COUNTY OF MARIN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Larry Meredith, Ph.D., Director

DIVISION OF PUBLIC HEALTH

COMMUNITY HEALTH & PREVENTION SERVICES

899 NORTHGATE DRIVE, SUITE 415
SAN RAFAEL, CA 94903
PHONE: (415) 473-4276
FAX: (415) 473-6266

Marin HIV/AIDS CARE Council Meeting
Draft MINUTES
December 6, 2006
4:30 - 6:30 PM
899 Northgate, 4th Floor Conference Room

Members Present: *Will Boemer, Elyse Graham, Jennifer Malone, David Witt, Lisa Becher, Roy Bateman, Wade Flores*
Members Absent: *Diva Berry, Cam Keep*
Staff Present: *Chris Santini, Cicily Emerson, Sparkie Spaeth, Karen Kindig*
Others Present: *Susan Strong, Peter Hansen, Dorothy Kleffner*

I. Call to Order
Meeting called to order at 4:40 PM by CM Boemer.

II. Roll Call
CM Berry and CM Keep were absent. CM Flores arrived late (at 4:55 PM).

III. Review and Approval of Agenda
CM Becher motioned to approve the Agenda and CM Witt seconded. Vote was done by show of hands. The Agenda was approved.
AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman

IV. Review and Approval of November 01, 2006 Minutes
CM Becher motioned to approve the 11/01/06 Minutes and CM Witt seconded. Vote was done by show of hands. The Minutes were approved.
AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher
ABSTAIN: CM Bateman

V. General Announcements
a. CM Malone: MAP will have a Holiday Party for staff, Board, volunteers, and clients on Thursday, 12/21/06, from 3-5:30 PM. CARE Council members are invited!
b. CM Boemer: He will be out of the country from mid-January until mid-March. (He will miss the February and March Council meetings.)
c. CM Flores: 1) Jeff Byers, from the State Office of AIDS, would like to join the Marin HIV/AIDS CARE Council. The invitation needs to come from the Council Co-Chairs. This will be discussed at the next Membership Committee meeting. 2) Laura Thomas has agreed to come to the February CARE Council meeting to talk about Ryan White CARE Act Reauthorization. A letter of invitation needs to come from the Council Co-Chairs. 3) Wade was confronted by Randy Allgaier at the last SF HIV Health Services Planning Council meeting about comments relayed to Mr. Allgaier that were allegedly made by Wade at last month's Marin HIV/AIDS CARE Council meeting and which were said to have stalled the process of hiring Mr. Allgaier as consultant for Council Comprehensive Planning. Wade feels that the portrayal of what he said at the meeting was inaccurate and requests that "what is said here, should stay here."

VI. Public Comment
None

VII. Co-Chairs Report

CM Graham reminded Council members that the Co-Chairs are making an effort to run the Council meetings in a way that will improve efficiency and effectiveness. All comments should be directed to Co-Chairs. "Cross-talk" has been a problem and she asked members to be mindful not to re-state previous comments. Time limits may need to be set, where one Chair would conduct the meeting while the other is the "clock-watcher."

a. CM Graham: An informal grievance, regarding two issues, has been brought to the Co-Chairs:
   1) County staff "jumps" into discussions, participating freely, as if they are on the Council.
      CM Graham and CM Boemer met with County staff and reconfirmed the expectation of the roles. The Co-Chairs will be responsible for asking for the County's input and will clarify in which role the County is being addressed, i.e., as Support or as Grantee. Also, the phrase "for the record" should be stated before any specific comment that is meant to be recorded in the Minutes. Any recommendations to the County need to be clear and need to be Council-wide, not from an individual.
   2) The Co-Chairs not seeming to "take charge."
      A Point of Order was called at a previous meeting and was ignored. CM Boemer apologized, saying that it had been his first meeting as Co-Chair and he accidentally missed that.

b. CM Boemer: Randy Allgaier removed himself from the contract he had with the County for Council Comprehensive Planning. The Co-Chairs sent him a "regrets" email, saying they felt badly that he felt that he needed to remove himself. A copy of the email is available.

Public Comment: None

VIII. Membership Committee Report

CM Becher reported:

1) The Membership Committee received an application for membership from Peter Hansen. He will be interviewed and the application will be reviewed at the 1/3/07 meeting. 2) The New Member Orientation Handbook is completed and approved. It will be updated, as needed, and posted on the Council web site as a pdf file. 3) CM Keep is one Co-Chair of the Membership Committee. There were not enough members at the 12/6/06 meeting to approve CM Becher as the other Co-Chair. Her nomination will be voted on at the 1/3/07 meeting. 4) The Membership meetings will continue to be held just before the full Council meetings at 899 Northgate, Room 415 conference room from 3:30-4:30 PM.

Public Comment: None

IX. Community Outreach & Advocacy Committee Report

CM Witt reported:

1) A strategic plan was developed to look at how to make outreach more effective, recruit more Council members, and have more Council visibility. There were several issues discussed around strategies for doing outreach. There are communities have not yet been penetrated and the rate of HIV is unknown. Strategies to reach these communities include having focused media or focused "quasi-media" meetings in those areas, as forums or combined with prevention meetings, where the Council could be identified as a group, and via the churches. Target areas would include: Marin City, West Marin, and Novato. There will continue to be central forums. Even a small number of attendees from a group that has not previously been present is still a big asset. 2) Announcements were made connected to World AIDS Day. 3) A concise summary of the Committee's Mission Statement was developed so that it can be presented at a forum.

CM Flores reported:

He spoke with Joe Lynn, of the Consumer Rights Advocacy Project, about the grievance filed about the Food Bank's grievance procedure. Mr. Lynn will be taking the grievance to the full EMA and would like to see a uniform standard for formal grievance procedures. *CM Flores brought in a document from the Consumer Rights Advocacy Project called: "Standards for a Formal Agency Grievance Procedure for Clients"* [See Attachment 1]

CM Boemer reported:
There was a meeting between several Council members, County staff, and Canal Alliance, at which a lot of good information flowed back and forth. Canal Alliance requested training, condoms, and will consider doing rapid testing.

The next COA Committee meeting will be on Thursday, 12/21/06 at 5:30 PM at MAP.

Public Comment: None

X. Invited Guest: Susan Strong

CM Graham introduced Susan Strong, owner of Strong Consulting, who specializes in project management, meeting facilitation, and organization/leadership development in health and healthcare settings, including HIV/AIDS-related services. She has previously worked with several HIV/AIDS planning councils and was referred to the Council by Randy Allgaier as a possible candidate for consultant on Comprehensive Planning.

After summarizing her experience, Ms. Strong stated that the Council needs to be clear on what it wants to accomplish and commit to following up on whatever plan it comes up with. CM Graham said that the idea was to bring in a consultant to look at/analyze the system of care to help the Council make well thought out funding decisions. CM Witt said that the Council doesn't know who is underserved and that areas the Council is "blind to" need to be identified. CM Malone thinks there is a misunderstanding of the Council's intent – it is not looking for a "how to," but for technical assistance and/or a sounding board to implement strategies. CM Flores wonders why more people aren't coming into care. CM Bateman wonders why there is more money available than services provided and if higher income levels in Marin prevent CARE eligibility. He wonders how many unidentified eligible people there are. He also wonders if there are cultural barriers within certain groups that prevent people from getting care.

CM Graham suggested that Ms. Strong stay and listen to the discussion on the next agenda item ("Council Comprehensive Planning Recommendations").

Public Comment: *Dorothy Kleffner* – She hasn't heard it brought up that people more and more are going into San Francisco for medical care. She says that it needs to be found out what is wrong with the system in Marin that causes people to seek care elsewhere. In other words: Who's going to San Francisco for medical care, and why?

XI. Council Comprehensive Planning Recommendations

The Co-Chairs requested that Cicily Emerson notate the recommendations on a chart pad:

- Evaluate quality & delivery of care on a quarterly basis
- Who is accessing services? Where? Why?
- Quality vs. comfort
- Lack of specialty care in Marin
- System analysis
  - How does information get passed on to clients?
- Community participation in Council
  - Sustainability
  - Quality of members
- Marketing competence
  - Dental Clinic as example
  - Use of interns?
- Independent clients (not getting care in Marin) - how can they access care?
- Primary care quality – is it being accessed less?
- Need to get data
  - Focus groups
  - Long term survivors
  - Key informant interviews/Individual interviews

- Information about system of care – create a "map"
- Relationship between Primary and Specialty care
- People who know status, but do not access care
- Confidentiality/Privacy
- Needs Assessment
- System analysis
  - Flexibility – there may be less money in the future
- Directed change

Public Comment: 1) *Dorothy Kleffner* – As an independent client, she gets zero information about services. She's not allowed to be on any mailing list, she's not to have any information about any services. She wondered if the CARE Services web site would have a listserv on it. On the survey that was taken at the dinner event in San Rafael a few months ago, it was asked who gets services in SF. She has asked for, but has not heard the results from that survey. Her biggest concern is about those who are uninsured, the working poor, undocumented Latinos. Marin is required by the CARE Act to cover opportunistic infections, to check for and treat them, which is not done in Marin. There is also a privacy issue in Marin and the Specialty Clinic is hard to get to, so many people go to San Francisco instead. 2) *Susan Strong* – She observes that 3 main issues have been brought up: a) Necessity for needs assessment, b) Need for system analysis c) Where to do a directive system change

CM Witt motioned to table a vote on this item, pending an opinion of a consultant. The motion was seconded by CM Bateman. After a discussion, CM Witt withdrew the motion. A second motion was made by CM Malone that the Council recommend to the County that it should seek a consultant who can conduct a focused assessment of needs and assessment of the system of care to better provide for planning and decision-making on behalf of the Council. This motion was seconded by CM Witt.

Public Comment: *Dorothy Kleffner* – The last 2 traditional needs assessments done here were disastrous. Some non-traditional ways should be found to reach people that aren't being reached. This should be spelled out in the contract and maybe a group should talk about what is wanted from the needs assessment.

A roll call vote was taken. The motion passed.
AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores

XII. Unspent Funds

CM Boemer stated that a previous recommendation had been made to allocate $21,000 for food vouchers.

CM Flores motioned that $10,500 be put towards transportation and $10,500 towards food vouchers. CM Witt seconded.

Sparkie mentioned that she and Chris Santini had met with the Food Bank. They are looking at revising the system because their allocation for next year will not allow the Food Bank to provide as much service as they did this year. She recommends that it be stipulated that these food vouchers be distributed only to those in Food Program as a supplement to the Program, as the Food Bank will only be able to make food available once a month instead of twice a month as it has been.

Public Comment: *Dorothy Kleffner* – Some people will need fresh fruits and vegetables, but don't necessarily want to be in the Food Program.

A roll call vote was taken. The motion passed.
AYES: CM Boemer, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores
NOES: CM Graham

XIII. Recommendations for Outreach RFP

Chris Santini put together a document to distill policies and definitions of CARE-funded outreach services. [See Attachment 2]

CM Malone motioned to table making a decision on recommendations until more information is gathered to guide recommendations. CM Becher seconded.

Public Comment: None

A roll call vote was taken and the motion passed.
AYES: CM Boemer, CM Graham, CM Malone, CM Witt, CM Becher, CM Bateman, CM Flores

XIV. Division of Public Health Report

Sparkie Spaeth reported:

1) Ryan White CARE Act Reauthorization was submitted to the President, after passing in both the Senate and the House. 2) $40,000 was returned to San Francisco. They have agreed to put it towards direct emergency assistance, as the Marin HIV/AIDS CARE Council has requested. 3) There are concerns about the Food Bank. Sparkie suggests setting up a task force to look at the food program for the coming year. Sparkie recommends having some food vouchers specifically set aside for people in the food program only, to be distributed through the Food Bank.

Cicily Emerson reported:

1) Karen Kindig will be working on getting the HIV/AIDS CARE Services web site up by the end of January.

2) Maria Chertok-Ramos is moving along well with her Cultural Competency activities. She is doing Key Informant interviews instead of Focus Groups. She has come up with a template for her first training, which will be "Cultural Competency 101" to be held on 1/10/07. This will be open to others beside Title I Service Providers. Council members are encouraged to attend.

Public Comment: None

XIII. New Business/Next Steps/Next Agenda Items

1 Comprehensive Plan Recommendations
2 Outreach RFP - VOTE
3 Discuss Food Program
4 Review/Possibly Adjust FY 07/08 Allocations

XIV. Meeting Adjourned at 6:45 PM

ATTACHMENT 1

STANDARDS FOR A FORMAL AGENCY GRIEVANCE PROCEDURE FOR CLIENTS

[from Consumer Rights Advocacy Project]

Revised November 2003

The following standards relate solely to those agencies that are not required to maintain a formal grievance procedure under some other authority such as licensing regulations. These standards do not apply to San Francisco Department of Public Health programs. These standards are not intended to override legal requirements, but rather to ensure that all agencies have an appropriate formal grievance policy for their clients.

The AIDS Office recognizes that a client may wish to make an informal complaint (i.e., one that is not documented) about a minor issue and that many times these problems are easily and quickly resolved to the satisfaction of the client. At the time of the incident, clients should be asked if they wish to file a formal grievance. The following policy relates to *formal* grievances made by agency clients. A formal grievance may be filed by a client either subsequent to or instead of an informal, verbal complaint. Whenever it is know by the agency that a client has contacted the AIDS Office, written documentation about the complaint must be maintained by the agency.

A copy of the written grievance policy/procedure should be prominently posted at each program location and available for review by clients or other interested parties on request. If applicable to the service, each client should be informed of the policy at the time of intake and a signed copy of the policy should be maintained in the client's file. The client should be given a copy to take with them. The policy should be available in languages other than English, dependent on the language needs of program clients.

A written client grievance procedure must include the following:

1. The conditions for a client to express a grievance, including dissatisfaction with decisions concerning the client; dissatisfaction with services or information provided; and allegations of discrimination or mistreatment. Information about the grievance procedure should be presented in a clear, fair, and non-intimidating manner.

2. Who may file a grievance. The policy must specify whether grievances are limited to current and/or past clients and whether applicants for service are permitted to file a grievance.

3. The steps for appeal in the process (e.g., staff member with whom the problem occurred, supervisor, Program Director, Executive Director). The steps should be numbered. The policy should provide assurance that a determination by the agency will be reached in a timely manner for each step in the process. A timeline should be stated for each step; it is recommended that no more that 30 days be allowed for a determination to be reached at each step. The agency address as well as a phone number for obtaining names and phone numbers of individuals in positions of determination related to a client grievance should be provided.

4. The point in time after which it is too late to file a grievance (statute of limitations). This point in time can be no less than one year from the last incident.

5. A designated person within the agency who is responsible for tracking grievances and overseeing the grievance process to ensure client access, promptness, and resolution of the grievance based on the agency grievance procedure.

6. The right of the aggrieved party to discuss the grievance with those who will be making the determination.

7. Language that specifies that a grievance will not be denied service or otherwise retaliated against if she/he files a grievance.

8. Notification that clients have a right to a representative of their choice, if they wish to have one, at any time during the grievance process to act as an advocate and observer. A representative might be a friend, other client, support person, family member, or formal advocate. The grievance procedure should state whether or not agency staff will be permitted to represent a client in a grievance process.

9. Once contacted by the HIV Consumer Rights Advocate and upon written consent from the client, the agency will contact the HIV Consumer Rights Advocate within a reasonable period of time.

10. The identity of the grievant should be kept confidential to the extent possible while enabling the agency to investigate the grievance.

11. Use of the grievance procedure does not replace any existing avenues of review or redress provided by law.

12. Clients should be encouraged to submit a grievance in writing. However, a client may file a formal grievance orally. If the grievance is filed orally, the agency should summarize the grievance in writing and, if possible, obtain the clients' signature. A copy should be made for the client. When necessary a grievance may be filed in another format to accommodate a disability. The agency will maintain written records of all grievances including the final resolution of each complaint. A standard agency form must be available from the agency which can be used by a client to file a grievance. This form must contain, at minimum, four basic components: brief summary of the issue to be grieved; witnesses who may be contacted; prior conversations with staff; and a suggested resolution.

13. A client will be provided with copies of documents relevant to his or her grievance to the extent that the documents are not confidential and/or legally protected from disclosure. Clients may be required to pay a reproduction charge for this service but this charge should be waived if financial hardship can be demonstrated and if the quantity to be reproduced is reasonable.

14. Clients should be advised of other avenues of complaint outside of the agency. At a minimum, clients should be advised of the following organizations (this is not an exhaustive list).

The HIV Consumer Rights Advocacy Project will assist clients in completing an agency grievance procedure as well as providing mediation and advocacy services.

HIV Consumer Rights Advocacy Project
1540 Market Street
San Francisco, CA 94102
(415) 863-8131

The San Francisco Human Rights Commission handles complaints alleging discrimination based on membership in a protected group based on race, religion, color, ancestry, age, sex, sexual orientation, gender identity, disability, place of birth, creed, national origin, or AIDS/HIV.

San Francisco Human Rights Commission
25 Van Ness Ave, Suite 800
San Francisco, CA 94102
(415) 252-2500

The Office for Civil Rights primarily handles complaints alleging discrimination based on membership in a protected group based on race, color, age, disability, or national origin.

Office for Civil Rights
Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310

The AIDS Office will accept, document and monitor client complaints, asking clients to exhaust the service agency's grievance procedure.

San Francisco Dept. of Public Health
AIDS Office
25 Van Ness Ave, 5th fl
San Francisco, CA 94102
(415) 554-9000

ATTACHMENT 2

CARE-FUNDED OUTREACH SERVICES

The purpose of CARE-funded outreach services is to identify individuals with HIV disease to make these individuals aware of the availability of HIV-related services and enroll them in primary care, AIDS Drug Assistance Programs, and support services that enable them to remain in care.

CARE Funds may be used for outreach services to:

- those who know their HIV status and are not in care
- as well as those individuals whose HIV status is unknown,

Outreach activities supported with CARE Act funds must be:

a. Planned and delivered in coordination with State and local HIV prevention outreach activities to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes;

b. Directed to populations known, through local epidemiological data or through review of service data, to be at disproportionate risk for HIV infection;

c. Conducted in such a manner, (i.e., time of day, month, events, sites, method, cultural appropriateness) among those known to have delayed seeking care relative to other populations, etc., and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who do not know their serostatus or know their status but are not actively in treatment;

d. Designed to:

- Establish and maintain an association with entities that have effective contact with persons found to be disproportionately impacted by HIV or disproportionately differ in local access to care. These entities include such key points of entry as emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease clinics, HIV counseling and testing sites, mental health program and homeless shelters.
- Direct individuals to early intervention services (EIS) or primary care (HIV counseling and testing, diagnostic, and clinical ongoing prevention counseling services with appropriate providers of health and support services).
- Include appropriately trained and experienced workers to deliver the message when applicable.

e. Designed to provide quantifiable outcome measures such as the number of individuals reached of previously unknown HIV status who now know they are positive, and/or the number of HIV positive individuals not in care who are now in care; and

f. Determined to be a priority service by Title I planning bodies and Title II consortia or State planning bodies, and be necessary to implement the EMA or State wide comprehensive plan and associated strategies.

Ryan White CARE Act funds remain the payor of last resort.

CARE Funds may NOT be used for outreach activities:

- that exclusively promote prevention education
- that broadly market the availability of health-care services for PLWH

Difference between CARE Act outreach activities and HIV prevention outreach activities (also known as Targeted Prevention activities)

HIV prevention outreach services funded through CDC, states, localities, and community based organizations are broader in scope, than RWCA funded outreach activities. The difference is in the scope, intent, and content of the message. CARE Act outreach is targeted to reach persons with HIV who may or may not know their HIV status and are not in care.

While broad based HIV prevention outreach services can be co-located or coordinated with Ryan White CARE Act outreach programs, grantees' Ryan White CARE Act outreach activities must establish separate outreach planning, outcome measures, and financial accounting for their specific outreach activity.