. This may include funding for case management training which is being mandated by the SF Office of AIDS. Technical assistance and training would be coordinated by a consultant with expertise in HIV.
5. DHHS supports the development of a website to highlight Title I services and eligibility guidelines in Marin.
6. DHHS has concern about whether the decision to offset HOPWA allocations by increasing Home Health Care accurately reflects the needs for home health and case management services reflected in CM Bateman’s proposal.
7. DHHS will not change to a voucher-only system for food or vitamins during this fiscal year.

CM Flores clarified that the request for food vouchers was to be a supplement to the food box program.

CM Bateman questioned whether all the allotted money could be spent in 8 months. He suggests doing a review four months into the new program year so that Marin can tell SF how much there may be available to give back to other parts of the region in time for them to make plans to spend it. He also suggests adding extra CARE funding to primary care and having the County put less General Fund money into primary care and then put that (General Fund) savings into a trust account and save it for AIDS services in future years when money may decline.

CM Flores commented that SF is encouraging Marin not to send money back, but to fully utilize it.

CM Witt noted that the Council has previously discussed investing extra funds in long-term structural or infrastructure expansion, and that DHHS recommendation number 3 could fall into this expansion.

CM Berry stated that there is plenty of money, so primary care shouldn’t be shortchanged. Quality of service should be considered.

CM Malone said she needs more data on specialty care needs in order to make a decision. There has been no guidance on dental care cost caps. She has a problem with paying consultants to do planning. She commented that the 9-month spending figure for some of the service categories is misleading because more money has been spent in recent months than was spent at the beginning.

CM Graham passed out the Co-Chairs’ list of motions/suggestions:

The Co-Chairs of the Marin HIV/AIDS CARE Council would like to bring forward the following Motions for consideration by the Council during allocation. These Motions are in response to address concerns raised and service recommendations made at the first allocation meeting on 5/3/06:

Motion 1: To allocate \$2,000 to fund a strategic planning process to improve service delivery within the system of CARE in Marin County and to ensure that severe need clients in Marin have accessible access to services.

Motion 2: To allocate \$10,000 for Quality Assurance and Improvement efforts including: technical assistance and training for providers to identify and resolve service delivery issues; the development and dissemination of clear eligibility and access guidelines; development of a county wide cultural competency plan; training and implementation of cultural competency standards system wide in Marin County.

Motion 3: To allocate \$2,500 to create and maintain a stand alone website for Title 1 services, eligibility requirements and access guidelines in Marin County.

Motion 4: To allocate \$8,500 to Council support to be provided independent of the County of Marin. In the event that any of the above motions or other infrastructure motions were to pass, then motion 5 could be on the table.

Motion 5: Take the total dollars approved for system wide capacity building (training, infrastructure, council support, and web development) and reduce the award by that amount before changes to the percentage allocations are made.

CM Flores asked who would do the strategic planning. CM Graham said that DHHS has considered that consulting services could be provided by Randy Allgaier, a SF Planning Council member and consultant.

CM Witt commented that consultants don't generally deliver their money's worth, so his instinct would be to vote no on Motion 1. He motioned to enhance outreach - funding outreach services to at-risk, HIV+ substance abusers not currently receiving service. CM Flores seconded this Motion.

A discussion about this Motion ensued. Rebecca Smith stated that all five of the Chair's motions/suggestions could be discussed and then a motion made to adopt all at once. CM Witt and CM Flores retracted their Motion.

CM Graham suggested having one motion encompassing components of infrastructure, including outreach, strategic planning process, quality assurance and training, council support, and web site. CM Malone suggested that cultural competency also be addressed.

CM Witt suggested two more ideas: Addressing "hardware needs" (e.g. laptops, filing cabinets, etc.) for service delivery organizations in the county and initiating therapy for those co-infected with Hepatitis C. CM Malone commented that her agency and others would benefit from one-time expenditures for "hardware needs."

CM Bateman suggested posting information on the existing County HHS web site rather than spending money to create a new one. He feels that the Council currently has adequate (administrative) support. He also wonders if it is legal to give preference to someone who is HIV+ for a Council support job.

CM Malone motioned to allocate \$50,000 for infrastructure needs to be distributed among prioritized service categories. CM Berry seconded the Motion.

Public Comment:

- a. Dorothy Kleffner: She stated that there needs to be an assessment of what the issues are and a report back to the Council. She doesn't feel that the infrastructure motion should be so broad.
- b. Brian Slattery: He feels that proposals from agencies should specify exactly how the money would be used. His agency's documentation of emerging needs that was provided to DHHS already includes outreach. He noted that the Specialty Clinic's proposal shows that it is already treating people who are co-infected with Hepatitis C. There may not be a need for separate allocations for these concerns.

Vote on the Motion was done by voice. The Motion to allocate \$50,000 for infrastructure passed.

AYES: CM Graham, CM Boemer, CM Flores, CM Becher, CM Bateman, CM Witt, CM Berry

RECUSE: CM Malone

CM Graham motioned to take the \$50,000 off the top of the total award amount before making changes to allocation percentages. CM Becher seconded the Motion.

CM Bateman recommended reviewing the list from the previous meeting, service by service, deciding whether or not to change each dollar amount, and then seeing whether there is a deficit or surplus. Any adjustments necessary could be made at that point.

Public Comment:

None

Vote on the Motion was done by voice. The Motion to take the \$50,000 off the top of the total award passed.

AYES: CM Graham, CM Boemer, CM Flores, CM Becher, CM Witt, CM Berry

NO: CM Bateman

The allocations, decided at the previous meeting, in each service category were reviewed and discussed, line by line.

CM Malone noted that \$27,487 was unallocated after the previous meeting. After taking \$50,000 off the top, there would now be a \$22,513 deficit. CM Malone proposed taking \$10,000 out of dental and \$13,000 out of emergency financial assistance.

[At 6:45 PM a motion was made to extend the meeting to 7:00 PM. The Motion was seconded, voted on, and passed to extend the meeting to 7:00 PM.]

CM Flores recommended that any extra money allotted for primary care be stipulated to be used for secondary (specialty) care. Cathy Johnson commented that the Specialty Clinic has, so far, been able to get needed specialty care for outpatients.

CM Malone noted that there had already been a suggestion to move \$30,000 out of home health care. This would free up \$30,000 to allocate for other service categories. CM Flores suggested that some of the \$30,000 be divided into the food and transportation categories.

CM Graham proposed reducing the allocation for Vitamins to \$10,000. CM Flores commented that this category had previously gone down drastically and proposed \$11,000.

CM Graham proposed increasing food allocation to \$64,000.

CM Witt proposed increasing benefits counseling to \$87,500.

CM Becher proposed reducing case management to \$182,500 and putting the remaining money (\$24,563) into primary care.

[At 7:03 PM another motion was made to extend the meeting to 7:25 PM. The Motion was seconded, voted on, and passed to extend the meeting to 7:25 PM.] CM Malone left at 7:15 PM.

CM Flores motioned to accept allocations with proposed changes. CM Boemer seconded the Motion.

Public Comment

- a. Dorothy Kleffner: She would like to see that all patients with opportunistic infections are treated.
- b. Cathy Johnson: She noted that the Specialty Clinic has never had a patient with an opportunistic infection that they couldn't treat.
- c. Wade Flores: Speaking as a member of the public, he disagreed with Cathy Johnson's statement. He said he was turned away from the Specialty Clinic because they wouldn't or couldn't meet his health needs.

Vote on the Motion was done by voice. The Motion to accept the changed allocations passed.
AYES: CM Graham, CM Boemer, CM Flores, CM Becher, CM Witt, CM Berry, CM Bateman
RECUSE: CM Malone

CM Flores commented that the presentation to the SF Planning Council should include how and why the allocations were made.

MARIN 06-07 CARE ALLOCATION DECISION MATRIX						
CATEGORIES	05-06 actual dollars spent (9 months)	06-07 CARE allocation at same % (8 months)	(5/3/06)		(5/17/06)	
			Proposed percent for 06-07 allocation	Proposed allocation for 06-07 (8 months)	FINAL percent for 06-07 allocation	FINAL allocation for 06-07 (8 months)
Primary Medical Care	\$250,836	\$337,394	25.0%	\$255,602	27.4%	\$280,165
Case Management	\$131,899	\$128,210	19.0%	\$194,257	17.9%	\$182,500
Benefits Counseling	\$67,630	\$102,241	7.8%	\$80,000	8.6%	\$87,500
Food	\$43,961	\$79,748	5.1%	\$52,551	6.3%	\$64,000
Home Health (Attendant Care)	\$43,252	\$61,344	10.0%	\$102,241	7.1%	\$72,241
Substance Abuse Treatment	\$39,930	\$51,120	5.9%	\$60,000	5.9%	\$60,000
Acupuncture	\$28,537	\$46,008	3.9%	\$40,000	3.9%	\$40,000
Volunteers	\$34,513	\$46,008	4.9%	\$50,000	4.9%	\$50,000
Direct Emergency Financial Assistance (incl admin)	\$20,218	\$40,896	4.9%	\$50,000	3.6%	\$37,000
Mental Health	\$20,662	\$30,672	4.9%	\$50,000	4.9%	\$50,000
Dental	\$7,843	\$18,403	3.9%	\$40,000	2.9%	\$30,000
Vitamins	\$4,970	\$12,269	1.2%	\$12,269	1.1%	\$11,000
Transportation	\$826	\$2,045	0.8%	\$8,000	0.8%	\$8,000
Infrastructure					4.89%	\$50,000
TOTAL		\$1,022,406	97.30%	\$994,919	100.00%	\$1,022,406
				\$27,487		\$0

VIII. Next Steps/Next Agenda Items

- a. Tabled: Membership Outreach Committee Report, Division of Public Health Report
- b. Discussion of infrastructure allocation ideas

CM Flores stated that there is a need to create an annual Council calendar. CM Graham said that the Council already has a calendar, but it needs updating. CM Becher stated that, prior to the next meeting, Council members whose terms are up need to respond to her or CM Flores regarding the questions in the letter they were sent from the Membership subcommittee and, if necessary, make recommendations for replacement. CM Graham asked that any other agenda items be emailed to her by next week. Sparkie Spaeth thanked CM Graham for her hard work leading the group through this process. She also thanked her staff.

IX. Meeting Adjourned at 7:30 PM

ATTACHMENT 1

Primary Care Allocation Information Title I CARE Act Council Meeting May 17, 2006

I'm concerned about proposed allocation reduction for primary care services; the Council prioritized medical care as number # 1 service and it is the RW core service to be funded.

Making a decision to reduce funding to primary care is making a decision to potentially reduce services to people of color, low income, publicly insured, underinsured and uninsured people with HIV in Marin—the very people who have the least amount of choices. I think this is irresponsible.

The Specialty Clinic is the safety net for these clients.

The Clinic is designed to provide the best, comprehensive services available, which cost a great deal. For example, 24 hour / 7 day week on-call (includes admitting by a Clinic doctor) with the practice doctors costs about \$100,000/yr and is almost nonexistent in other primary care practices in Marin, except for boutique practices. Non-RW funded services including mental health, case management/social work, nutrition consults and clinical trials provide multiple services under one roof. Why shouldn't this group of patients receive the highest quality, expertise and best care available?

RW practice services:

41% people of color; Marin AIDS cases are 21% people of color

59% have incomes below \$900/month; 73% are below \$1200/month

82% have public insurance (Medi-Cal, Medicare, CMSP)

10% are uninsured

8% have private insurance

Through April 2006: (10 months)

Using only funded staff and service and supplies categories:

Current contract could bill 462,000 in currently funded categories (receive 316,000)

[Cathy Johnson]

ATTACHMENT 2

HOSPICE OF MARIN State AIDS Case Management Program Health Care Home-Based Home Care

Hospice of Marin's AIDS Case Management Program is the only program in Marin County providing medical home-based health care and case management services to people with AIDS. We are currently the only program directly linked to home-based health care services. Our staff consists of two registered nurses, one social worker (who is a licensed therapist) and an administrative assistant.

Our current caseload is 21 clients, with two referrals pending. Currently our staff-to-client ratio is under the required number of hours for the social worker. To bring our staffing ratio up to state standards we would need to increase social work hours 4 hours more per week (.6 FTE) which will bring this position up to a benefited level, and will incur additional costs.

With additional CARE dollars to supplement HOPWA funds, we would be able to continue to provide the level of quality home-based health care services currently being provided to our clients.

[Rhonda Fisher-Brown]

ATTACHMENT 3

MARIN COMMUNITY FOOD BANK

Dear Ms. Spaeth and Ms. Santini,

Today we received the Draft Minutes from the HIV/AIDS CARE Council Meeting which contained a chart outlining the funding allocation for the CARE Providers. We noted that the proposed allocation for the Food Program is now at \$52, 551. We are concerned that if this is the amount that is allocated to us, we will be unable to provide the amount of food and the home delivery service that we have planned for the 2006/2007 year.

For the months of January through March we spent over \$8000 per month on the food and associated costs of providing it, i.e. administrative support, delivery, phone, etc. If we use this for the average monthly amount for the 2006/2007 year, the actual cost to provide the service would be approximately \$64,000 for eight months.

We have worked hard to create a new menu, add more food choices in response to feedback from the clients and have ordered unmarked bags to use as well. Also we have budgeted to deliver food to more clients' homes because it is a needed service.

We mailed 52 surveys to clients and asked them to respond to questions regarding the food and service provided by us. We have received 15 back thus far and the majority of clients are pleased with their food and the quality of the service. It is important to us to keep this standard up. In the coming year the Food Bank would like to provide as much food and service as last year, and more if possible. However, if the proposed allocation is the amount we will receive, we are concerned we will not be able to provide the same amount of food or the delivery service.

Any suggestions as to what we could do to increase our allocation would be welcomed by us.

Thank you,

Linda Black for Anne Rogers
Operations Manager
Marin Community Food Bank

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