July 23, 1992

Direct Services Committee Report

1. Undocumented Individuals - HIV Clinic

   We discussed services available at the clinic. Richard Matens will give report.

2. AIDS Services Flow Chart

   Members of the Direct Services Committee will be surveying all providers listed. The survey is intended to identify gaps in services, waiting lists, share of costs, Agency identified barriers, linkage issues, and toascertain if a screening is required, and intake procedures. We are also asking the providers to estimate the number of HIV related requests they receive.

3. SNIF Survey

   An Ad-hoc committee was formed to develop a new survey for Skilled Nursing Facilities.

   Carol Hannon-Heath
   Tom Fairwell
   Geoff Sackett

   The Administrator from Hill Haven and Mary Taverna will be approached to sit on this committee.
SNF/AIDS RESPONSE TASK FORCE
FEBRUARY 12, 1992

AGENDA
2:00 - 4:00 pm

Welcome and Introductions
Mary Jo Buerger, Supervisor, and Elaine Weston, Sr. PHN, Marin County AIDS Program

Skilled Nursing Facility Care Needs for HIV and AIDS Patients
Mary Taverna, RN, Co-Chair, Marin AIDS Advisory Commission

Marin County's Response to the AIDS Epidemic
Ted Hiatt, MD, Marin County Health Officer

Medical Care Issues
Craig Lindquist, MD, Medical Director of the HIV Specialty Clinic

Discussion

Future Meetings - Agenda Items

Adjournment
Dear Mr. Tainter:

It has been brought to my attention that the Department of Rehabilitation may be a party to discriminatory violation of a constitutional right to privacy and confidentiality.

I am enclosing a copy of your Department's form which is in question, a Consent to Release Medical Information. There is concern about the reference to an applicant's HIV Status and its being used to determine eligibility for vocational rehab services. I have been told that failure to disclose could and most probably would affect a client's access to Department of Rehabilitation's services.

Would you please investigate this situation and inform me, as soon as possible, whether the allegation of a client's rights to confidentiality by an agency of the State of California is being violated. Thank you for your prompt attention to this matter.

Cordially,

MILTON MARKS

MM:1d
MEMORANDUM

TO: MaryJo Buerger, County AIDS Office
FROM: Thomas M. Fairwell
RE: County Mediation Services

Please be advised that I have discussed the proposed grievance procedures with Ms. Jody Becker of County Mediation Services, 499-6191. Ms. Becker has advised me that County Mediation Services is indeed the appropriate referral to handle grievances.
MARIN COUNTY AIDS ADVISORY COMMISSION
GRIEVANCE PROCEDURES

All interested individuals shall be acquainted with the following grievance procedures to be exercised if service provider(s) are not responding to individual requests for services, or if rights have been violated. The procedures are sequential and all avenues must be pursued.

* The first avenue in the grievance procedure is to implement the internal grievance procedures of the Agency concerned. All HIV service providers shall have a designated grievance contact person.

* The second avenue to address a grievance is to refer the grievance to the Chair of the Direct Services Committee who will in turn assign a committee member to review the grievance with all parties concerned. The assigned committee member may propose a resolution acceptable to both parties.

* The third avenue to address a grievance is to utilize the County Mediation Services.

* The final avenue to address a grievance is to forward a report to the full commission for direction.

If during the course of the grievance process it is determined that the matter is due to an unmet need in the County the grievance shall be forwarded to the Direct Services Committee for action.
Mr. Rick Isaacs  
Bayside Convalescent  
1251 South Eliseo Drive  
Kentfield, CA 94904

Dear Mr. Isaacs:

Health professionals in Marin County have realized for several years now that it has been virtually impossible to place patients with HIV in skilled nursing facilities in the County.

There have been some very recent signs that this may be changing. Nonetheless, I am writing to all of the skilled nursing facilities in Marin to make sure you understand that refusing to accept patients with HIV is illegal.

California law prohibits discrimination against the disabled by all business establishments (including those that provide housing). Federal law prohibits housing discrimination against the disabled, and as of January 1, 1992, it will also prohibit disability discrimination by public accommodations. In addition, any facility which accepts Medical or other federal assistance may not discriminate against disabled persons.

Every court which has considered the question has said that persons with HIV qualify as disabled. So whether you think of skilled nursing facilities as residential facilities or as business establishments (and I doubt any court would accept the argument that they are neither) both state and federal law prohibit you from discriminating against patients with HIV.

All of these laws allow the exclusion of individuals who represent a "significant risk of infection" to others. But exclusions on that basis must be made on a case by case basis, not across the board. In any case, it seems highly unlikely that any patient in need of skilled nursing care could be shown to represent a significant risk of HIV.
infection, especially since remote or theoretical modes of transmission are not acceptable grounds for exclusion.

Some skilled facility administrators have suggested to me that regulations of the State Department of Health prohibit facilities from accepting patients with HIV without first making impractical or impossible modifications to the facility. Both federal and state law would override a health department regulation, and in any case, the only remotely applicable regulation I can find would require simply that infection control policies be available at all nursing stations, hardly a burdensome accommodation.

The consequences of ignoring these laws could be quite serious. In addition to being subject to court orders requiring acceptance of patients with HIV, a skilled nursing facility could be liable for damages and for civil penalties, which could be quite substantial.

We all know that discrimination against people with HIV is wrong. Some people may have unreasonable fears about HIV. Giving in to those fears will only confirm them and injure those who are blameless. The way to respond to fear is with education, formal training and that most convincing form of education, behavior that backs the message.

By copy of this letter, I am asking the Marin County Department of Health and Human Services to ask all skilled nursing facilities in the county to affirm that they accept patients with HIV and that they will not discriminate. Once people know that all of the facilities in the County agree on this, we can begin successfully combatting irrational fears about HIV in skilled nursing facilities.

Very truly yours,

Matthew A. Coles  
Staff Counsel
MAAC Direct Services Committee
April 10, 1990

Highlights

I. Ancillary Services Recommendations for Marin County HIV Clinic.
   * Social Worker for initial assessment and referral
   * Case Management for HIV+ clients with special needs
   * Dental Services by appointment
   * Multi-lingual Translation Services
   * Eligibility Worker
   * Mental Health Services
   * Treatment and Recovery Counselors
   * Benefits Counselor
   * Nurse Practitioner
   * Nutritionist
   * Health Promotion and Wellness Information/Support
   * Support Groups
   * Possibility of subletting space HIV related agencies and
     * other service providers including holistic professionals
       (chiropractors, acupuncturists, herbalists, MFCC, etc.)
   * Clerical support
   * Phlebotomist
   * Direct Services such as Emotional, Practical, Spiritual Support
   * Data Entry
   * Physician Specialists (Eye Care, etc)
   * Access to clinical drug trials/research protocol

II. Case Management Recommendations

   The 1989-90 County Plan recommended five case management positions.
   Currently 2.5 FTEs are funded within Marin County. The Direct Services
   Committee strongly urges that the 2.5 FTE deficit be filled ASAP. A 1.0
   FTE Benefits Counselor is a priority within that request.

   In addition, the Committee recommends for the 1990-91 plan an
   additional 5.0 FTEs for case management.

   Within this request, 2.0 FTEs are needed for Persons with AIDS who are
   Latino/Latina; African American; Asian and other people of color; women,
   children and hemophiliacs; and intravenous drug users (IDUs). (This
   assumes 1.5 FTEs of the 89-90 deficit would be applied to these PWA target
   groups as well). The other 3.0 FTEs of the 5.0 for 90-91 be put in place
   to serve the case management needs of seropositives in the county who have
   not been AIDS diagnosed.

Summary: 2.5 FTEs 1989-90 current
            2.5 FTEs 1989-90 Deficit
            1.0 FTEs 1989-90 Benefits Counselor
            1.5 FTEs PWAs -- underserved populations
            5.0 FTEs 1990-91 Recommendation
            2.0 FTEs PWAs -- underserved populations
            3.0 FTEs Seropositives
RECOMMENDATIONS FROM THE DIRECT SERVICES COMMITTEE  
(for the 1990-1991 County Plan)

PRIORITY LIST

I. CASE MANAGEMENT

<table>
<thead>
<tr>
<th>FTE</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FTE</td>
<td>Latino</td>
</tr>
<tr>
<td>1 FTE</td>
<td>African American</td>
</tr>
<tr>
<td>.5 FTE</td>
<td>Women, Children and Hemophiliacs</td>
</tr>
<tr>
<td>.5 FTE</td>
<td>Asian and other People of Color Communities</td>
</tr>
<tr>
<td>.5 FTE</td>
<td>IDUs (Injection drug users)</td>
</tr>
<tr>
<td>1 FTE</td>
<td>Benefits Counselor-in community shared</td>
</tr>
<tr>
<td></td>
<td>between agencies</td>
</tr>
</tbody>
</table>

4.5 FTE Case Manager Positions requested this year

We currently have 2.5 FTE funded by County. We want the deficit addressed and request an additional 2.0 FTE positions.

II. HIV + CLINIC WITH ANCILLARY SERVICES

III. REPLENISH AIDS EMERGENCY FUND
The Direct Services Committee perceives its functions to include the following:

I. To improve coordination of existing services
   A. To define case management and case conference and implement both in a uniform way.
   B. To identify and address/resolve barriers between agencies.

II. To better coordinate: 1) the sharing of information re: RFFS and agencies responses and 2) other collaborative fundraising.

III. To identify and address gaps in existing service delivery.

IV. To create better ways to incorporate Communities of Color in service delivery/planning.
Marin AIDS Advisory Commission

Direct Services Committee Report

August 14, 1989

Present:  Chris Harris, Mary Kay Sweeney, Lou Morgan, Milton Estes

Absent:  Dave Martin, Candace Childs

Staff:  Janet Liu

1. The committee will continue to work on developing its charges and begin to implement them when the full compliment of people on the committee (ACCESS Coordinator and the Hospice of Marin Case Manager) are on board.

2. In the meantime, the members who attended the last meeting discussed the following:

(a) Dr. Estes will be involved in the ad hoc committee specifically dealing with the HIV Clinic, and will not be attending the Direct Services Committee anymore (unless the clinic is discussed).

(b) The D.S. committee will monitor the status of the recommendations in the 1989/90 Response Plan dealing specifically with direct services, and coordinate services with the other MAAC committees to implement specific recommendations as approved by the full commission. Activities include monitoring the availability and accessibility of services in the county that benefit HIV persons. The AIDS Resource Directory, along with the Plan will be utilized as a reference.

(c) The D.S. committee will interface with the ACCESS Coordinator and other interested parties to further discuss about case management for HIV infected persons. This includes working on defining what case management is and the extent of the case manager's role through all phases of the client's stages of infection: the stable as well as unstable periods.

(d) PWAs may be eligible to enter HUD 202 (subsidized) housing if they are certified as being disabled. Most of the subsidized projects in Marin have received CDBG assistance and are subject to certain nondiscrimination requirements.

Next meeting:  Monday, September 11, 1989 at 5:30 p.m. at Marin Housing Center in San Rafael.

(Regular meetings will be held the second Monday of each month at the same time)
RECOMMENDATION

Adam’s House would like to recommend the following agreement in an effort to more quickly meet the financial needs of those seeking housing in Marin County at Adam’s House:

Upon meeting all other financial obligations

1. Security deposit of $581.20
2. Resident’s portion of monthly rent: Determined by housing authority formula: HOPWA $400.00, Resident $181.20
   30% of income, Base on $604.00 (SSI/payments)
3. All HOWPA Rental assistance, will go directly to Adam’s House, not residents, for the current month’s rent.
4. All residents must have payee or county guardian to administer finances.

Upon meeting all requirements to receive other County Services for a Marin County resident.

a. register with M.A.P - make appointment for case worker
b. validate 30 days residence in Marin County

Upon meeting requirements of Housing Authority

1. Completion and acceptance of application for HOPWA

That said client will be granted full funding through the HOPWA program in no more than 30 days from date of application.
**BRAKE DOWN/RENT/UTILITYS**

**RENT:** $1685.00, each resident $581.20, 5 x $581.20 = $2906.

**PG&E:** $392.50, each resident $78.50, 5 x $78.50 = $392.50.

**CABLE T.V:** $36.16, each resident $7.24, 5 x $7.24 = $36.16.

**WATER:** $125.00, every 3 month/billing, 3/125.00 = $41.66, 5/41.66 = $8.33.

**GARBAGE:** $138.15, every 3 month/billing, 3/$138.15 = $46.05, 5/$46.05 = $9.21.

**PAY PHONE:** $38.25, monthly service fee, 5/$38.25 = $7.65.

**SSI payments:** $604.00 x 30% = $181.20.

**HOWPA FORMULA**

\[
\begin{align*}
\text{SSI} & : \quad $604.00 \\
\text{Resident's Rent} & : \quad $422.20 \\
\text{Rent} & : \quad $581.20 \\
\text{PGE} & : \quad $78.50 \\
\text{CABLE} & : \quad 7.24 \\
\text{WATER} & : \quad 8.33 \\
\text{GARBAGE} & : \quad 9.21 \\
\text{PAY PHONE} & : \quad 7.65 \\
\text{Total} & : \quad $554.65
\end{align*}
\]
The Direct Services Committee is comprised of individuals representing providers of HIV services as well as consumers of HIV services. The task of the committee is to assess the service needs of the HIV Community, identify barriers to and gaps in service, and to advocate for access to services. The Direct Services Committee facilitates communication between providers and responds to the requests of the HIV Community. Services identified for tracking by the Direct Services Committee are:

- Medical/Dental Services
- Prevention, Education, and Recovery Services
- Housing
- Food and Nutrition
- Emotional Support
- Mental Health
- Practical Support
- Volunteer Services
- Financial Services
- Legal Services
- Services for Women and Children
- Culturally Competent Services

Once an issue is identified by Direct Services, their role is to seek input from provider and consumer alike. This function is best achieved through surveys, consumer working groups, public input forums and needs assessments.

The Direct Services Committee may identify service needs, recommend a plan of action, and work with the Executive Committee to establish the appropriate committee assignment to further carry out the work.

Grievance Procedures

The Direct Services Committee is charged with facilitating the grievance procedures of the Commission. As new providers join in the service delivery system, the Direct Services Committee works with that provider to develop appropriate grievance procedures.

Executive Director's Group

The Executive Director's Working Group was formed by the Direct Services Committee in FY 92/93. The Direct Services Committee is the liaison between the Executive Directors and the Commission. The Direct Services Committee's goal in the establishment of the Executive Director's Group is to develop a vehicle for open communication, to establish consensus, and to define common ground in the provision of services.
TO: Direct Service Providers
FROM: Thomas M. Fairwell
DATE: July 10, 1992
RE: Next Meeting Agenda
      Tuesday, July 14, 1992
      10:00 am

AGENDA

1. HIV Services for Undocumented Individuals
   1. Salisida Concerns

2. Report on Grievance Procedures

3. Review of AIDS Services

4. Skilled Nursing Facilities
   1. Update
   2. New Survey

Non-Residential Services:
86-C Belvedere Street
San Rafael, CA 94901
(415) 456-6655/456-6682

Reilly House:
812 D Street
San Rafael, CA 94901
(415) 454-2413
May 3, 1992

TO: Marin AIDS Advisory Committee
    Direct Service Members

FROM: Thomas M. Fairwell, Chair

RE: June 9, 1992 Meeting

LOCATION: Center Point Administration Office
          1601 2nd St., Ste. 104
          San Rafael, CA
          454-7777

AGENDA;

10:00 - 10:15  Check-in, Review Agenda
10:15 - 10:30  (Grievance Procedures)
10:30 - 11:00  Flow Chart
11:00 - 11:15  (County Planner)
11:15 - 11:30  In Home Support Services
11:30 - Adjournment (early adjournment so members can
            attend AIDS Task Force Meeting)

Please submit a copy of your Agency's Grievance
Procedures.
**FINANCIAL/LEGAL SERVICES**
- AIDS LEGAL REFERRAL PANEL: 291-5454
- BABCOCK FOUNDATION: 453-0901
- COMMUNITY ACTION OF MARIN: 457-2522
- COUNTY MEDICAL SERVICES PROGRAM (CMSP): 499-7084
- LA FAMILIA: 457-4260
- LEGAL AID OF MARIN: 492-0230
- MARIN AIDS PROJECT: 457-2487/453-SIDA
- MEDI-CAL PROGRAM: 499-7084
- SOCIAL SECURITY: 499-1014 1-800-234-5772

**ATTENDANT/PERSONAL SERVICES**
- MOME HEALTH AGENCIES
- HOSPICE OF MARIN: 927-2273
- IN-HOME SUPPORT SERVICES: 499-7121
- MARIN AIDS PROJECT: 457-2487/453-SIDA
- PUBLIC HEALTH NURSES: 499-6888
SECTION I. PROGRAM REVIEW

Please answer asterisked questions for each program/cost center you are contracted to provide.

PROGRAM SERVICE INFORMATION

A. Contract Compliance
   * 1. What are your program's annual objectives? Please list all process and outcome objectives and "deliverables" per your contract.
   * 2. What is your program's success rate in meeting these objectives? Please describe.
   * 3. What problems, if any, have you had in performing the terms of your contract? Why?
   * 4. a) How do you document client information (demographics, program information, intake & assessment)? How do you track unduplicated clients?
      b) How do you collect, record and summarize this information? Please provide examples for team's review at the site visit.
      c) What data on unduplicated clients and units of service (UOS) did you report on your last quarterly report? If you have more recent data, please provide that data in your response.
      d) How do you define UOS?
      e) What data do you have on UOS and unduplicated clients?
      f) How do you assess your UOS performance through the most recent quarter?

B. Client Target Population
   * 1. Are there other populations also being served/seen that weren't originally targeted? If yes, has this changed your program objectives?
   * 2. What are the demographics of clients served/seen? (by unduplicated client)? Please list contract year-to-date statistics (use form attached).
3. What is your formal client referral process with other service providers?

4. What is your client intake procedure? How does it address issues of language and literacy?

5. Does your program maintain a client waiting list? If so, how many are on that list? How long is the average wait to enter your program? What specific issues influence the waiting list?

C. Program Management and Evaluation

1. What is your program's overall goal and has it changed with changes in the demographics of the epidemic?

2. What is your written plan for evaluating overall program performance? How is this done? How often is there a written report?
   a) How are recommendations for change documented? What are the specific timelines for their implementation?

3. What are your program's strengths and weaknesses?
   a) What are your strengths and weaknesses in regard to cultural sensitivity?

4. How do you handle program weaknesses and overcome them? Please describe strategies which you found most effective, and least effective.

5. What is your mechanism for receiving client feedback (on both services and staff)?

6. Please provide current program staff and volunteer demographics, sex, ethnic breakdown. Please indicate number and FTE (see form attached).

7. Is your current program staffing level adequate? If not, please indicate what staff changes might be necessary.

8. What has been your program staff turnover since the start of the contract period?
   a) What are the reasons for turnover?
   b) How do you deal with issues of burnout?

9. Do you have an Affirmative Action/Equal Employment Opportunity/American Disabilities Act plan for the recruitment?
D. **Relationship with other Agencies**

* 1. What kind of relationship does your program have with: (specify agency name and type of relationship)
   a) Other similar HIV program?
   b) Other AIDS/HIV program within your agency?
   c) Other HIV service providers?
   d) Mental health/substance abuse agencies?
   e) Social service agencies?
   f) Medical service providers?

(Please have copies of any MOU's/Subcontracts or Letters of Cooperation available at the time of the site visit)

E. **Community Relations**

* 1. Please describe how you provide outreach to the community about your program(s) and service(s)?

* 2. How do you assess client population needs?

* 3. How are brochures/literature about your program(s) distributed? Please provide samples at the time of the site visit.

* 4. Describe whether the areas addressed in questions 2 and 3 above are provided/performe in languages other than English? Please provide samples at the time of the site visit.

F. **Quality Assurance**

* 1. How is staff trained in universal precaution procedures? Please explain.

* 2. How does your program handle client medical/other emergencies?

* 3. What information do you keep in a client record and how is it updated? (please provide a sample record with blank forms at the time of the site visit).

* 4. What is your written policy and procedure regarding confidential information and how is it communicated to your staff?

* 5. How is confidential information maintained and stored?
6. Does your staff have a service plan for each client? A discharge plan? Please give details for each.
   a) How is the client encouraged to participate in his/her own service planning?
   b) Do you conduct a regular chart review? Please provide specific detail on procedures, frequency, and participants involved/responsible.

G. Other

* 1. How do you provide patient rights information to your clients?

* 2. What is your client grievance procedure, how is it used, and how many times has it been used? Is it language and literacy sensitive?

* 3. Do you provide an initial orientation and/or ongoing staff training? If so, how is this done and what type of training is provided.
   a) How do you provide or encourage cultural sensitivity training?

* 4. How do you evaluate your program staff? How often?

* 5. How can the AIDS Office assist you in improving program services to your clients?