



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Marin HIV/AIDS CARE Council Meeting

Draft MINUTES

July 26, 2006

2:30 – 7:00 PM

20 N. San Pedro, Room 2028 Conference Room

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

Members Absent: Diva Berry

Staff Present: Chris Santini, Rebecca Smith, Sparkie Spaeth, Karen Kindig

Others Present: Philip Gomez

I. Call to Order

Meeting called to order at 2:40 PM by CM Elyse Graham.

II. Roll Call

III. Review and Approval of Agenda

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

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

IV. Review and Approval of July 5, 2006 Minutes

CM Becher motioned to approve the Minutes of 7/5/06 Motion was seconded and vote was done by a show of hands. The Minutes were approved.

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

RECUSE: CM Witt

ABSTAIN: CM Bateman, CM Malone

V. General Announcements

- a. Sparkie Spaeth: The plan for a new community health complex, which would include the HIV/AIDS Specialty Clinic and be located on Kerner Blvd in the Canal area in San Rafael, was approved by the Board of Supervisors on Tuesday, 7/25.

VI. Public Comment

None

VII. Co-Chair Report

CM Keep expressed how important it is for the meetings to start and end on time and asked that Council members make an effort to arrive on time. He said the Co-Chairs will make a better effort to keep the meetings on schedule so that they end on time. He also asked that comments be kept to a 2-minute limit.

CM Graham reminded the Council that no Council response will be made to any public comment. She also reminded Council members that each should act in the role of Council member, not as individuals, when making Council decisions. She clarified the relationship between the Council and the County, stating that the County has two roles: grantee and Council support. This is different than in San Francisco, where the Council support is not provided through the Office of AIDS, but through a 3rd party. When addressing the County, the Co-Chairs will specify which role they are calling upon them.

Public Comment: None

VIII. Review Conflict of Interest Disclosures

Conflicts of interest, including perceived conflicts, were stated by each Council member present:

- CM Bateman: County of Marin is his employer. He is an administrator of the Community Development Block Grant (CDBG), the Housing Opportunities for Persons with AIDS (HOPWA), and the HOME Investment Partnerships Program. (Any public agency or nonprofit organization (including all CARE grantees and nonprofit agencies with staff who are members of the CARE Council could apply for CDBG, HOPWA, or HOME funds and become a CDBG, HOPWA, or HOME grantee.) He is a friend of Chris Santini, who works for County of Marin HHS. University of California is the employer of the co-owner of his house and he is a recipient of services provided by the University of California.
- CM Becher: She is the case manager of the AIDS program at the Hospice of Marin, a provider of Title I attendant care services.
- CM Boemer: He is an unaffiliated/unaligned consumer. A perceived conflict could be that he is a client of MAP and also acts as a volunteer there.
- CM Flores: He is unaffiliated/unaligned consumer.
- CM Graham: A perceived conflict could be that her current employer is Walden House, which is a substance abuse provider that receives Title I funding (but not in the program she works in). Also, her past employer was IEP, which receives Title I funding for complementary therapies.
- CM Keep: He is an unaffiliated/unaligned consumer.
- CM Malone: She is the Executive Director of MAP (Marin AIDS Project) and has a conflict with all of the categories, as MAP receives Title I funds in many categories.
- CM Witt: He has no conflicts of interest.

Public Comment: None

IX. Review Group Priority Rankings

Each Council member brought in his/her completed individual priority setting worksheet. The results were then tallied by Rebecca Smith and incorporated into a group priority setting grid.

Public Comment: None

X. Community Outreach/Advocacy Report on Results of Survey

CM Boemer reported:

A questionnaire asking about which HIV-related health services are most important to people with HIV/AIDS, based on one from the SF Planning Council, has been distributed at two events in Marin. The first was at the "Prevention for Positives" retreat in early June. The second one was at the July 17 dinner/presentation on how to advocate for best health care sponsored by MAP, which also included a demographics questionnaire. All the questionnaires were voluntary and confidential.

At the retreat, 6 of 14 attendees filled out the questionnaire. The main items for that group were housing, benefits, and mental health support. The Specialty Clinic and MAP were the main points of service. The top needs specified were housing, mental health support groups, and benefits advice. Vitamin vouchers were listed as a service that was not being received. Nutritional support/advice was listed as a service that was not being offered. Food/Food Bank was listed as least important, either because food stamps are available, their food situation is okay, and/or the Food Bank seems unorganized and/or provides inadequate service. Services listed as important were: Transgender support, mental health support groups, housing funding (HOPWA), and entertainment/tickets.

At the MAP dinner, 10 of 22 attendees filled out the questionnaire. A separate demographics questionnaire was also included. 8 identified themselves as males, 7 gay and 1 straight (sex not specified). The age range was from 45-68 years. The majority of respondents were Caucasian, with 2 listed as Latino/Hispanic. Most were from the central San Rafael area. 6 of the 10 respondents are renters. 5 had Medi-Cal/Medicaid for health insurance, 3 had insurance through work, 3 had Medicare/HMO, and 2 had Medicare/non-HMO. The services being used the most were case management and benefits counseling, followed by primary medical care, food bank, and vitamins.

Volunteer Services topped the list of services not being used, followed by transportation, mental health services, emergency financial assistance, substance abuse services, and home health care. Vitamins, oral health care, and acupuncture were listed as services that they would like to use. Three services that were chosen as top needs were benefits counseling/case management, oral health care, primary medical care, and isolation prevention. Benefits counseling and isolation prevention were selected as the most important services. Types of care services that were listed as not being received were house cleaning, acupuncture, psychological support, food/vitamins and medications management. House cleaning, psychological support, shopping assistance, and oral health were listed as services that there should be, but aren't available. 3 people listed substance abuse treatment as being least important to them, but 2 of them stated that it is important for others. Services that they would be in favor of cutting were acupuncture, Food Bank (they prefer vouchers), and oral health. Social outlets, entertainment, and dental care were listed as other services that are important in Marin. The monthly income of the respondents ranged from \$1000-2600.

CM Witt wondered if similar surveys could be handed out at providers and the data used for the next prioritization. CM Malone suggested that the data be tracked in a database so as not to duplicate respondents. CM Bateman commented that the respondents didn't include the homebound, so it is not surprising that home care and food services were listed as not as important as other services.

Public Comment: None

XI. Discussion about Group Priority Rankings

The results of the group priority rankings were reported back to the Council. Each category was discussed and Council member addressed the data he/she used to rank each category. After a discussion about the results of the incorporated group priority rankings, the rankings were adjusted as follows:

SERVICE CATEGORY	INITIAL GROUP RANKING
Ambulatory / Outpatient (Primary) Medical Care	1
Mental Health Services	2
Case Management	3
Home Health Care	4
Client Advocacy	5
Substance Abuse Services	6
Oral Health Care	7
Emergency Financial Assistance	8
Food Bank / Home Delivered Meals	9
Transportation	10
Vitamins	11
Complementary Therapies	12
Buddy / Companion (Volunteer) Services	13

Public Comment: None

There was further discussion about which categories the Council felt needed to be ranked higher and lower and consensus was reached throughout the discussion.

During the discussion, the following service category recommendations were made:

- *Provider prioritize severe needs clients*
- *Target substance abuse programs to cocaine & methamphetamine*

The following rankings were arrived at by the Council:

SERVICE CATEGORY	FINAL GROUP RANKING
Ambulatory / Outpatient (Primary) Medical Care	1
Mental Health Services	2
Client Advocacy	3
Case Management	4
Home Health Care	5
Substance Abuse Services	6
Oral Health Care	7
Emergency Financial Assistance	8
Food Bank / Home Delivered Meals	9
Complementary Therapies	10
Transportation	11
Buddy / Companion (Volunteer) Services	12
Vitamins	13

Public Comment: None

CM Witt made a motion to accept the prioritizations as noted, and the motion was seconded. A roll call vote was taken and motion carried.

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

There was a discussion on the categories not currently funded that Council members had previously prioritized. The final ranking is as noted below:

SERVICE CATEGORY	FINAL GROUP RANKING
<i>Outreach</i>	14
<i>Housing Services</i>	15
<i>Legal Services</i>	16
<i>Planning Council Support</i>	17
<i>Child Care</i>	18
<i>Quality Management</i>	19
<i>Day/Respite Care for Adults</i>	none

Public Comment: None

CM Witt made a motion to accept the prioritizations as noted, the motion was seconded. A roll call vote was taken and motion carried.

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

XII. Review Funding Allocation Process

CM Graham reviewed the allocation process to be followed at the next meeting and acknowledged everyone's focus and attention, as well as preparation prior to the meeting, which made it run so smoothly. Council members agreed to prepare ahead of time for the upcoming allocation meeting and Council Support indicated that they would send out updated funding allocation worksheet. There was discussion about the method which would be used for the discussion of allocations. CM Bateman indicated that discussion around dollars may be more useful than around percentages. After extensive discussion, the Council agreed that they would base decision on dollar amounts that would be converted to percentages for the subsequent funding scenarios.

<u>The Process</u>	<u>Allocation</u>
<i>Step 1</i>	Review current funding for service categories using Decision Matrix.
<i>Step 2</i>	Council members recommend to increase, decrease, or not change funding levels (percentages) for each category.
<i>Step 3</i>	For changing allocation levels, decide level of change.
<i>Step 4</i>	Allocate resources to service categories.
<i>Step 5</i>	Create funding scenarios for decreased total award.
<i>Step 6</i>	Create funding scenarios for increased total award.

Public Comment: None

XIII. Review Funding Allocation for Priority Service Categories

XIV. Decide on Allocation to Prioritized Service Categories

CM Graham motioned to table items XIII and XIV until the next meeting 8/2/06.

XV. Next Steps/ Next Agenda Items

- Allocation Process
- Review Conflict of Interest
- Report from County of will be in report to SF Planning Council
- Membership Committee Report

XVI. Meeting Adjourned at 6:55 PM