



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

**Wednesday, June 13, 2012**

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

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

**San Rafael, CA 94903**

**[ Approved July 11, 2012 ]**

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**Council Members Present:** Roy Bateman, Kevin Cronin, James Frazier, Walter Kelley, Jennifer Malone.  
**Council Members Absent:** Trinity Dushon(LOA), Elaine J. Flores(AE), Wade Flores(AE), Scott Marcum(AE).  
**Staff Present:** Cicly Emerson, Chris Santini, Michael Schieble.  
**Public:** Jami Ellermann.

**I. Call to Order.**

The meeting was called to order at 4:46p.m. by Co-Chair Cronin.

**II. Roll Call.**

Roll was called at 4:46p.m. and quorum was established with 5 of 8 Members present. CM Dushon (LOA) is on a leave of absence. CM E.J. Flores (AE) and CM W. Flores (AE) were absent and excused due to a family emergency. CM Marcum (AE) was absent and excused due to illness.

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

The draft Agenda was reviewed. Item "VIII. Membership – Approval of Membership Recruitment Flyer – Vote" was tabled.

CM Malone motioned to approve the edited agenda. CM Frazier seconded.  
A voice **vote** was conducted. Co-Chair Cronin asked for objections.  
No objections were heard. The edited agenda was approved.

**IV. Review and Approval of May 9, 2012 Minutes – VOTE**

CM Malone requested a correction "V. General Announcements". Corrected to read: "CM Malone announced that the Marin AIDS Project / M.A.P. Client Advisory Committee may consider conducting a needs assessment".

CM Frazier made motion to approve the edited May 9, 2012 minutes. CM Kelley seconded.

A voice **vote** was conducted. None were Opposed.

The minutes with one correction from the May 9, 2012 Marin Care Council meeting were approved.

**V. General Announcements**

CM Malone announced that June 27<sup>th</sup> is National AIDS Testing Day. The Marin AIDS Project / M.A.P. will host an open house on June 26, 2012, including an evening testing clinic.

CM Malone announced that the San Francisco AIDS Walk is July 15, 2012. All are encouraged to support the M.A.P. Team by making a donation. [www.aidswalk.net/sanfran](http://www.aidswalk.net/sanfran)

CM Malone announced that the Marin AIDS Project / M.A.P. Client Advisory Committee is still recruiting members. Contact Andy Fyne.

CM Kelley announced that he will participate in: 1.) June 24, 2012, Gay Pride Parade – SF AIDS Foundation Contingent. 2.) Juneteenth Celebration – HIV testing and outreach to African-Americans.

**VI. Co-Chair Report**

None.

**VII. Public Comment**

None.

**VIII. Membership**

Approval Vote of Membership Recruitment Flyer - VOTE

*Tabled. Flyer not available.*

Council Support announced that CM Bateman, CM W. Flores, and CM Malone were approaching the end of their current term. Each Council Member will be contacted by Council Support to determine if they will seek a subsequent term.

Public Comment: None

**IX. Community Outreach and Advocacy**

Spring Community Forum Recap and Discussion

Eighteen Forum Surveys were submitted at the Forum and were the data source of the four page recap. The recap, including demographic information was distributed to Council Members by Council Support. The comments from each survey, as they appeared, were included in the recap. C. Santini reported that (18) incentives (Safeway Gift Cards) were distributed. Clients provided information on services they “Currently Use” or “Don’t Use”, however very few Clients provided suggestions of Service Categories they “Would Reduce Funding For”.

Demographic Survey Data review - It was noted: 1.) The age distribution of attendees started at age 41 and went up. 2.) Based on the “Health Rating” (8 rated “excellent” health), it was concluded that “lower need Clients” attended and “higher need Clients” did not attend.

Future Forums – it was noted: 1.) The Council Co-Chair should be responsible for inviting Presenters. The Co-Chairs, working with Council Support should confirm Presenters. 2.) The agenda start/finish time should be strictly followed. The Forum went 30 minutes overtime because a speaker who was not on the agenda presented. 3.) During the Client Roundtable discussion, a Council Members’ role is to listen to Client input. Council Members comments are not to be directive, to advocate for a position, or attempt to bias the Client audience during the roundtable discussion . 3.) The clean up volunteer should make arrangements to donate any left-over food.

Client comments – most Client comments were about service delivery and were Service Provider specific. 1.) Co-Chair Cronin commented that he would forward the Client comments to Andy Fyne at M.A.P. for review. CM Malone added that the information could be used by the M.A.P. Client Advisory Committee. 2.) In general, there was Client confusion about the role / job of a case manager and the job of a benefits manager. Co-Chair Cronin added, that the role / job of the M.A.P. Peer Advocate is also in the process of being defined. 3.) A Client requested that the program and Presenters use “laymen’s terms”. 4.) There was a request for a handout of the details in the presentation.

During the Forum summary, the topic of Client eligibility (re)certification was discussed. CM Bateman asked that Council Support research and present information about the new HRSA requirement of client eligibility certification every six months. Is the recertification standard in the regulation or is it an administrative practice? Why was it put into place? Is there any discretion on the requirement? CM Malone requested, “that the County advocate to reduce any burdensome requirements”. Co-Chair Cronin commented, “two times a year getting Client information amounts to a budget cut”. C. Santini commented that as part of Part A and Part B funding, it is anticipated that the State will monitor Marin County on client certification compliance. C. Emerson volunteered to contact San Francisco “to see if there is a work-around”.

CM Frazier announced that he lost his eye glasses at the Forum and wanted to know if they had been found.

Public Comment: None

## **X. Division of Public Health Report**

C. Emerson reported: 1.) The San Francisco Mayor agreed to backfill 100% of the cut in the San Francisco 2012-'13 budget. The restoration of funding will not impact Marin and does not backfill Marin County. 2.) It had been previously reported, that the budget gap in Outpatient Substance Abuse for client methadone treatment is being funded with Part B dollars until the end of the fiscal year on June 30, 2013. 3.) Because of cost savings in the 2011-'12 budget, \$30,000 of "carry-forward" funds were available and reallocated. Additional cost savings are not anticipated in the 2012-'13 fiscal year, so in a flat funding scenario, that would be viewed as a funding decrease of approximately 20%. The Council will need to consider this anticipated gap during the 2013-'14 budget allocation. 4.) It is anticipated that the 2012-'13 State - Part B funding will be flat. 5.) EMA-wide quality assurance is being conducted. Medical care quality management indicators are in place. Marin County Medical Providers were commended for having high levels of compliance with the HRSA thresholds. The Tom Steel and HHS Clinic had the highest level of compliance in the EMA. C. Emerson stated, "People in Marin are getting high quality medical care. The next step or goal would be to develop an indicator for support services and track that."

Public Comment: J. Ellermann commented, "...[that the] ARIES [database] has been a helpful and useful tool...".

C. Santini reported 1.) Based on current Client demand for Methadone services, the 2012-'13 budget allocation of funds for Substance Abuse, Outpatient and Residential Treatment funds combined, will not meet the current demand. Additionally, there is no funding currently available for residential treatment or any new or additional substance abuse clients.

CM Malone requested clarification on the County's Part B budgeting process. C. Emerson responded that all of the Part B funds go into the system of care. In the past year, funds have been spent primarily on food vouchers and primary medical care, which has been consistent with the Council's priorities. We will have the information and be happy to share our planned Part B budget. C. Santini added that the majority of the funds go to Food and the current Part A allocation for food is less than \$10,000. No administrative charges occur when the County uses Part B funds to purchase and distribute food card. C. Emerson stated that if the Council stated or recommended other service categories as priorities, those recommendations would be considered.

CM Malone asked about funding sources to pay for Methadone treatment. Methadone services and monitoring is available and covered for Medi-Cal eligible individuals. CMSP only covers substance abuse counseling. ADAP only covers methadone for pain. Ryan White funding would be needed, as the payer of last resort, for an HIV+ Ryan White eligible individual with CMSP or Path2Health coverage. C. Emerson added, "... there have been County funded slots for Methadone in the past, I don't believe there are any currently, but we will look into it and report back".

### Epidemiologic Report

A handout, "HIV/AIDS in Marin County – an Epidemiologic Profile" was reviewed. Council Support redistributed the report to correct a photocopying error. C. Emerson presented the information that had been prepared by Deborah Gallagher, MPH, who is an Epidemiologist with the Marin County Department of Health and Human Services.

Demographics: 570 living cases of HIV/AIDS in Marin County, mostly male, non-Hispanic/White. Age, most (more than 50%) of the cases are individuals over age 50 years old. Most (74.5%) are MSM (Men who have Sex with Men) and the category increases with MSM & IDU (additional 10.4%). C. Emerson stated, "The real dramatic thing on this form is, over 40, over 50 [years old] being the largest, which is very different than both San Francisco and the State, definitely very different than the State." State wide cases are younger.

Epi-data of newly diagnosed individuals shows that the proportion of new cases that are Latino is more than the percentage of Latinos that live in the Marin population and the same is true for African-Americans. There are a substantial number of "Late Testers" (49%) cases that have an AIDS diagnosis within one year of HIV diagnosis. Targeted outreach for testing will be important. The "Observations and Trends" reported were reviewed and discussed.

Public Comment: None

**XI. Conflict of Interest Disclosure Statements**

The "Marin HIV/AIDS Care Council Conflict of Interest Disclosure Form" was distributed to, completed, and submitted by Council Members. Council Support will follow-up with the absent Council Members.

Since all the Council Members had received training in prior years, the "Conflict of Interest Review" was not presented. The PowerPoint presentation includes definitions of; conflict of interest, affiliated/unaffiliated, and perceived conflicts.

Public Comment: None

**XII. Review of FY2013-'14 Prioritization and Allocation Process**

*Tabled.* There was no review of the steps in the Prioritization and Allocation process by Co-Chair Cronin.

Public Comment: None

**XIII. Review and Discussion of Service Category Data**

The 44 page handout, "Marin County Ryan White FY 2011/12 – Service Category Summary Sheets" was reviewed. C. Santini gave an overview of the information included for each Service Category using the Outpatient /Ambulatory Medical Care category as an example. "Explanation of Funding Changes – Contracted vs. Provided by Service Category" (page 43 and 44) was reviewed and provided a detailed explanation of funding changes in the fiscal year. C. Santini commented, "...the last page is an explanation of how money was shifted". Part B funding data was not included. It was noted that the "2013-'14 Decision Matrix" is a summary of all the data, including Part A and Part B funding amounts for each Service Category.

CM Malone commented: 1.) Leslie Gallen had contributed data and calculated the Units of Service per Client per Service Category [for M.A.P Service Categories]. 2.) "Priorities are not always the services people like to have, but which services are essential to keep people's lives going".

Non-Medical Case Management was reviewed. Co-Chair Cronin commented that this Service Category includes more than Benefits Counseling and "high need Clients" frequently utilize this Service Category.

Public Comment: J. Ellermann asked, "Does the Council have any money set aside for ADAP co-pays?"

**XIV. FY2013-'14 Service Category Prioritization**

Council Members individually ranked the Service Categories from the highest priority (#1) to the lowest priority (#12). CM E.J. Flores and CM W. Flores were not present, however their rankings had been submitted to Council Support and were included.

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Below are the rankings of each Council Member:  
**2013-'14 MARIN HIV/AIDS CARE COUNCIL  
 PRIORITIZATION WORKSHEET**

	<b>Service Category</b>	<b>2008-'09 Rank</b>	<b>2009-'10 Rank</b>	<b>2010-'11 Rank</b>	<b>2011-'12 Rank</b>	<b>2012-'13 Rank</b>	<b>KC</b>	<b>EJF</b>	<b>WF</b>	<b>JF</b>	<b>WK</b>	<b>JM</b>	<b>RB</b>
a.	<b>Outpatient /Ambulatory Health Care</b>	1	1	1	1	1	1	1	8	1	1	1	1
j.	<b>Mental Health Services</b>	2	2	2	2	2	4	3	5	2	2	3	4
i.	<b>Medical Case Management (including Treatment Adherence)</b>	4	4	4	3	3	2	12	11	4	3	2	3
n.	<b>Case Management (Non-Medical)</b>	3	3	3	4	4	3	2	1	3	4	4	2
q.	<b>Emergency Financial Assistance</b>	8	8	7	7	5	7	4	2	8	5	6	13
W	<b>Medical Transportation Services</b>	10	10	6	6	6	8	13	7	10	6	10	12
r.	<b>Food Bank/Home-delivered Meals (Gift Cards)</b>	9	9	5	5	7	5	11	4	9	7	7	11
c.	<b>AIDS Pharmaceutical Assistance (local)</b>	8	8	9	9	8	6	8	3	8	8	8	7
d.	<b>Oral Health Care</b>	7	7	8	8	9	9	7	6	7	9	9	8
g.	<b>Home Health Care (Nurse Case Management)</b>	5	5	10	10	10	10	5	10	5	10	5	6
h.	<b>Home and Community-based Health Services (Attendant Care)</b>	5	5	10	10	10	11	6	9	5	10	5	5
ad.	<b>Residential Substance Abuse Treatment</b>	6	6	12	12	11	13	9	12	6	11	12	10
m.	<b>Substance Abuse Treatment Services– Outpatient</b>	6	6	11	11	12	12	10	13	6	12	11	9

Council Members' rankings were averaged to produce an overall ranking.

CM Kelley made motion to approve the following ranking as the 2013-'14 Service Category Prioritization.  
 CM Bateman seconded.

M. Schieble commented that, "the next step in the process was to review the averaged rankings and discuss data-based rationale of the final ranking". CM Malone commented that not all the Council Members that contributed rankings were present to comment on their individual rankings. Council Members, who were present did not comment on their individual priority ranking.

**2013-'14 MARIN HIV/AIDS CARE COUNCIL  
PRIORITIZATION WORKSHEET**

	<b>Service Category</b>	<b>2008-'09 Rank</b>	<b>2009-'10 Rank</b>	<b>2010-'11 Rank</b>	<b>2011-'12 Rank</b>	<b>2012-'13 Rank</b>	<b>2013-'14 Rank</b>
a.	Outpatient /Ambulatory Health Care	1	1	1	1	1	1
n.	Case Management (Non-Medical)	3	3	3	4	4	2
j.	Mental Health Services	2	2	2	2	2	3
l.	Medical Case Management (including Treatment Adherence)	4	4	4	3	3	4
q.	Emergency Financial Assistance	8	8	7	7	5	5
c.	AIDS Pharmaceutical Assistance (local)	8	8	9	9	8	6
g.	Home Health Care (Nurse Case Management)	5	5	10	10	10	7
h.	Home and Community-based Health Services (Attendant Care)	5	5	10	10	10	7
r.	Food Bank/Home-delivered Meals (Gift Cards)	9	9	5	5	7	8
d.	Oral Health Care	7	7	8	8	9	9
w.	Medical Transportation Services	10	10	6	6	6	10
ad.	Residential Substance Abuse Treatment	6	6	12	12	11	11
m.	Substance Abuse Treatment Services–Outpatient	6	6	11	11	12	12

Public Comment: None.

A randomized roll call vote was conducted.

**Vote:**

**Ayes:** CM Bateman, CM Cronin, CM Frazier, CM Kelley.

**Noes:** None

**Recuse:** CM Malone

**Abstain:** None

The above ranking was approved as the 2013-'14 Service Category Prioritization. **4-0-1-0**

**XV. New Business**

July 11, 2012 Meeting Start Time\*

Since the July agenda will include the 2013-'14 Allocation, additional meeting time will be required. All were in agreement that the Allocation meeting on July 11, 2012, will start at 4:00p.m., thirty minutes earlier than usual. The consensus was to start earlier, as opposed to, stay later.

October 10, 2012 Meeting Location

Council Support reported that the Connection Center was not available for the October 10, 2012, Council meeting. All were in agreement that the October Council meeting would be held at the 4<sup>th</sup> floor conference room at 899 Northgate.

Next Meeting: July 11, 2012 – Room 110 Connection Center, \*4:00p.m. – 6:30p.m.

**Next Step / To Do's**

- Agenda Item – Presentation Marin County Mental Health programs and services.
- Agenda Item – Presentation Marin County Substance Abuse programs and services.
- Agenda Item – Develop funding request for Marin County needs assessment.
- CE – Report on client eligibility recertification mandate and compliance monitoring.
- CE - Research any County / State (Prop 36) funding sources for Methadone.
- WF – Develop Membership Recruitment poster.
- MJS – Produce Handbook copies for JF & WK.
- MJS/KK – Update website copies (2links) on website.
- MJS – E-mail Subsequent Term form (Sept. agenda) to RB, WF, & JM.
- CS – Save & send e-mail documents as .pdf.
- CS – Mail meeting handouts to EJF, WF, and SM- needed to prep for July meeting.
- CS – Updated Conflict of Interest forms needed from EJF, WF, JF, WK, & SM.

**XVI. Meeting Adjourned at 6:34 p.m.**