



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DIVISION OF PUBLIC HEALTH
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**Marin HIV/AIDS CARE Council Meeting
Draft MINUTES
June 13, 2007
4:30 - 6:30 PM
899 Northgate, 4th Floor Conference Room**

Council Members Present: Diva Berry, Will Boemer, Jeff Byers, Wade Flores, James Frazier, Elyse Graham, Jennifer Malone, David Witt.

Council Members Absent: Roy Bateman, Lisa Becher (Leave of Absence), Peter Hansen

Staff Present: Cicily Emerson, Susan Haikalis [Consultant], Matthew Hymel [Marin County Chief Administrator], Larry Meredith [Director Marin County Health and Human Services], Maria Ramos-Chertok [Consultant], Chris Santini, Michael Schieble, Sparkie Spaeth.

Public: Kevin Cronin [MAP], Gianna Easson [MAP], Andy Fyne [MAP], Tony Frank [MAP], Pam Lynott, Brian Slattery, Julia Whitely, RN.

I. Call to Order

Meeting called to order at 4:36p.m. by CM Graham.

II. Roll Call

Quorum was established with 8 of 10 Council Members present.

CM Becher was on a Leave on Absence. CM Bateman and CM Hansen absent.

III. Review and Approval of Agenda

CM Graham stated a correction to the agenda. IV. Review and approval of May 11, 2007 minutes was correct to read May 9, 2007 minutes.

CM Graham motioned to approve the agenda as corrected and CM Flores seconded. Vote was done by show of hands. The Agenda was approved.

AYES: Diva Berry, Will Boemer, Jeff Byers, Wade Flores, James Frazier, Elyse Graham, Jennifer Malone, David Witt.

IV. Review and Approval of May 9, 2007 Minutes

CM Witt motioned to approve the minutes and CM Flores seconded.

Vote was done by roll call. The May 9, 2007 minutes were approved.

AYES: Will Boemer, James Frazier, Elyse Graham, Jennifer Malone, David Witt.

Abstain: Diva Berry, Jeff Byers, Wade Flores

V. General Announcements

CM Malone 08/05/07 Marin Gay Pride Picnic 1:00p.m.-5:00p.m. Piper Park, 240 Doherty Drive, Larkspur.

CM Flores Food for Thought is looking for volunteers to carry the rainbow flag down Market Street in the Pride Parade on Sunday June 24, 2007.

VI. Public Comment

Brian Slattery: Mr. Slattery stated that the decrease in funding had devastated programs. He was “saddened that the process was like a poker game throwing around chips with no real consideration given [by the Council] about the Provider and to a program to see if it could actualized with the budget”. He continued that “today’s handout doesn’t reflect what you really did” and considering the priorities it’s unclear how the dollar amounts translate. Mr. Slattery continued saying he was grateful that the County was considering “stepping in”, however letters had already been sent out to Providers. With the changes decisions had been made to lay people off. He asked that the decision be made quickly and given to the Providers. “In a week or two, those people [people laid off] may not be available to come back”.

Andy Fyne: Mr. Fyne stated that he was with the Marin AIDS Project. “He wanted to address the category and the Volunteer Coordinator which has been eliminated by Ryan White funds. Requested that, “at the very least he would like to see a transition for these clients”. That funding consideration should be given for the transition.

Pam Lynott: Ms. Lynott stated, “I want to echo the concern for support of the Marin Treatment Center. It is the most accessible and due-able for people of low income who are sick”.

VII. Discussion with Marin County H&HS Administration

Larry Meredith – Director Marin County Health and Human Services, and Matthew Hymel – Marin County Chief Administrator, were present. After an overview by CM Graham of the funding impact and possible scenarios, the Chair turned the meeting over to Dir. Meredith to facilitate as a discussion.

CM Graham stated that “we are facing a very significant cut of 34%” to the budget due to the changes in Ryan White funding and “what we are doing is reaching out to you and the County to see if there is any way or funding to back fill”. The system of care is being devastated and “originally we were asking for \$345,000 because of the amount of the cut”. She continued that there was \$26K in HOPWA funds now available and it was possible “that we could do with \$269K verse the \$300K”. CM Graham noted that there are several recommendations and that “not all the Council was unanimous on what to ask for” and “we did not want to over ask”. She recapped that the Federal cuts eliminated residential [substance abuse] treatment, acupuncture, and companion/ buddy volunteer program and effected every other category in the budget. The Council’s goal was to look at the entire system of care, prioritize, and do what we could for the clients. Also stated was the concern that due to the cut in services, clients may impact the County’s general fund in other ways. For example going to, or more frequent use of the emergency room, having longer hospital stays, and services for the emotional impact.

CM Boemer stated that he was living with AIDS for over 20 years. That the funding cuts have effected the “payer of last resort” and as a result he has friends that are directly effected by the cuts.

CM Graham continued that the Council had recently conducted a community forum and food and transportation was what we heard about most. With the current cuts, food could only be \$20 per month and a total reduction in transportation and volunteers. She noted that the Council was making a “one time funding” [request from the County].

CM Byers requested a “review of the columns of the spreadsheet”.

CM Graham started by saying that this was the CARE Allocation for ’07-08”, that scenarios 1 through 5 deal with change and funding in the current budget year. Reviews of the various scenarios were briefly discussed. See Attachment #1- “Care Allocations For 07-08 with Various Backfill Scenarios”.

CM Byers described the changes at a State funding level and structure due to the reauthorization. Prior to reauthorization, the State had 9 EMA’s and no TGA’s [Transition Grant Areas]. Now there are 3 EMA’s and 6 TGA’s. He pointed out that in 3 years the Federal Ryan White Act will expire and will sunset. “There is no expectation that we will have a renewed Ryan White Act in 3 years, we will have

something else". "What that is, we don't know". We are going through a transitional period. At the state level he summarized the review of the saving and resulting contributions to the State general fund through ADAP, MediCare Part D, prescription savings programs, and pharmaceutical rebates. "In our calculations we determined and that potentially if we wanted to and could get approval through the budget cycle, that we would need about \$1.8 million to cover the gap that we expected to see in these transitional grant areas". If the current budget is signed, that there may be \$1.8 million dollars available at the state level.

CM Byers commented on the recent HRSA formula awards and resulting 34% cut to San Francisco. Additionally, the supplemental award further resulted in San Francisco funding "to be disadvantaged". He noted that currently, "if funds become available the State Office of AIDS does not have the authority to fund the EMA's, funds can only be directed to the TGA's". He suggested contacting legislators to authorize this ability and authority to direct funds to EMA's and if support was needed to contact Dana Van Gorder at San Francisco AIDS Foundation who is familiar with the advocacy. CM Byers answered questions from M. Hymel and L. Meredith about funds. Funding dollars and possible distributions were discussed, however until the State budget was signed, no specific amounts could be considered or sited.

CM Graham notes that the cuts will effect the clients that are severe need, which is an income less then 150% of the poverty level. Many are double or dual diagnosed. Also, in the budget year we have already spent 50% or \$300K of the total award amount of \$677K.

CM Malone stated that without the volunteer program, transportation will fall back to county case managers. She emphasized that the Federal award required that dollars be spent with the 75% / 25% allocation.

M. Hymel asked questions about the spread sheet and scenarios presented. The \$100K scenario was discussed. Additionally, M. Hymel asked that because there was a gap in information was there additional concerns about the gap "getting even deeper". CM Graham indicated that that scenario had not been looked at by the Council, but could be developed.

Public Comment:

Brian Slattery: Mr. Slattery stated that County Staff is communicating a change in contract in 10 days. That translates to layoffs and cuts of service to clients. Once the service is gone it is difficult to go back to the client and communicate that it's now available. "I'm pleading with you", if you have any information about relief that it be communicated sooner then later, so we as Providers don't go through an insane process. Mr. Slattery pointed out that the \$100K scenario was not going to address the problem. L. Meredith and M. Hymel engage in direct conversation with Mr. Slattery about a scenario of \$200K as a short term measure.

Bob Moskie: Mr. Moskie stated that he had HIV and cross diagnosis. About 1 year ago he was out of work and had no clue how to navigate the system. He had "no clue of the benefits available and what he was entitled to". MAP has helped me understand what is available and access the benefits. If only some benefits are funded, the support of how to access the benefit still needs to be there.

Julia Whitely, RN: Ms. Whitely stated that she was associated with Hospice by the Bay. She compared the budget cuts to a body that was hemorrhaging and how blood is moved to central organs to support that need to stay alive. The cuts to transportation would impact 20% of the people. The population that most needs to get to services. Getting from point "A" to point "B" is a huge problem. The poor, immobilized, and isolated, this most desperate population can't be here to speak up. "I'm here to speak up and request that you continue to provide services to that 20%."

Additional Discussion:

CM Flores stated that he is the Co-Chair of the Community Outreach Committee. What we do is go out to people and try to draw them in from under served communities and backgrounds resulting in new clients that have been brought into care. Our purpose here is to stall, keep the people in care and find

the money to serve these underserved communities.

L. Meredith asked CM Byers his level of confidence or probability that Nancy Pelosi would prevail. CM Byers said he didn't know, but "we do have the Speaker of the House working on the issue".

L. Meredith addressed one of the points that Brian Slattery made. In your scenario planning do you know if the funding by category is realistic to implement a program or does the revision so undermines a program that it is not do-able? He requested that the Council ask providers what was realistic, so we would know if given the level of funding, that the scenario will be able to be implemented. He also stated that Staff was trying to act responsibly. They were trying to keep everyone informed. His hope was that he could "get back to the Council by the end of the week or early next week, so we can address what needs to be done in a timely way". He requested additional clarification on the \$200K scenario. He thanked the Council for all the hard work they had done now and in the past years.
5:33p.m. Mr. Hymel & Mr. Meredith leave the meeting.

VIII. Cultural Competency Recommendations

Maria Ramos-Chertok gave a quick summary of the report for Members that were not present in April. [Available online: <http://www.co.marin.ca.us/depts/HH/main/hs/CARE/pdfs/CulturalCompRpt0507public.pdf>] Ms. Ramos-Chertok stated that there are goals A, B C, through "I" (page 11). CM Witt thanked Ms. Ramos-Chertok for taking on a difficult project. She pointed out that she was pleased because 67% of the people interviewed were people of color.

CM Flores shared about the need for training in the hospital and his recent personal experience.

CM Boemer referenced the Community Forum in the Canal region in Fall '06. "Basically nobody came". "This is a clear area that needs to be addressed". The stigma of HIV in the Latin culture was considered in the interviews and report. Also, Bobby Moskie was an example of someone that benefited by the training and was able to be brought into the system.

CM Byers asked that the pages of the report that stated the goals use the header and be labeled as "Recommendations to the County". Also, that section start with "Recommendations to the County" and they should be listed.

Public Comment:

Brian Slattery: Mr. Slattery identified as a gay man living in the county. He stated that he observed that the minority of service providers are gay people. "It is the Counties charge to be inclusive of the gay culture". It is very different fromr the transgender culture. The most critical missing piece of the report does not include a recommendation for 44% of the clients.

Ms. Ramos-Chertok asked to comment. CM Graham approved. Ms. Ramos-Chertok stated that the same concern was raised at the first training / Cultural Competency 101. She assumed that the County's L/G/Bi training was competent. She stated that that assumption was not correct.

IX. Quality Assurance / Management Recommendations

Susan Haikalis started with an overview of what she was asked to do, which was to asses the system of care for Ryan White clients in Marin County. This included agency visits focused on the records of 16 clients, which equaled 50 cart reviews and interviews with the Marin HIV/AIDS Services and Health Department Staff. Ms. Haikalis determined that most of the clients are only being seen by one agency, very few are using two agencies.

Attachment #2 "Assessment of System of Care..."

The recommendations were reviewed. *see attachment*

CM Berry asked if Case Mangers are require to have a degree. Ms. Haikalis said, no. CM Berry shared

about her personal experience of when her case manager was “snatched away” and the devastating impact. She voiced her concern that she was not a piece of paper and a chart review did not consider that we are human beings. She stated that a case manager, “help guide you through and work with the human element. I’m not a statistic”. Ms. Haikalis responded that case managers are support to the Primary. The Primary is the client.

CM Frazier asked how it was determined who [which client cases] you would go and see?

Ms. Haikalis responded that it was a random selection of clients from the County-wide database that had contact with more than 3 agencies.

CM Frazier asked when the client is asked to report quarterly, what is the case manager supposed to do with the client?

Ms. Haikalis responded that is a big answer, but in short, it is the case managers role to help the client to reach the optimal level of care.

CM Frazier asked when the quarterly report is reviewed with the client. “Don’t you think that when they take it to the client to be signed, they should review it line by line with the client?”

Ms. Haikalis responded, “yes, sir”.

CM Frazier reported that he has “never had a case manager that did that”. He requested that the recommendation specifically state that the quarterly report be reviewed in detail before [the client] being asked to sign.

CM Witt stated that clients go in and out of care. There is no comprehensive review. For example using a pharmacy that is not in the system. How do case managers identify that a client is moving out of care?

Ms. Haikalis explained that it’s important to get all the information in the system. In addition to phone contact, the case manager should have current additional information and contacts to follow up.

CM Flores stated that many clients are on the verge of “slipping out” [of the system].

Ms. Haikalis stressed the importance and need for the consensus meeting.

CM Malone pointed out that there are financial implications of doing out of office work. Also, that case managers usually have Masters Degrees to do the work.

Public comment:

Cynthia McIntyre: Stated that she believed that the program required a Masters Degree based on the guidelines. That the Federal and State requirement were part of the guidelines.

X. Co-Chairs Report

Tabled due to time constraint.

Public comment: None

XI. Membership Committee Report - VOTE

CM Boemer introduced Pam Lynott as an individual that was not HIV+, however HIV effected. She is HCV and utilizes many of the same services as CARE Clients.

CM motioned to approve Pam Lynott as a member of the Care Council. No second required.

Public comment: None

Vote was done by a show of hands. Ms. Lynott was approved.

AYES: Will Boemer, Jeff Byers, Wade Flores, James Frazier, Elyse Graham, Jennifer Malone, David Witt.

Abstain: Diva Berry (out of the room at the time of the vote)

XII. Community Outreach and Advocacy Committee Report

CM Flores reported that at the recent Community Forum there were 13 members from the public and 16 total present, some of whom were providers.

Public comment: None

XIII. Division of Public Health Report

C. Emerson: reported that 1.) The IWG meeting was scheduled for June 27, 2007, 4:30p.m. – 7:30p.m. 2.) Prioritization and Allocation was coming up and two meetings were scheduled: June 11, 2007, 3:30p.m-6:30p.m and June 25, 2007, 3:30p.m -6:30p.m. 3.) Worksheets were needed from: CM Frazier, CM Flores, CM Berry, and CM Graham. 4.) Service category summary sheets were available. 5.) She stated that she wanted to thank everyone for the presentation to Larry Meredith. It was a “great job on the presentation”.

Public comment: None

XIV. Next Steps- New Business

- Update report from Deborah Gallagher / Epidemiology.
- Prioritization & Ranking.
- Annual Report of Continuum of Care.
- Disclosures of Conflict of Interest
- Robert’s Rules of Order Training

Public comment: None

XV. Meeting Adjourned at 6:32 PM

ATTACHMENT #1

CARE ALLOCATIONS FOR 07-08 With Various Backfill Scenarios

A	B	C	D	E	F	G	J	M
Priority order	Service Categories	Original Projected Dollar Amount*	motion for full funding request	Average column I and D * .934	Average column I and D X .87	Average column I and D X .82	Annual Total at Current Rate of Expenditure	Allocation Amount
1	Primary Medical Care	200,000	200,000	156,916	146,163	137,763	136,008	136,000
2	Mental Health	85,000	85,000	67,715	63,075	59,450	60,000	65,000
4	Case Management	265,000	265,000	258,273	240,576	226,750	288,048	182,000
5	Home Health - Attendant and Professional Care	80,000	80,000	68,345	63,661	60,003	66,348	61,000
6	Outpatient Substance Abuse Treatment	44,518	44,518	44,519	41,468	39,085	50,811	35,000
7	Oral Health	42,662	30,000	22,696	21,141	19,926	18,600	14,853
8	Direct Emergency Financial Assistance-Pharmaceuticals	11,285	14,000	10,741	10,005	9,430	9,000	14,000
3	Non Medical Case Management (Advocacy & Benefits Counseling)	100,000	100,000	108,344	100,920	95,120	132,000	88,451
8	Direct Emergency Financial Assistance-\$	6,321	15,000	13,146	12,245	11,541	13,149	10,000

9	Food	55,000	55,000	60,710	56,550	53,300	75,000	34,500
10	Complementary Therapies - Acupuncture	29,000	29,000	32,223	30,015	28,290	39,999	13,333
11	Transportation	4,000	4,000	4,269	3,977	3,748	5,142	3,000
12	Buddy / Companion / Volunteer	30,000	17,000	31,756	29,580	27,880	51,000	17,000
13	Vitamins	3,000	2,091	1,171	910	857	0	0
14	Outreach	9,000	0	0	0	0	0	0
17	Planning Council Support	6,500	6,500	4,813	3,927	3,994	3,807	3,000
	TOTALS	971,286	947,109	885,637	824,212	777,137	948,912	677,137
	ASK	300,000	269,972	208,500	147,075	100,000		0
	Scenario	1	2	3	4	5		75% of Total should be 507,853
			269,972	208,500	147,075	100,000		25% of Total should be 169,284
Prepared by Elyse Graham, Council Co-Chair for 06-13-07 Meeting								

ATTACHMENT #2

**SUSAN W. HAIKALIS, LCSW
Social Work Consultant
1118 Park Hills Road Berkeley California 94708**

May 8, 2007

To: Chris Santini, Planner/Evaluator
Marin County Department of Health and Human Services
HIV/AIDS Services

From: Susan W. Haikalis, LCSW
Social Work Consultant

Re: Assessment of System of Care for Ryan White CARE funded clients in
Marin County 2006-07

The assessment is based on site visits to all six funded agencies, attendance at several Marin County CARE Council meetings, a comprehensive chart review of 16 client records with contacts at multiple sites (50 charts) and discussions with Marin HIV/AIDS Services and Health Department staff members.

The six agencies involved were:

Hospice – State AIDS Program
Food Bank of Marin
MAIN
Marin AIDS Project
Marin Specialty Clinic
Marin Treatment Center

The Marin County HIV/AIDS database had approximately 200 active clients in the last fiscal year. A significant number of these clients have been receiving services for many years, including several clients having had support services for over 10 to 12 years. The majority of the active clients receive help from only one agency, which is usually either Marin AIDS Project or Marin Specialty Clinic. Based on the client satisfaction survey this year, the majority of clients are satisfied with the services they are receiving and had positive feedback about programs and staff. It also appears that there are a number of clients who are experiencing periods of relative stability with their illness.

There is a small percentage of the client population, approximately 10%, who have contacts with multiple agencies. Several of these clients could benefit from a much better defined care plan that the client and all the agencies come to a consensus on. Without a strong commitment to communicate and collaborate among the providers, there continues to be duplication of effort with a number of clients, including multiple case managers and multiple sources of vouchers. Case conferencing with documentation in each agency's client record of the decided upon care plan should be the standard.

Recommendation: County-wide Case Conference for all clients involved with 3 or more agencies every six months to develop and/or review/update Care Plan. Copies of collaborative Care Plan will be provided to each agency. (Complicated client situations with only 2 agencies involved should be able to work out a joint Care Plan that they will share.)

Case management continues to be the most complicated services category. Despite acknowledging the Standards of Care for Case Management and all case managers having participated in the orientation and training on the Standards, the agencies providing case management do not conform to all of the standards except for the State AIDS Program at Hospice. It is understood that clients frequently want to have a point person at each agency (whom they often refer to as their case manager) but this should not equate to having a case manager unless the Standards are going to be met. There needs to be consideration given to having one staff person identified as the lead case manager to help guide the treatment plan and everyone's role in the plan.

Recommendation: Coordination of a meeting of the Marin case managers to come to a consensus on the Marin Model which meets the Standards.

For many HIV+ clients in Marin, their HIV and/or AIDS status has remained relatively stable with excellent treatment adherence as noted by CD4 counts and VL. Continuing to provide a high level of multiple support services to this population may not be possible if the expected funding cuts occur. More focus needs to be made on those clients who drop out of care and on those who are newly diagnosed. Targeted outreach programs should be developed to determine what is needed by those who have dropped out of care. Making early access to care easy, welcoming, caring and supportive must also be a priority in all programs.

Recommendation: There are a small number of clients who have either been lost to follow-up or have chosen to stop treatment for unknown reasons. A concerted effort to reach out, find and talk with anyone not seen for care within six months unless there is clear documentation in the chart for this lack of contact (long term substance use treatment out of area, stable situation with return to work, etc.). In addition, it would be helpful to develop a simple orientation for all new HIV+ clients to the Marin system which could be used in all settings of first contact. This would help to reduce the vast differences in the information currently provided at different sites.