MEETING MINUTES
MMS AIDS/MAAC-HIV CLINIC COMMITTEE
MARIN MEDICAL SOCIETY
DECEMBER 5, 1996

The December 5, 1996, meeting of the MMS AIDS/MAAC-HIV Clinic Committee was called to order at 12:25 pm by Milton Estes, MD, chair, with the following persons present:

Daniel Beittel, MD
Ms. Alison Clayton
Ms. Dori Sproul
Ms. Donna Carfagno

Ms. Mary Taverna
Ms. Cathy Johnson
Mr. Dave Martin
Mr. Brian Slattery

Also present were Mr. Roger Brown (MMS staff) and Ms. Tina Weiner (MMS staff).

1. AIDS COMMISSION MEETING. Mr. Slattery reported on the November 21, 1996 AIDS Commission meeting. Ryan White Funds for the next fiscal year will remain at $1.4 million for Marin AIDS programs. The federal government has published new regulations for the use of Ryan White funds that include 1) a referral from the primary care physician to a complementary service must be made when such care is sought by an HIV-patient; and 2) the epidemic of AIDS will be reclassified from being identified as an acute condition to a chronic viral infection. Marin County epidemiologists have estimated that there are 2,000 HIV infected residents of Marin County. Earlier estimates were 3,500 to 7,000. County epidemiologist Karen Wuopio will be invited by Mr. Brian Slattery to attend the February 6, 1997 MMS AIDS/MAAC-HIV Clinic Committee to explain the methodology that was used to compute the figure of 2,000 HIV-infected residents of Marin as such a population reduction will affect AIDS funding for the community.

2. WOMEN, CHILDREN, FAMILIES COMMITTEE. Ms. Mary Taverna stated the committee continues to meet with existing women's clinics in San Francisco, the Lyon Martin Clinic and Kaiser HIV Clinic as it researches whether to open a Women's Clinic in Marin. Recommendations for the clinic will come to this committee through the AIDS Commission.

3. MARIN SPECIALTY CLINIC. Ms. Carfagno reported that there has been one clinic patient death since July 1, 1997 and there have been 18 new patients seen between July 1, through October 31, 1996. One hundred seventeen clinic clients have been seen 557 times in the period. Jon Dean Green will report on costs-per-visit of specialty clinic patients when he returns from medical leave. The clinic budget reflects the transfer of personnel from contract to staff activity and the books and periodicals line item reflects 63 percent over budget because of periodical subscriptions used in the clinic's research. The magazines are contributed to the library at Marin General after clinic use.

Clinical trials currently opened for enrollment are: A Phase 2 evaluation of ALRT1057, a vitamin A derivative, open to patients with six or more KS skin lesions; an exploratory study of the antiretroviral activity of 1592U89, a new reverse transcriptase inhibitor, open to patients who have had exposure to very specific anti-viral therapy in the past; a phase II/III randomized, double-blind, placebo controlled study to determine the effect and safety of Oxandrolone on body weight in HIV-infected patients, open to participants with documented five to ten percent loss of normal weight; the repetitive antigenic stimulation study that focuses on the effects of vaccines and minor illness on HIV-positive participants open to those with CD4
counts between 200 and 500: the "near miss" study, an ongoing study of individuals who have had sex or share needles with HIV infected persons, but remain HIV negative; Viracept expanded access study, a fourth protease inhibitor, to be submitted to the FDA for approval in early 1997, open to patients with CD4 counts equal to or below 50, who have failed with or not been able to tolerate other protease inhibitors. Patients who meet these criteria and who wish to participate in Specialty Clinic trials should call the clinical trials coordinator, Alison Clayton at 499-7377.

4. CMA HOUSE OF DELEGATES. Dr. Estes announced the California Medical Association (CMA) House of Delegates will met in San Francisco, March 22-25, 1997 and the deadline for resolutions is February 22, 1997. Suggestions for resolutions can be addressed to Dr. Estes or Roger Brown.

The question was raised whether CMA can affect change in Ryan White regulations, particularly the new regulation about patients needing a primary care physician referral for complementary medical treatment. This item will be placed on the agenda of the next committee meeting February 6, 1997.

5. HIV PREVENTION CAMPAIGN. Dr. Estes appointed Mr. Brian Slattery, Ms. Chris Booth, Mr. Dave Martin, and Ms. Verna Stewart to a committee to assess the value of an HIV-prevention campaign in Marin. To coordinate efforts with the ACLU which plans an HIV prevention campaign, Dr. Estes will provide contact with its representative, Nancy Otto.

The meeting adjourned at 1:40 p.m. The next meeting will be held Thursday, February 6, 1997.

#  #  #
Executive Committee Meeting Minutes
December 12, 1996

Present: Pia, Theller McQuade, Gorewitz, Slattery, Booth

1. Brian Slattery explained that the Commission/Consortium had to decide whether they would make any changes in the allocation of $2,053 in Title II funds to the pharmaceuticals fund. Janet Gorewitz added that Community Action Marin had to project expenditures and estimate the number of clients to be served with the entire Title II allocation. If any funds were not going to be spent, the money would be returned to the State Office of AIDS to be used by the AIDS Drug Assistance Program (ADAP). Brian Slattery stated that because there was no quorum, the decision was to leave the funds in the pharmaceuticals fund and report that the entire Title II allocation would be spent. A memo from Laurel Hill regarding raising the fund’s cap was distributed but no action was taken on this matter.

The question was raised as to whether Title I money would be allocated to cover any State ADAP shortfall. Since Title I is federal money none of it will be used for State programs. After reviewing the number of clients served by individual Title II-funded programs, it was estimated that a total of 250 unduplicated clients are being served with client ethnicity reflecting that of the County as a whole.

2. Brian Slattery expressed concern with projecting the number of seropositives in Marin as 2000 for the supplemental CARE application when the number had been higher in the past. He was worried that the use of this number would result in cuts to Marin’s funding because San Francisco was cutting its own programs. Chris Booth will request the surveillance coordinator, Karen Wuopio’s, presence at the next Budget and Planning meeting. Brian Slattery stated that it would be helpful for planning purposes to know what the current levels of spending were for the various emergency funds and what their spending projections were for the remainder of the fiscal year. Kimberly McQuade will bring this information to the next meeting. Barney Pia suggested that quarterly projections be a requirement for next year’s contracts.

3. Kimberly McQuade and Barney Pia provided an update on preparations for the AIDS Community Party on December 19th. There will be a tree but food donations are still needed. There is $500 in County money available for Commission business. Alysanne Taylor reported that last year the funds were used for certificates and the consultant for the retreat. However an invoice must be submitted for the funds and funds can’t be used to reimburse out of pocket expenses. She did not think that the Auditor’s office would approve use of the funds for food without approval from the County Administrator and Donna Carfagno. Jon Dean Green will be contacted about this matter.
4. Gail Theller announced that as of January 31st Community Action Marin would be severing its subcontract with MAP to provide hot meals because CAM's kitchen is not adequately staffed. She stated that there would be no interruption in service to clients and CAM would see through the transition to a new provider. It was suggested that the kitchen staff be given certificates of appreciation.

5. Gail Theller reported that the Marin Community Foundation has provided a grant for a property manager and transition coordinator to oversee the takeover of Innovative Housing properties. The Positive Center offered to take over their AIDS residence.

Respectfully submitted,

Chris Booth
# January, 1997

## Marin AIDS Advisory Commission

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**Housing - 10 N. San Pedro, #1006 San Rafael**

**MAAC - Marin Institute**

**24 Belvedere San Rafael**

*Printed by Calendar Creator Plus on 12/5/96*
MARIN AIDS ADVISORY COMMISSION
The Marin Institute
24 Belvedere Street--Conference Room, San Rafael
Thursday, January 23, 1997
4:00 p.m. - 6:00 p.m.

* Vote Required

AGENDA

I. Call to Order, Anonymity, Ground Rules, Introductions

II. Review of Agenda

III. Review of October 24, 1996 and November 21, 1996 Minutes*

IV. Public Comment/Input (15 minutes max.)

V. Commissioner Open Time (15 minutes max.)

VI. Chair Report - Slattery

VII. Staff Report - Booth
 - Client Satisfaction/Needs Assessment Survey results
 - Changes in By-laws to comply with new CARE Act requirements

VIII. Title II Business-Janet Gorewitz (5 min.)
 - New CARE Act Title II requirements-Jeff Byers, State Office of AIDS

IX. Committee Reports
 • Executive - Slattery
 • Budget and Planning - Wallace
 • Direct Services - Pia/Gaughan
 • HIV+ Community Advocates - Giorgi
 • Housing - Wallace
 • MMS/HIV Clinic-Estes
 • Women, Children & Families - McQuade/Chernow
 • Ad hoc
 - Revitalization Committee-Theller/Baerman

X. Old Business
 - AIDS Memorial Grove*-Barney Pia

XI. New Business
 - Nomination of new officers

XII. Provider Presentation-Marin AIDS Interfaith Network
MARIN AIDS ADVISORY COMMISSION MEETING MINUTES
November 21, 1996
The Marin Institute
4:00-6:00 p.m.

Roll Call

MEMBERS: Present: Giorgi, D.Martin, McQuade, Mibach, Pia, Slattery, Theller [7]
Absent: Aquilino (N), Baerman (E), Bayers (N), Borges (E), Estes (N), Green (E),
Hallinan (N), J. Martin (N), Metzger (N), Pair-Taylor (N), Taverna (E), Wallace (E), Wolf
(N) Zukaitis (E) [14]

STAFF: Booth

Guests: Penny Chernow, Laura Gaughan, Janet Gorewitz, Marc Hering, George
Robertson, Alysanne Taylor

The meeting began at 4:10 p.m. without a quorum. The approval of the minutes was
postponed because a quorum was not present. The Marin AIDS Interfaith Network
provider presentation also was postponed until January. The Chair, Brian Slattery,
asked individuals to introduce themselves.

PUBLIC INPUT: None

COMMISSIONER OPENTIME: Kimberly McQuade suggested that instead of a
meeting the Commission have a thank you party for the whole AIDS community on
December 19th from 4:00 to 6:00 p.m. at The Positive Center. This idea was supported
by everyone present.

Gregory Giorgi stated that the HIV+ Community Advocates Committee has had a
difficult time getting attendance. He asked that agencies tell their clients about the
Committee. Other suggestions made were to put notices in The Slant and in the MAP
newsletter. Flyers could be posted at The Positive Center and The Specialty Clinic.
Committee meetings could be held on the same day as the Wellness Groups.

Barney Pia reported that HCFA is questioning clients' use of Title II ADAP program
funds to meet their share of cost requirement for Medicaid/MediCal. He announced
that he and Katrena Rey will make their annual "We're still around" appearance on
Channel 31. They will talk about protease inhibitors. He requested that a certificate of
appreciation be given to Carol Hannon-Heath for her work as a case manager for
Hospice of Marin.
**Dave Martin** announced that the next day the Marin AIDS Interfaith Network’s monthly healing service would be lead by Phillip Scott. The next service would be held on December 20th. On December 7th the Marin Interfaith Youth Response to AIDS will sponsor a holiday luncheon at the Positive Center. For information call the MAIN office.

**CHAIR REPORT- Brian Slattery**

Brian Slattery announced that there was a letter from a San Francisco jail inmate in the Bay Area Reporter about the good work Dr. Estes is doing there.

**STAFF REPORT- Chris Booth**

Chris Booth distributed results of Marin’s portion of the San Francisco needs assessment/client satisfaction survey. She will be happy to discuss these results in January. She also reviewed the new CARE regulations and found requirements in the areas of the nomination process, conflict of interest, and grievance procedures related to funding decisions that could affect the Commission’s By-laws. Brian Slattery suggested that staff will make recommendations with help from Title II representatives and the Executive Committee.

**TITLE II BUSINESS- Janet Gorewitz** announced that Title II moneys must be spent by the end of the contract year which is March 31, 1996. It was determined that a decision on the allocation of the remaining Title II money could wait until January. Clarification will be sought as to whether these funds can be rolled over as implied by the new CARE Title II regulations. Jeff Byers will discuss these new regulations at the January meeting.

**COMMITTEE REPORTS:**

a) Executive-See Chair Report

b) Housing Committee-Brian Slattery

A staff member from Innovative Housing announced the agency’s sudden closure. Of concern to the AIDS Commission is what will happen to the 3 individuals in their AIDS residence. There was a meeting between representatives of the Housing Authority, Community Development Block Grant Program, Housing and Urban Development, and Innovative Housing as to the next steps. Gail Theller, Kelly Wallace, and Barney Pia will be discussing how their agencies could help.
c) Women, Family, and Children-Kimberly McQuade

Kimberly McQuade reported that the Women's Committee is going through the information on women's services presented to the Committee and will give a report in January.

d) Ad Hoc Revitalization Committee-Gail Theller

Gail Theller distributed a memo detailing the task force activities from October 25th through November 15th. She felt that because the Committee was a task force it didn't need to have an agenda or minutes. It was agreed that the Committee would identify the dates on which different topics would be discussed in the next two months. It was clarified that once issues were identified and recommendations developed these items would be referred to the appropriate committees.

Brian Slattery noted that Gregory Giorgi was observed recording the last Commission meeting. While it is legal to do so and permission from members is not required this practice presents a problem in complying with our anonymity policy. Gregory Giorgi added that he has been taping meetings for the last two years. Brian Slattery stated that to comply with the anonymity policy he would refer to Commissioners by first name only.

OLD BUSINESS: None

The meeting was adjourned at 5:10 p.m.

Respectfully submitted,

Chris Booth

Chris Booth, Planner
Marin County HIV/AIDS Services
HAPPY HOLIDAYS

INSTEAD OF THE USUAL A.I.D.S. COMMISSION MONTHLY MEETING, WE WOULD LIKE TO THANK ALL OF THE PEOPLE WHO HAVE HELPED THE HIV COMMUNITY DURING THE PAST YEAR. WE WILL BE HOLDING A HOLIDAY PARTY WITH GOOD FOOD, DRINK, AND HOLIDAY CHEER AT:

THE POSITIVE CENTER
535 SAN ANSELMO AVE.
ON DECEMBER 19TH
4:00 TO 6:00 PM

THIS IS OPEN TO COMMISSION MEMBERS, AGENCY STAFF, AND ANYONE WHO HAS WORKED IN THE SOMETIMES THANKLESS FIGHT TO HELP PEOPLE AFFECTED BY HIV/AIDS. WE THANK YOU, AND APPLAUD YOUR EFFORTS.

THE POSITIVE CENTER IS WHEEL CHAIR ACCESSIBLE.
AN INSIDERS GUIDE TO FINDING PARKING
NEAR THE POSITIVE CENTER & POSITIVE LIVING

Parking in San Anselmo:

- In addition to free street parking (2 hours), free parking lots are marked (shaded areas) below.

- There is good street parking on Cedar Street, if the parking lots are full, alternatively, there is parking on Sir Francis Drake. Most of the side streets have 2 or 4 hour limits.

- If you have a parking placard for the disabled, there are specific spaces in the parking lot on Magnolia and our own parking lot on Magnolia at the side of our building.
TO: MARIN AIDS ADVISORY COMMISSION

FROM: Gail Theller, Co-Chair
COMMISSION REVITALIZATION TASK FORCE

Issues which will be addressed during the next two months include:

- Continuation of conflict of interest definition 12/6
  - Relationship with the SF Planning Counsel, MCF and Board of Supervisors 12/15 12/20
  - Commission's committee structure 12/20
  - Commission's relationship with the Specialty Clinic and other programs funded with the Title I and Title II (Ryan White) monies 12/15 12/6
  - Changing needs of the epidemic as it affects the Commission 1/17
  - Grand rules for the conduct of Commission meetings 12/6 12/13
  - Grievance procedures 1/3 1/8
  - The Commission as the Consortia 1/3 1/10

- Membership composition and size of Commission
- Conflict of Interest re: Commissioners and/or agencies represented on the Commission 12/6
- Selection Criteria re: HIV members 12/13

Again, it should be noted that all meetings are open to Commissioners and the interested public. The Task Force will present a set of 'Revitalization Recommendations' to the Commission on January 23, 1997.

If anyone has questions or input prior to Committee meetings, please call Gail Theller (457-2522 ext.111) or Robert Baerman (456-5711)
Planning council develops draft figures for CARE funds

Decreases evident in nearly every category

by Cynthia Laird

Proposed allocations for 17 HIV/AIDS service categories were discussed by members of the Mayor’s HIV Health Services Planning Council Monday, November 18. The group is expected to finalize funding prioritization at its November 25 meeting.

An estimated $33.4 million in federal Ryan White CARE Act funds is expected for 1997-98, a reduction of about $4 million from 1996-97 funding, according to the AIDS Office. The money is used to fund a variety of HIV/AIDS programs in San Francisco, San Mateo, and Marin counties, which comprise the Eligible Metropolitan Area (EMA).

Making funding cuts has been difficult for the council. If the reductions are made equally, each of the 17 service categories for San Francisco services would be cut by 16.5 percent. In the proposal developed Monday, some service categories were not cut by 16.5 percent, most notably primary medical care.

Others were cut more than the 16.5 percent figure, most notably the substance abuse category.

Five small groups of council members devised the proposed funding for the 17 service categories as part of the prioritization process. The small groups were facilitated by staff from the Support Center.

In order of service category priority for 1997-98, the draft funding amounts are as follows. Current figures for 1996-97 are in parentheses.

Primary medical care, $6.7 million ($7.2 million); housing and housing-related services, $4.9 million ($5.6 million); food and home-delivered meals, $1.3 million ($1.5 million); dental care, $1 million ($1.1 million); home healthcare, $1.6 million ($1.8 million); substance abuse therapy, $4.6 million ($6.4 million); case management, $1.4 million ($1.7 million); residential hospice, $600,000 ($790,000); mental health therapy, $2.8 million ($3.5 million); client advocacy, $700,000 ($850,000); transportation, $80,000 ($90,000); day and respite care, $400,000 ($560,000); buddy/companion services, $790,000 ($1 million); rehabilitation, $630,000 ($860,000); system-wide development, $190,000 ($360,000); adoption/foster care, $160,000 ($220,000); and translation, $30,000 ($30,000).

Several council members said the reason for the proposed reduction for substance abuse, the most significant decrease, is because of the city’s recent emphasis on establishing a program of treatment on demand for substance abuse.

Funding for San Mateo and Marin counties was also approved by the council. They voted 23-0, with three abstentions from the Marin and San Mateo council members, to keep funding for the two counties at the same level. San Mateo is expected to receive about $2.1 million, while Marin anticipates about $1.3 million.

The money is distributed to the two counties and then allocated to programs based on decisions by county boards.

The funding levels were maintained at the current amount because both counties have already taken reductions in CARE funds proportionate to what San Francisco is facing now, explained Gene Copello, chief of Health and Prevention Services at the city’s AIDS Office.

The planning council meets Monday, November 25 beginning at 4:30 p.m. in the sixth floor conference room at the San Francisco AIDS Foundation, 10 United Nations Plaza, at Market and Seventh streets.
DIRECT SERVICES COMMITTEE
AGENDA FOR DECEMBER 5, 1996

1. NEW BUSINESS:

A. ANNOUNCEMENTS
B. UP-DATE RE: REVITALIZATION COMMITTEE
   HOLIDAY PARTY, (POSITIVE CENTER)
   THURSDAY, 12/19/96, 4-6 PM
C. UP-DATE RE: SHORT TERM HOPWA & PROGRAM ELIGIBILITY
   GUIDELINES (LAUREL HILL - CAM)

2. FOLLOW-UP:

A. FEEDBACK RE: NEW GRIEVANCE REQUIREMENTS
B. IMPLEMENTATION OF NEW REGULATIONS
C. SCHEDULE CHANGE & TIME & MEETING PLACE OF DIRECT
   SERVICES

3. OTHER:

NEXT MEETING:

THURSDAY, JANUARY 2, 1997, 1:30-2:30, MAIN
BUDGET AND PLANNING TASK FORCE MEETING MINUTES
December 3, 1996

Present: Booth, Gorewitz, McQuade, Slattery

Chris Booth compared the information gathered and presented thus far to an outline for what was needed to develop an HIV Services Plan. She xeroxed and distributed additional epidemiological, census, and funding information which had been provided to San Francisco for the Supplemental CARE grant application. There were several questions about how the estimate of the HIV+ population in Marin was calculated and it was requested that Karen Wuopio attend the next meeting to provide this information.

Janet Gorewitz pointed out that she must provide allocation and spending information about Title II funds to the State Office of AIDS prior to the next Commission meeting. It was determined that this issue will be decided at the Executive Committee meeting on December 12th. The next meeting was scheduled for December 17th at a time and place still to be determined.

Respectfully submitted,

Chris Booth, Planner
Marin County HIV/AIDS Services
MEMORANDUM

TO: MARIN AIDS ADVISORY COMMISSION

FROM: Gail Theller, Co-Chair
        COMMISSION REVITALIZATION TASK FORCE

DATE: November 21, 1996

RE: Task Force Activities
         Oct. 25 - Nov. 15th

The Task Force has been meeting weekly on Fridays at 10:00 am at the Positive Center. Meetings have been / are open with attendance averaging between 5-6 persons.

To assist the Task Force in developing recommendations for the full Commission by the January 1997 Commission meeting, the Task Force began to review the By-Laws in order to identify structural areas that might be changed/modified in an effort to breathe new life into the Commission. Areas which have been explored in the first four meetings include the following:

- Commissions name
- Commissions Purpose/Mission
- Frequency of Commission meetings
- Methods to encourage greater participation on the part of the HIV Community in the activities and business of the Commission
- Membership composition and size of Commission
- Conflict of Interest re: Commissioners and/or agencies represented on the Commission
- Selection Criteria re: HIV members
• Development of trust and cohesiveness on the part of Commissioners

Issues which will be addressed during the next two months include:

• Continuation of conflict of interest definition
• Relationship with the SF Planning Counsel, MCF and Board of Supervisors
• Commission's committee structure
• Commission's relationship with the Specialty Clinic and other programs funded with the Title I and Title II (Ryan White) monies
• Changing needs of the epidemic as it affects the Commission
• Grand rules for the conduct of Commission meetings
• Grievance procedures
• The Commission as the Consortia

Again, it should be noted that all meetings are open to Commissioners and the interested public. The Task Force will present a set of 'Revitalization Recommendations' to the Commission on January 23, 1997.

If anyone has questions or input prior to Committee meetings, please call Gail Theller (457-2522 ext.111) or Robert Baerman (456-5711)
Housing Committee Meeting Minutes
November 21, 1996

Present: Booth, Bateman, Bristol, Gorewitz, Klor, Slattery, Wallace

1. Leslie Klor announced that Innovative Housing was closing and the employees would be let go the next day. She spoke about the success of programs she coordinated. Both the Fairfax sharing housing project and the HIV/AIDS House are fully occupied. The HIV/AIDS House is a leased property with the tenants paying more than the lease costs. The Marin Housing Authority, the Marin Community Development Block Grant program, and the U.S. Department of Housing and Urban Development will meet with Innovative Housing regarding a transition plan.

2. Roy Bateman distributed copies of Laurel Hill’s letter. It is difficult to tell from the month by month spending breakdown whether there is a funding trend. Their expenditures were $26,000 last year so an annual budget of $30,000 should be adequate. Brian Slattery asked for clarification as to the current cap and whether it is applied equally and within the same time restrictions for all clients. He also asked whether all case managers know what the Short-term HOPWA cap is.

3. A letter from Gregory Giorgi was distributed on the need for a Housing Advocate. He felt that the tasks could be done by case managers and that the funding should be used to increase clients’ rent subsidies.

4. With reference to the possibility of establishing a grace period during which clients who go back to work will not lose their HOPWA subsidy, the regulations are silent on how to calculate a client’s income. The Housing Authority uses the Section 8 regulations. The possibility of holding a slot open for 90 days was discussed. More research will have to be done to establish a clear policy. The Housing Authority staff will formulate a proposed policy for review by this Committee.

The items still to be decided include the need for a housing advocate, subsidy increases, the availability of long term beds at Leland House or elsewhere, and putting money aside for future use. For planning purposes, Roy Bateman will draft a budget which includes $25,000 per year for a housing advocate and $75,000 per year for long term beds.

Chris Booth
1. HOPWA budget projections

2. Need for a housing advocate continued

3. Impact on current HOPWA contractors of level CARE funding for 1997/98

4. Policy re effect of return to work on long term HOPWA rent subsidies

5. Innovative Housing AIDS house update
Executive Committee Meeting Minutes
November 14, 1996

Present: Booth, Baerman, Carfagno, Gorewitz, Slattery, Wallace

Donna Carfagno attended the meeting to answer any questions about the administration of the AIDS Program in Jon Dean Green’s absence. She explained that she is replacing him and people may request a meeting with her by contacting her secretary at 499-3707. The satisfaction scores for the Specialty Clinic were discussed. Since there seemed to be a good proportion of Clinic clients sampled and the satisfaction scores were good, she did not feel there was a need to collect more surveys from Clinic patients. Those clients who had expressed an interest but were not interviewed before the study ended will be sent a letter of thanks and encouraged to participate in the next survey. She feels that the complaints heard thus far do not indicate problems on a systemic level.

Brian Slattery indicated that some individuals are opposed to research at the Clinic in spite of the fact that it can save lives. Donna Carfagno reiterated that medical care and research are funded separately. Kelly Wallace noted that there has been no Clinic representation at a lot of meetings to refute inaccurate information about the Clinic. Robert Baerman cautioned that disenfranchised people will not complain for fear their services will be cut. Brian Slattery added that Marin Treatment Center regularly asks its own clients about the medical care they receive at the Specialty Clinic. Because this information stays at Marin Treatment Center clients do not fear loss of services and these clients are satisfied. The issue never seems to get resolved. Donna Carfagno stated that she is more concerned about problems with quality of care, injury, and discrimination however communication about patient expectations may help. Brian Slattery added that AIDS medicine is different because the doctor can’t keep you alive forever and staff members are stressed.

Donna Carfagno was asked when Jon Dean Green would return. She thought maybe in mid-December. Brian Slattery asked whether Marge Wuopio’s position would be filled. Donna Carfagno responded that surveillance is currently being done by Karen Wuopio. Brian Slattery expressed concern about CCLHO’s position in support of name reporting of HIV positives. Donna Carfagno indicated that Dr. Peters did not support this position. She was asked whether welfare reform would necessitate using County funding for Marin Maternity Services at the expense of funding for other county programs like the Drug and Alcohol and AIDS programs. She indicated that she would not like to pit programs against each other but would try to find other ways of financing them.
For example targeted case management can be used to cover people under emergency MediCal. The County has billed for these services but has yet to be reimbursed for them. Another concern is that with the passage of Proposition 187 no money, even local funds, can be spent on services for the undocumented.

Brian Slattery reminded Commissioners that all committees need agendas and minutes and meetings must be open and accessible to the public.

Janet Gorewitz reported that she will invite Jeff Byers, our Title II liaison, to the January meeting to discuss changes in the Title II regulations from the reauthorized CARE Act. She stated that the Commission needed to calendar a vote on the allocation of $2,053 in Title II funding in January. There don't appear to be any emergency programs at Community Action Marin that need additional funding at this time.

Kelly Wallaced announced that he attended the California Coalition of AIDS Housing meeting and discussed Marin's housing situation. He noted that housing programs in San Francisco don't accept people on methadone or substance users. HUD moneys can't be used in connection with harm reduction programs. He reported that Innovative Housing is in financial difficulty so perhaps the Commission should look into how this situation affects their AIDS House.

Respectfully submitted,

Chris Booth
### MARIN AIDS ADVISORY COMMISSION

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<td>3:00 PM - 4:30 PM WOMEN'S</td>
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- Direct Services - MTC, 1466 Lincoln, San Rafael
- HIV Clinic - Marin Med.Society, 5 Bon Air, Larkspur
- Revitalization - Positive Center 535 San Anselmo, San Ans
- HIV+Advocacy - MethoChurch, 9 Ross Valley, San Rafael
- Executive - 10 N San Pedro Rd., #1006, San Rafael
- Women's - 408 - 4th Street, San Rafael
- Housing - 10 N San Pedro Rd., #1006, San Rafael

***MAAC - MTC, 1466 Lincoln, San Rafael. Note new local.

For info about schedule of Budget & Plan. Task Force call

Printed by Calendar Creator Plus on 11/6/96

Kelly Wallace at #457-2487.
AGENDA

I. Call to Order, Anonymity, Ground Rules, Introductions

II. Review of Agenda

III. Review of October 24, 1996 Minutes*

IV. Public Comment/Input (15 minutes max.)

V. Commissioner Open Time (15 minutes max.)

VI. Co-Chair Report - Slattery

VII. Staff Report - Booth

VIII. Title II Business-Janet Gorewitz (5 min.)

IX. Committee Reports
   • Executive - Slattery
   • Budget and Planning - Wallace
   • Direct Services - Pia/Gaughan
   • HIV+ Community Advocates - Giorgi
   • Housing - Wallace
   • Women, Children & Families - McQuade/Chernow
   • Ad hoc
     - Revitalization Committee-Theller/Baerman

X. Old Business
   - AIDS Memorial Grove*-Barney Pia

XI. New Business

XII. Provider Presentation

* Vote Required
MARIN AIDS ADVISORY COMMISSION MEETING MINUTES
October 24, 1996
The Marin Institute
4:00-6:00 p.m.

Roll Call

Absent: Aquilino (N), Bayers (N), Borges (N), Estes (N), Green (E), McCray (N), Metzger (N), Pair-Taylor (N), Taverna (E), Tibbs (N), Wolf (N) [11]
STAFF: Booth, Weston
Guests: Janet Gorewitz, Judith Klain, Alysanne Taylor

The meeting began at 4:10 p.m. without a quorum. The approval of the minutes was moved to later in the agenda because a quorum was not present. The presentation by Judith Klain from the San Francisco AIDS Office was moved to the top of the agenda. She announced that the budget figures for 1996 and 1997 were favorable for AIDS funding. She and Brian Slattery both distributed funding information. She showed a videotape on the purpose of CARE planning bodies. She discussed changes in the reauthorized CARE Act. There are mandated membership categories and there must be a widely disseminated nomination process. The CARE planning body should be involved in the establishing of service priorities and the allocation of funds to these priorities rather than involved in the selection and monitoring of contractors. Funding grievance procedures must be developed which include binding arbitration. The percentage of dollars to women and children must equal their percentage incidence in the AIDS population. Perinatal transmission must be reduced 95% or mandatory testing of pregnant women will be required.

She brought a packet of materials which Gregory Giorgi asked be made available to MAAC members. Brian Slattery suggested that AIDS Program staff will review the materials and include appropriate materials in the next mailing. It was asked on what date the new program regulations would become effective and her response was that the date was unclear but not to expect to implement them until next year. She urged individuals to send letters to Washington with their concerns. For questions about what activities CARE can fund she referred people to the original 1990 PHS guidance. With regard to conflict of interest a service recipient is not considered in conflict. She added that individuals from Marin could serve on the San Francisco Planning Council however there aren’t any openings now.
The meeting was called to order at 4:50 p.m. by Brian Slattery, Chair. He explained the ground rules and the anonymity policy. Individuals were asked to introduce themselves. The following motion was seconded and passed with one abstention.

A> To approve the September 26th meeting minutes as written.

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<td>Baerman, Hallinan, D. Martin, J. Martin, McQuade, Mibach, Slattery, Theller, Wallace, Zukaitis</td>
<td>Giorgi</td>
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PUBLIC INPUT: None

COMMISSIONER OPE TIME: Kelly Wallace announced that on Mondays from 3:00-5:00 p.m. Marin AIDS Project will have drop-in support groups. On November 6th their community forum will concern spirituality and AIDS and coping with the holidays. Dave Martin announced that on November 9th there would be a MAIN fundraiser with Marga Gomez with tickets available through their office. On Sunday, October 27th MAIN is sponsoring a garage sale with Rodef Shalom at the First United Methodist Church. On Friday, October 25th MAIN’s monthly interfaith service will be held. Barney Pia announced that Project Inform will make a presentation on protease inhibitors on October 29th at 6:30 p.m. at the Wellness Program meeting. Beginning in November the Positive Center will offer free Qi Gong class. A new series of Wellness Workshops began on October 22nd. These workshops are designed as HIV information exchanges and social events for people living with HIV/AIDS and their care partners.

CHAIR REPORT- Brian Slattery

Brian Slattery requested a presentation similar to that provided by Judith Klain from Gail Theller and Janet Gorewitz for Title II regulations. There will be further discussions with Jon Dean Green about the impact of the new CARE regulations. There was considerable discussion at the last Executive Committee meeting about the need to revitalize the Commission. The Revitalization Committee will come up with recommendations prior to the election of new officers. He expressed appreciation to the Budget and Planning Task Force whose charge will be to determine new and unmet needs and develop funding contingency plans.

STAFF REPORT- Chris Booth

Chris Booth reported that the AIDS Office had been working with Judith Klain on Supplemental Application for CARE Title I funds. She announced that Sharon Linder, R.N. of the HIV Testing Program had retired and Jorge Cordoba was on a leave of absence. Alysanne Taylor announced that since the Program got a scanner Committees no longer needed to submit their minutes on disk. They do need to provide a clean copy of their minutes in order for them to be scanned for use on the Internet.
TITLE II BUSINESS-None

COMMITTEE REPORTS:

a) Executive-See Chair Report

b) Budget and Planning- Kelly Wallace

The October 22nd meeting was rescheduled to October 29th at 9:30 at Marin AIDS Project. The Committee will look at met and unmet needs. When the topic for the meeting is a service category like case management which is complex the Committee will request more input.

c) Direct Services- Gregory Giorgi/Barney Pia

Gregory Giorgi discussed the attempt to combine the HIV+ Advocacy Committee meetings with those of the Direct Services Committee. He recommended that the dental voucher program expand its cap from $1000 per lifetime to $1000 per month. He brought up the issue that there's a penalty in HOPWA for returning to work. This issue will be referred to the Housing Committee.

d) HIV+ Community Advocates-Gregory Giorgi

Gregory Giorgi reported that HIV+ Advocacy Committees had been canceled due to problems with the health of members. He stated that he had requested but not received help getting a new Co-Chair. He distributed the agenda for the next meeting and requested that service providers notify their clients. John Zukaitis offered to pass out flyers at the HIV Food Pantry. Brian Slattery questioned whether there weren't other ways to get input from those who don't go to meetings.

e) Housing Committee- Kelly Wallace

Gregory Giorgi recommended that the monthly subsidies for HOPWA recipients be raised and the issue shouldn't be tabled. He also suggested that the tasks of the housing advocate could be done by existing case managers. Kelly Wallace responded that all items reflected in the minutes are still at the discussion stage but he will bring this input back to the committee.

f) Women, Family, and Children-Kimberly McQuade

The speaker scheduled for the last meeting has been rescheduled for November 13th at 3:30 p.m. at Community Action Marin.
g) MMS/HIV Clinic - The meeting was canceled in place of a presentation by Dr. Richard Chaisson from Johns Hopkins Medical School regarding HIV and Mycobacterium Avium Complex.

h) Ad Hoc Revitalization Committee-Gail Theller stated that The Commission hadn’t changed in the past 10 years and we need to look at whether the original structure is still working. She asked who would like to be on the committee. The membership criteria are availability, interest, and commitment. Mary Taverna and Barney Pia have volunteered thus far. The Committee members should be commissioners but there will be open meetings. They will meet for the next 2 months and bring recommendations back to the Commission in January for nominations and February elections. The first meeting is scheduled for tomorrow at 10:00 a.m. at The Positive Center. Robert Baerman’s goal would be to get to know each other better. A sign-up sheet for Committee membership was distributed.

OLD BUSINESS:

AIDS Memorial Grove-Barney Pia

In 1992 Barney Pia and two Commission started looking for site for an AIDS Memorial Grove at The Civic Center. Nothing came of those plans but he wanted to resurrect the idea again. He wanted to submit a recommendation to the Board of Supervisors for the establishment of such a site. He thought there could be a competition for sculptures to be placed there. He requested that this item be on the agenda for the next meeting. He reminded people that this Grove was important to Geoff Sackett. Gail Theller volunteered to work on this project.

Brian Slattery reminded Commissioners that the next meeting was a week early because of Thanksgiving. It was scheduled for November 21st and would be held at the Marin Treatment Center. The December meeting has been tentatively scheduled for December 19th also at the Marin Treatment Center.

The meeting was adjourned at 5:45 p.m.

Respectfully submitted,

Chris Booth
Present: Kate Bristol, Kelly Wallace, Chris Booth, Roy Bateman, Jane Foster

1. The group reviewed Community Action Marin's memo in response to the Committee's request for additional information on the Short-term Rental Assistance Program. Roy Bateman will send a letter requesting a monthly expenditures breakdown from July 1995 through September 1996 to assist the Committee in planning for future funding.

An inquiry was made as to the status of negotiations on purchasing long term beds. Negotiations with Leland House will probably not go forward until 1997. Kelly Wallace suggested alternatives to purchasing out of county beds and will talk to Hospice of Marin about past efforts to use local skilled nursing facilities. Roy Bateman suggested a voucher fund for paying for a bed.

2. The group requested clarification as to what a housing advocate would do and the need for such a service. Providers felt that a housing advocate was needed but the amount of funding available for it was contingent on what was needed to fund the current programs. Questions were raised as to the source of money for a housing advocate. The possibility of using County administrative funds was considered.

Roy Bateman announced that he had gotten a call from John Wilson Bugbee who informed him that on any day in the homeless shelters (i.e., The Winter Shelter, Mill Street, Mission, Voyager) there are 10-12 people with HIV/AIDS. They are heterosexual drug users in denial about AIDS and not connected with any AIDS agencies. He wanted to discuss the possibility of obtaining HOPWA funds for operating expenses for these clients. Roy Bateman felt that before this agency got any HOPWA funding it would have to meet certain service criteria such as staff sensitivity to AIDS issues, an AIDS case manager, etc. He referred Mr. Bugbee to Chris Booth at the County AIDS Program for further discussions.

Respectfully submitted,

Chris Booth
HOUSING COMMITTEE MEETING
AGENDA
November 21, 1996

1. Further information on the Short-Term Rental Assistance program

2. Need for a housing advocate continued

3. HOPWA regulations are disincentive to return to work
PLANNING COUNCIL PROCESSES:
ROLES, RESPONSIBILITIES & OPERATION OF
PLANNING COUNCILS
Planning Council
Responsibilities

Sec. 2602(b)(4)(A)
Establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that the grantee should consider in allocating funds under a grant based on the:

- documented needs of the HIV infected population;
- cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);
- priorities of the HIV-infected communities for whom the services are intended; and
- availability of other governmental resources.

Implications

- Increased understanding of roles and responsibilities of the PC and the grantee; clear, written definitions capturing roles and responsibilities, expectations, and directions regarding the best ways to meet priorities.

- Increased knowledge and expertise on the part of the PC:
  - Understanding of communities, needs, resources.
  - Understanding of local regulations and disbursement procedures.

- Clearly defined process that will be used to identify priorities; increased PC buy in and team work; increased ownership and participation of the PC in the needs assessment.

- Increased efforts in accessing communities.

- Increased accountability on the part of the PC the local community and DHS. Allows DHS to clearly link priorities to the needs assessment, resources etc.
Sec. 2602(b)(B)
Develop a comprehensive plan for the organization and delivery of health services described in section 2604 that is compatible with any existing State or local plan regarding the provision of health services to individuals with HIV disease.
Planning Council
Responsibilities

Sec. 2602(b)4(C)
Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.

Implications

♦ Increased understanding of roles and responsibilities of the PC and the grantee; clear written definitions capturing roles and responsibilities, and expectations.

♦ Possible increased costs.

♦ Increased time, effort, and expertise on the part of the PC.

♦ Increased coordination with grantee. May require access to information regarding contractors and the delivery of services.

♦ Increased efforts in accessing communities in order to assess effectiveness of services.
## Planning Council Responsibilities

**Sec.2602(b)4(D)**
Participate in the development of the Statewide coordinated statement of need initiated by the State public agency responsible for administering grants under Part B.

### Implications

- Increased time, effort and expertise on the part of the PC.
- Increased responsibility - representing the needs of the EMA on a state level.
- Increased need for data reflecting the needs of the EMA.
- Increased preparation on the part of the PC in order to present a unified strategy.
- Increased communication with the State and greater awareness of state identified needs and planning.
Planning Council
Responsibilities

Sec. 2602(b)4(E)
Establish methods for obtaining input on community
needs and priorities which may include public
meetings, conducting focus groups and convening ad
hoc panels.

Implications

♦ Increased accountability in obtaining in-put regarding community
  needs and priorities.

♦ Increased understanding of populations.

♦ Establishing credibility/trust with a community.

♦ Increased time and effort.
REAUTHORIZATION ISSUE PAPER:

COST AND OUTCOME EFFECTIVENESS

Workshop Times/Place:

Tuesday, July 30
1:30- 3:00 noon
Capitol Room
(Legislative Requirements)

Tuesday, July 30
3:30- 5:00 noon
Capitol Room
(Legislative Requirements)

Thursday, August 1
10:30 - 12:00 noon
Forum Room
(Standards of Care/Unit Cost)

Thursday, August 1
1:30 - 3:00 p.m.
Cabinet Room
(Standards of Care/Unit Cost)
I. Introduction

In a time of shrinking resources, it is crucial to consider cost and outcome effectiveness when making resource allocation decisions. Both Congress and the American public are questioning the value of public programs; thus it is important to have indicators that the system is working and that funds are spent wisely.

In recent years efforts to measure outcomes and impact of government programs have increased. The Government Performance and Reporting Act of 1995 sets performance goals for all Federal programs for fiscal year (FY) 1999. The Public Health Service Agencies are involved in various initiatives designed to improve health outcomes and demonstrate program effectiveness—among them Healthy People 2000 and the Centers for Disease Control and Prevention’s (CDC) HIV Prevention Community Planning Process.

The reauthorized CARE Act includes several references to and requirements regarding the use of cost and outcome effectiveness in Title I planning council decision-making and Title II consortia activities. Several proposed action items to address the provisions are outlined below.

II. Legislative Background

Title I

In Section 2602(b)(4), the Ryan White CARE Act Amendments of 1996 mandates that Title I HIV Services Planning Councils "...establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that the grantee should consider in allocating funds under a grant based on the —

(i) documented needs of the HIV-infected population;

(ii) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);

(iii) priorities of the HIV-infected communities for whom the services are intended; and

(iv) availability of other governmental and non-governmental resources."

Cost and Outcome Effectiveness/p. 20
Section 2602(b)(4) also states the Planning Council must "...assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and, at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs."

The conference report on the reauthorized CARE Act states:

"...it is the intent of the Committee that the planning council consider the effectiveness of various service delivery mechanisms in terms of cost and outcome (i.e., number of people served, reduction in hospital length of stays, etc.). It is not the intent of the Committee to require planning councils to research and document such measurements in order to justify a certain priority. To the extent that data are reasonably available, the planning council should consider these factors. The committee does not intend that planning councils use an excessive amount of resources to implement this provision, which would be better utilized to provide services under the CARE Act. The committee affirms its commitment to the local determination of the planning council and the allocation of scarce resources in accordance with unmet need of groups and subpopulations."

Title II

The Ryan White CARE Act as amended maintains a reference to cost effectiveness in the applications that consortia must make to the State for Title II funding. Section 2613(c)(D) states that in their application to the state, consortia must demonstrate a mechanism to evaluate periodically: "(i) the success of the consortium in responding to identified need; and (ii) the cost-effectiveness of the mechanisms employed by the consortium to deliver comprehensive care".

III. Expectations/Operational Definitions

Title I

Use of cost and outcome effectiveness information will be one of four factors to be considered by the Planning Councils when determining priorities for the allocation of funds. Planning Councils will continue to use comprehensive needs assessments and demonstrate the maximum use of alternative resources when setting priorities for the allocation of funds. Further, the needs assessment process and monitoring of provider performance should provide information that reflects the priorities of the HIV-infected communities for whom the services are intended.
Information about outcome effectiveness should also provide data about the quality of care that is being provided. The process of identifying and using performance indicators should become an integral part of the grantee's and Planning Council's quality improvement strategy and not merely a reporting or monitoring tool.

Two general approaches to implementing the cost and outcome effectiveness provision for Title I were expressed by participants of both an interagency and a grantee meeting. First, a time-phased approach should be taken, with both short and long term activities. Second, activities for implementation should occur at distinct levels, primarily federal and local. The following action items describe those approaches:

- **Action Item #1**: Local

Grantees/Planning Councils should assess the continuum of care in their region and initially define: 1) at least 2-3 priority service areas, including core elements for each area (definitions must be consistent with the more general AAR definitions); 2) service units for each service area identified; and 3) unit costs for selected service areas.

Grantees/Planning Councils should describe their process for defining these factors in the FY 1997 supplemental application. This process should involve provider and consumer participation and might consist of ad hoc working groups of the Planning Council, public forums, etc.

The process for defining these factors should be described in the FY 1997 supplemental application and implementation of this process should begin in FY 1997. The definitions, service units and unit costs for the priority service areas selected should be finalized and implemented in FY 1998. Defining these factors for additional priority service areas should be continued for subsequent fiscal years.

- **Action Item #2**: Local

Grantees/Planning Councils should identify at least 2 to 3 performance indicators, specific to the service areas they have selected, that would be beneficial for planning, prioritization, implementation, and quality assessment of health care and support services strategies and interventions. These indicators might include PCP incidence, TB incidence, access issues (number of persons served by demographics), perinatal transmission (076 implementation), etc.

Grantees/Planning Councils should describe their process for identifying and selecting performance indicators. This process should be provider and consumer driven and might consist of ad hoc working groups of the Planning Council, public forums, etc.
The process for identifying performance indicators should be described in the FY 1997 supplemental application and implementation of this process should begin in FY 1997. The performance indicators identified should then be considered in the priority setting process for FY 1998. Development of additional performance indicators should be continued for subsequent fiscal years.

- **Action Item #3**: Local

For the priority service areas selected (at least 2-3), grantees should require RFPs and each provider contract to include: 1) definitions of services provided; 2) units of service; and 3) unit cost information that are consistent with those developed by the planning council and/or grantee.

The process for incorporating these elements into the RFPs and contracts should be described in the FY 1997 supplemental application and implementation of this process should begin in FY 1997. Incorporation should be finalized and implemented in FY 1998.

**Action Items #1-3**: Federal

HRSA will provide technical assistance as needed and access to existing information and program materials related to these action items.

*Note: Action items 1-3 would provide the information infrastructure necessary to assist the planning council in assessing program cost and outcome effectiveness and for consideration in setting priorities for the allocation of funds.*

- **Action Item #4**: Local and Federal

At the local level, consideration of existing knowledge about cost and outcome effectiveness when determining priorities for the allocation of funds.

At the federal level, HRSA will explore methods of making information available regarding significant cost and outcome effectiveness research for services that could be considered by the planning councils when setting priorities for the allocation of funds. For example, a compendium of research literature, modeled after the CDC’s “What Intervention Studies Say About Effectiveness: A Resource for HIV Prevention Community Planning Groups,” might be developed. The information would need to be available by May of FY 1997 for consideration in the FY 1998 priority setting process.
Action Item #5: Local and Federal

Grantees may participate, when appropriate, in studies designed to provide or increase information about the cost and outcome effectiveness of specific service areas.

As the data infrastructure evolves and planning councils begin to assess cost and outcome effectiveness in the priority setting process, information gaps should be identified. If resources permit, studies targeted towards these information gaps should be done in collaboration with HRSA, grantees and other federal agencies.

Action Item #6: Federal

If resources permit, HRSA should conduct national studies (sentinel studies) regarding the impact of CARE Act programs and service delivery models on the health status of persons living with HIV as measured by specific outcome indicators. The focus should be on ambulatory, outpatient care.

National studies regarding client impact could be done in collaboration with HRSA, grantees and other federal agencies.

Title II

The legislation refers specifically to the cost effectiveness of service delivery mechanisms, of which information may be limited in scope, availability and direct application to local health care delivery systems used by consortia. A compendium of existing literature addressing the cost effectiveness of various service delivery systems could be developed (Action Item #4 above), however, its usefulness to consortia may also be limited. Although the legislation does not require consortia to consider cost and outcome effectiveness for priority setting many of the action items described for Title I programs could be beneficial for Title II consortia.

Action Item #1

Use the Statewide Coordinated Statement of Need process to discuss strategies for integrating Title I and II data/reporting systems at the local level and their use in planning and priority setting.

States will describe activities to coordinate, consolidate, or make data reporting consistent i.e., the use of standard service definitions, service units, unit cost, and performance indicators, in their formula applications.

Timeline dependent on SCSN timelines.
REAUTHORIZATION ISSUE PAPER:

GRIEVANCE PROCEDURES

Workshop Times/Place:

Wednesday, July 31
3:30 - 5:00 p.m.
Capitol Room

Thursday, August 1
10:30 - 12:00 noon
Congressional Room
I. Introduction

The Ryan White CARE Act Amendments of 1996 require both planning councils and grantees to establish procedures for addressing “grievances with respect to funding.” Those procedures must include binding arbitration for any disputes that cannot be resolved by other means. The legislation requires HRSA to develop model grievance procedures for grantees and planning councils to use as a guide. HRSA is further required to review and approve the locally developed procedures. Grantees are not eligible to receive Title I funding until these grievance procedures are in place and approved by HRSA.

The grievance procedure requirements are particularly challenging for several reasons:

1. Grantees and planning councils each must have the procedures in place and HRSA must approve them in order for an EMA to receive any Title I funds. In order not to hold up the distribution of Title I formula funds, grantees will have to submit their grievance procedures in advance of the formula application. To ensure enough time to review and approve local procedures (and work with grantees to make any necessary changes), grantees will likely need to submit the grievance procedures by November 1. This time line gives grantees and planning councils 3 months to develop and establish their grievance procedures.

2. Grantees may be restricted in their ability to enter into binding arbitration due to local rules that may prohibit government entities from entering into such a process. Grantee representatives to the National Meeting are asked to consult with their local officials and be prepared to discuss these potential restrictions at the Grievance Procedure workshop.

3. Procedures must be balanced to achieve legislative intent while not inviting complaints that could delay/stall the distribution of funds to local service providers.

This draft paper outlines a basic model for grievance procedures based on two round table discussion meetings. The first meeting was held June 17 with grievance procedures experts. These experts included representatives from the Federal Mediation and Conciliation Service, the American Arbitration Association, the National Association for Community Mediation, the Council of Better Business Bureaus, and the Department’s own experts on mediation and alternative dispute resolution. Several of the grievance procedure experts also attended a second meeting on July 28 with grantee and planning council representatives. Participants at that meeting further developed and refined a basic model procedure.
II. Legislative Background

Section 2602(b)(6) requires planning councils to "develop procedures for addressing grievances with respect to funding under this part, including procedures for submitting grievances that cannot be resolved to binding arbitration. Such procedures shall be described in the by-laws of the planning council and be consistent with the requirements of subsection (c)."

Section 2602(c)(1)(A), referred to in the previous paragraph, requires that "the Secretary..., through a process that includes consultations with grantees under this part and public and private experts in grievance procedures, arbitration, and mediation, develop model grievance procedures that may be implemented by the planning council under subsection (b)(1) and grantees under this part. Such model procedures shall describe the elements that must be addressed in establishing local grievance procedures and provide grantees with flexibility in the design of such local procedures."

Section 2602(c)(1)(B) requires that "the Secretary... review grievance procedures established by the planning council and grantees under this part to determine if such procedures are adequate. In making such a determination, the Secretary shall assess whether such procedures permit legitimate grievances to be filed, evaluated, and resolved at the local level."

Finally, Section 2602(c)(2) states that "to be eligible to receive funds under this part, a grantee shall develop grievance procedures that are determined by the Secretary to be consistent with the model procedures developed under paragraph (1)(A). Such procedures shall include a process for submitting grievances to binding arbitration."

Paragraph (1)(A) refers to the model grievance procedures developed by HRSA.

The conference report on the reauthorized Act contains the following language on grievance procedures:

"The Committee wishes to emphasize that the grievance procedures should be locally established, with assistance from the Secretary. The procedures are to be reviewed by the Health Resources and Services Administration to ensure that they adequately address potential conflicts and grievances.

Both the legislative language and conference report explanation are compromises based on a Senate bill that included federal arbitration of local disputes (including appropriate sanctions) and a House bill that included no language on grievances. The final language clearly establishes that implementation of grievance procedures and
resolution of disputes are to take place at the local level. The federal role is limited to providing technical assistance and review of the local procedures.

III. Expectations/Operational Definitions

This discussion draft is an initial attempt to shape the grievance procedure requirements. If a more explicit model is necessary, one can be developed following the National Meeting which should result in a more refined outline. DHS is prepared over the next few months to work with grantees and planning councils in developing their procedures. Conference calls and other communications may be helpful for grantees and planning councils to talk to each other and to DHS staff.

Formula/Supplemental Applications

Grantees and planning councils must demonstrate compliance with the grievance procedure requirements in their FY 1997 application for Title I formula funding. An EMA must have acceptable grievance procedures in place before HRSA can make a formula grant to that EMA. This time line will likely mean that grievance procedures will be submitted as a separate part of the formula application early enough to enable the Division to review the procedures and assure they are consistent with the model.

The supplemental application will include a more qualitative description of how the grievance procedures were developed and how they work to ensure that disputes are resolved.

Basic Principles from DHS

1. Planning councils and grantees are not expected to develop grievance procedures from scratch. Existing policies and procedures may need to be modified or expanded to meet the legislative requirements. In some cases an explicit articulation of an existing process may be all that is necessary. It is not the legislative intent nor DHS policy that existing local processes be changed if they are working successfully at the local level and they meet the basic requirements of the law.

2. The DHS model for grievance procedures will be a basic template which will include the essential elements and minimum criteria for an acceptable grievance process. Planning councils and grantees are expected to incorporate those basic elements in a more detailed process developed locally.

3. The legislation clearly limits the required planning council grievance procedures
to decisions related to funding. The grantee requirements only reference the HRSA model and do not directly address the types of grievances that grantees must address. The HRSA model which both planning councils and grantees should use as a standards will only address grievances related to funding. Grantees and planning councils are encouraged to establish grievance procedures for resolving other potential disputes such as consumer complaints brought against providers, other contract performance issues, and planning council appointment/representation issues.

4. One of the most challenging problems grantees and planning councils will face in developing grievance procedures is how to avoid delaying the decision-making and allocation process. DHS strongly encourages grantees and planning councils to consider "windows of opportunity" to grieve individual components of those processes. Time lines and "windows of opportunity" should be short enough so as not to hold up the process of allocating and distributing funding to service providers.

5. Based on the consultative discussions with issues experts, grantees, and planning council representatives, the following framework may be useful in structuring and thinking about a grievance process.

I. Pre-Dispute, Preventative Mechanisms

The key to a successful grievance process is prevention of disputes and addressing them as early as possible. Key to early intervention is open communication. Important processes and procedures regarding comprehensive, inclusive participation in the decision-making process, conflict of interest management, and written, publicized operating procedures will be expected of both planning councils and grantees. DHS considers these pre-dispute mechanisms as essential to the grievance process.

These pre-dispute mechanisms are not usually thought of as part of a formal grievance procedure, but they are vital to ensuring that as few disputes as possible will ultimately be settled through such a process. Grantees and planning councils should have many of these mechanisms already in place, based on their experience administering the CARE Act locally and existing DHS recommendations, policy, and guidance material.

Several new provisions of the reauthorized CARE Act can also be thought of as pre-dispute mechanisms, such as the open nomination requirement, the planning council conflict of interest standard, and the clear legislative intent that local processes at all levels be inclusive of people affected and infected by the
HIV epidemic.

Specific examples of dispute avoidance mechanisms include:

- clear understanding through written documents (e.g., planning council by-laws, written explanation of grantee’s RFP process) of grantee and planning council processes, especially those related to allocating funds to service priorities and vendor selection
- on-going training and technical assistance of planning council members and applicants for funding on local processes for decision making and vendor selection
- statement of decision-making principles
- notification of results of process and public comment period (e.g., publication of the needs assessment, the service priorities agreed to by the planning council and the results of RFP process)
- mechanisms to get feedback from providers (both funded and unfunded), planning council members, coalition groups, etc. on how grantees and planning councils can improve the decision-making process

II. Mediation

Mediation is a process to resolve disputes through negotiation and compromise. In mediation a neutral person or entity facilitates a discussion with the affected parties to reach a mutually agreeable solution to the dispute. Mediation, in general, is a less formal process than arbitration. In arbitration, a third party to the dispute renders a solution that is final and binding.

Many forms of mediation exist. In some cases a third party might facilitate a discussion between the disputants; in other cases the mediator may discuss the issue with the disputants separately and suggest a solution. The important aspect of mediation that makes it different from arbitration is that the affected parties create and agree to the solution. In the specific context of CARE Act grantees and planning councils, mediation may involve an open discussion of the issue with the grantee, the planning council or specifically designated committee. Important aspects of successful mediation include:

- a demonstrated willingness to discuss disputes
identification of a contact person, group, or committee that can hear a complaint or dispute and help guide an informal discussion process

identification of outside resources to help resolve an issue that may not be resolvable internally (e.g., mediation services, community leaders, etc.)

III. Arbitration

Arbitration should be seen as the last resort to settle a dispute that cannot be resolved through some form of internal or external mediation. Unlike mediation, arbitration involves the rendering of a decision by a third party that is binding on both parties to the dispute. The process of arbitration, from intake to resolution, also requires much more formal mechanisms. Such mechanisms include:

• standard grievance form which would include a statement of the dispute and a suggested remedy

• identified person or entity to receive the formal grievance who can explain the formal grievance process

• a set of written rules that both parties to the dispute must follow (e.g., time frames, response times, etc.)

• identification of a neutral arbitrator to decide the dispute (e.g., professional arbitration service, mutually agreeable third party, local judicial officer, etc.)

Basic Model/Criteria For An Acceptable Grievance Process

This model is applicable to both planning council grievance procedures and those developed by the grantee.

I. Decisions Related to Funding

At a minimum, grievance procedures must address decisions regarding and/or a failure to follow:

• needs assessment process (applies to planning councils)

• comprehensive planning process (applies to planning councils)

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• priority setting process (applies to planning councils)
• allocation of funds to service categories (applies to planning councils)
• process used to select particular service providers (applies to grantees)

II. Who Can Grieve (Standing)

At a minimum, the following individuals and entities must be allowed to bring a grievance against the planning council and/or grantee:

• members of the planning council (either as individuals or as a group of individuals)
• service providers affected by a process of the planning council and/or grantee
• consumer groups/PLWH coalitions affected by a process of the planning council and/or grantee
• other affected individuals as determined locally (Note: Planning councils and grantees should consider any limitations to the grievance process very carefully. Restricting access to the process can create tension and distrust.)

III. Pre-Dispute Mechanisms

At a minimum, grantees and planning councils should have the following pre-dispute mechanisms in place or in development:

• written planning council by-laws including the basic operating procedures of the council (e.g., committee structures, conflict of interest management processes, voting procedures, etc.)
• written explanation of the grantee's allocation/RFP process

IV. Mediation/Informal Conflict Resolution

Some form of mediation or informal process to reach a mutually agreeable
solution to a dispute must be part of the grievance process for both grantees and planning councils. At a minimum, the following processes must be in place to resolve conflicts and disputes through negotiation/mediation:

- a statement of principles on how disputes should be settled without binding arbitration
- identification of a contact person or entity to receive inquiries and disputes, attempt informal resolution and manage referrals to mediation
- identification of one or more potential mediators (e.g., a person, committee, community organization, or other entity) available for mediation referrals or to facilitate a discussion of the issue between the disputants (Note: the parties to the dispute may also mutually decide upon a mediator/facilitator)
- a time limit for mediating the dispute (with an opportunity for the disputants to extend the time if all disputants agree) so as not to stall the decision-making/allocation process

V. Arbitration

If all other mechanisms to resolve disputes have been exhausted, planning councils and grantees must have a process in place to resolve the dispute through arbitration, which is binding on both parties. At a minimum, the arbitration process must include:

- a standard, written form which includes a statement of the grievance, an explanation of attempted mediation, and a suggested resolution
- identification of a contact person or entity to receive the formal, written grievance
- a written set of rules governing the arbitration process
- identification of a neutral, third party to resolve the dispute
- a time limit for arbitrating the dispute so as not to stall the decision-making/allocation process
REAUTHORIZATION ISSUE PAPER:

PLANNING COUNCIL NOMINATIONS

Workshop Times/Place:

Tuesday, July 30
1:30 - 3:00 noon
Hampton Room

Wednesday, July 31
10:30 - 12:00 noon
Executive Room
I. Introduction

The Ryan White Care Act Amendments of 1996 includes new language regarding the nomination process of Title I Planning Councils. The legislation is broad in mandating an "open" process with publicized criteria. Those criteria include conflict of interest standards which are addressed in a separate DHS policy.

In developing this issue paper, DHS staff surveyed seven EMA grantees or Planning Council representatives regarding their present nomination policies, how those policies were developed, problems in implementing these policies and an assessment of how they have worked. DHS also asked survey participants what the basic elements of an open nomination process should include and what their recommendations were for DHS to assure that the established nomination processes are actually open.

All of the seven survey participants had a nomination process or policy in place and six of the seven have formal policies contained in the Bylaws. Most participants reported filling positions at interim points during the year instead of on an ongoing basis and all areas reported that their policies have worked well. Delayed approval of nominees through the CEO’s office was reported as a problem by some of the participants.

II. Legislative Background

Section 2602(b)(1) of the reauthorized CARE Act states: “Nominations to the planning council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Such criteria shall include a conflict of interest standard for each nominee.”

III. Expectations/Operational Definitions

The Chief Elected Official or their designee is responsible to ensure an open nominations process. It is the expectation of DHS that this would be done in collaboration with the Planning Council, and the process incorporated into the Planning Council’s Bylaws.

It is the expectation of DHS that an open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, will result in broad and diverse community inclusion and culturally competent deliberations in planning council processes. DHS expects that CEOs will only approve and/or appoint members of the planning council who have gone through
the nominations process and that appointments will be made in a timely way to assure minimal disruption of planning council activities.

DHS encourages planning councils and grantees to seek nominations to the planning council and make selections from a wide spectrum of potential members. Successful recruitment activities include ongoing solicitation of potential planning council members through existing council members, service providers, outreach to staff working with clients, flyers distributed at various events and print advertising. Special outreach is often necessary to reach certain populations. These efforts include: close working relationships with service providers and PWA coalitions and use of PWA newsletter advertisements, buddy/mentoring programs for new members, and word-of-mouth.

Formula/Supplemental Applications

Grantees and planning councils must demonstrate compliance with the open nomination requirements in their FY 1997 application for Title I formula funding. An EMA must have acceptable procedures in place before HRSA can make a formula grant to that EMA.

The supplemental application will include a more qualitative description of how the nomination procedures were developed and how they work to ensure the goals outlined above.

Minimum Criteria for an Acceptable Nominations Process

The following outline contains minimum standards against which EMAs can establish an open nominations process. The Chief Elected Official or their designee is ultimately responsible to ensure an open nominations process. It is the expectation of DHS that this process would be developed collaboratively with the Planning Council, and the process incorporated into the Planning Council’s Bylaws.

1. General Criteria

   The nominations process must:
   • be determined and announced before the process begins
   • be in writing
   • specify required representation groups and categories (including the required legislative groups, reflectiveness of the epidemic and geographic areas of the EMA

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have open-ended questions to capture information about
ominee experience and background
be written in the Council Bylaws

II. Recruitment
At a minimum, planning council recruitment of potential planning council
members must include:
- advertisements in local HIV publications, with subcontractors,
in press releases, and community announcements
- stipulation of time, conflict of interest, and HIV disclosure
requirements

III. Nominations
At a minimum, the process for nominating someone to the planning council
(including nominations from the CEO and grantee) must:
- be handled through established nominations, or membership
committee, with open meetings to solicit nominations
- include more than one nominee - at either the committee level
or CEO level
- ensure that the nominations committee is representative and
impartial

IV. Selection
At a minimum, the selection of nominees must:
- be based on the publicized criteria
- be conducted at established times
- fill vacancies on a timely basis
REAUTHORIZATION ISSUE PAPER:

PLANNING COUNCIL MEMBERSHIP

Workshop Times/Place:

Tuesday, July 30
1:30- 3:00 noon
Hampton Room

Wednesday, July 31
10:30 - 12:00 noon
Executive Room
I. Introduction

The Ryan White CARE Act Amendments of 1996 include several changes related to the composition of the planning council. Specifically, the CEO must appoint representatives of several new provider and population categories to the planning council and, "in its composition", the planning council must "reflect the demographics of the epidemic in the EMA, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

This draft paper outlines some initial steps to defining and measuring planning council reflectiveness. These steps are based on the DHS staff discussions, a conference call held on June 11 with PLWH representatives and a meeting of national constituency groups held on June 18. Participants in those meetings discussed the following questions:

- How should DHS measure "reflectiveness" of the planning council composition?
- What is the relevance of personal demographic characteristics of a particular planning council member?
- Is the relevance of a planning council member's personal demographic characteristics dependent on whether that member represents a required organization or is a PLWH?

II. Legislative Background

Section 2602(b)(1) requires that a planning council "reflect in its composition the demographics of the epidemic in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

Section 2602(b)(2) lists the required representatives who the CEO must appoint to the planning council. Additional members include representatives of: substance abuse providers (which are included with mental health providers in one category), historically underserved groups and subpopulations (which are included with affected populations and people living with HIV disease in one category), the State Medicaid agency, the Title II grantee, Title IV grantees, and other Federal HIV programs.

Beyond the legislative language in the reauthorized bill, the conference report contains little guidance on the reflectiveness provision or new representative requirements.
However, the report accompanying the Senate bill defines other Federal HIV programs as including HOPWA programs and AIDS Dental reimbursement programs. That report also contains the following paragraphs:

"The representation of people living with HIV/AIDS and consumers of Ryan White services is of importance to the effectiveness of the planning council process. People living with HIV/AIDS on the planning council should themselves, reflect the range of affected communities. The committee seeks to give a voice to various groups and subpopulations affected by HIV.

"The Committee strongly believes that HRSA should monitor the policies of all EMA's regarding representation of disproportionately affected communities at all levels of decision making in the planning council. In addition, the committee recommends that HRSA establish a guidance standard for all EMA's for the membership on the planning council by people living with HIV/AIDS.

"Effective participation in decision-making processes requires more than just filling a designated slot on the planning council. HRSA should monitor the effectiveness of planning councils in fostering the active and meaningful participation of people living with HIV/AIDS, and actively address noncompliance with representation requirements through its administrative authority.

"The committee intends that provider representatives on the planning council have a history of delivering services to affected communities and people with HIV. The committee has added planning council membership of other Federal HIV programs in order to maximize coordination, and integration of services.

III. Expectations/Operational Definitions

DHS has consistently emphasized that to be truly effective in meeting their legislatively mandated responsibilities, Title I planning councils must have well-supported consumer participation and have membership that is consistent with the local demographics of the epidemic. The CARE Act Amendments and the accompanying Conference Report provide further directives to the Department and to Title I EMAs on achieving these important objectives.

Definition of Terms

This paper, and the tools which accompany it, address representation and reflectiveness.
Representation in this context refers only to the 12 legislatively defined categories of membership. The Division acknowledges that there are broader definitions of the term, but focuses here only on the specific legislative requirements which it is charged with monitoring.

Reflectiveness in this context refers to the degree to which a planning council manages to “reflect in its composition the demographics of the epidemic...”. After close consultation with consumers and national constituents, followed by substantial internal discussion, DHS asks grantees and planning councils to consider the following principles with regard to reflectiveness:

❖ to “reflect” does not mean to identically mirror (e.g., if 1.5 percent of local AIDS cases are Asian/Pacific Islanders, 1.5 percent of planning council members must be from that community)

❖ formulaic mandates (e.g., membership must fall within 10 or 15 percent of each significant demographic variable in the local epidemic) from HRSA could result in councils that are too large to function effectively and/or nominations processes that placed more emphasis on “filling in boxes” than identifying capable individuals who can contribute to a functional group

❖ the tools which EMAs use to monitor performance on this critical element must have genuine utility at the local level, must be consistent across all EMAs, and must be consistently assessed by DHS.

Formula/Supplemental Applications

The formula application will require grantees to complete two charts on the composition of the planning council. These charts are designed to assist grantees, planning councils and DHS staff in looking comprehensively at the planning council composition. The information will be used further to inform a process of defining the term reflectiveness and establishing a clear standard for measuring it.

The supplemental application will include an update to the two planning council charts (as necessitated by any membership changes), accompanied by a more qualitative description of how the planning council ensures cultural competence and that the voices of affected and infected populations are heard. Such a description would include:

❖ a discussion of how the council both as a whole and in its sub-parts is both representative and reflective of the epidemic
• a discussion of how the council is structured and the resources available to support its functioning
• a discussion of how conflict of interest is managed and minimized; and
• a discussion of how all of the above work together to ensure/facilitate the inclusion of affected and hard to reach populations at all levels of planning council decision-making.

Measuring Representation

The first attachment to this document is a one page instrument (which could be distilled to a 3"x5" card) to gather information from individual planning council members or nominees. A record number could be substituted for the name field to assure anonymity, if necessary.

The two forms which follow the individual information instrument are matrixes which assess representation and reflectiveness. The first form (Chart 1) lists each of the 12 legislatively mandated categories of representation. For each category, the number of planning council members by gender, ethnicity, and HIV sero-status is reported. This chart provides planning councils, grantees and CEOs with a useful tool for assuring that required categories of membership are appointed, and that diversity is carefully considered and reflected in those decisions.

Each planning council member can fill only one representation category even though they may be qualified to fill more than one (e.g., an affected community member who is also the executive director of an AIDS service organization). As membership on the planning council changes, an individual member may be moved from one representation category to another in order to meet the legislative requirements. At any given time, however, that member can only fill one slot.

DHS would be required to delay a formula grant to any Title I EMA that did not conform to the requirements of the statute. If the EMA submits Chart 1 with one or more required categories unrepresented (i.e., if no planning council member fills a legislatively mandated category), or if all categories of membership are appointed, but a significantly affected community is not reflected in the chart, DHS will assess the options available to bring the composition of the planning council into conformance.

EMAs are to review the demographics of the planning council in the context of the demographics of the epidemic in the EMA. If significant variations from the demographics of the epidemic exist, the EMA is expected to remedy them. An acceptable application for formula funds should conform to the requirements of the
statute or contain a time-specific plan to bring the composition into conformance. Consistent with previously-issued policy and the instructions in the Conference Report, the number of planning council members living with HIV or AIDS must equal not less than 25 percent of the total number of positions (including vacancies) on the planning council. DHS emphasizes that the 25 percent requirement is a minimum, and strongly encourages even greater participation of people with HIV disease as voting members.

The second form (Chart 2) assesses the extent to which critical areas of interest or expertise are reflected in the council membership and the level of ethnic, gender, and organizational diversity that exists across these broad areas. This form is an effort to assist nominating committees and CEOs to achieve the "artistry" involved in composing and maintaining an effective council which also meets legislative requirements. This chart will be assessed by DHS in terms of both demographic diversity and in terms of the balance within each area of expertise between planning council members who are or represent public officials, service providers and affected community members.

If upon completing Chart 2, for example, a planning council, grantee or DHS discovers an absence of affected community voices in a particular area, a gap has been identified that needs to be corrected in the next round of appointments. If an individual resigns or is removed from the council, it is easy to assess the gaps that departure will leave in the fabric of the council, which can guide the search for a successor. EMAs should expect to receive guidance from the Division -- including a requirement for a corrective action plan or acceptance of technical assistance -- if gaps are numerous or if they persist over time, especially if those gaps mean less participation by people directly affected by the HIV epidemic.
Attachment One
Characteristics of Individual Planning Council Members/Nominees

Name (or number, for anonymous reporting) ____________________________________________

Please note: the race/ethnicity and HIV transmission categories on this form are those used for
CDC AIDS surveillance. The information you provide on this form will be (anonymously)
combined with that of other people across our community and the nation, and we therefore ask
that you select the categories with which you most closely identify, even if you don't use identical
language in describing yourself.

I am:

___ Male
___ Female

My race/ethnicity is:

___ White/not Hispanic    ___ Black/African American    ___ Hispanic
___ Asian/Pacific Islander ___ American Indian/Alaska Native

I ___ do ____ do not self-identify as HIV-infected

The federally-mandated category of planning council participation which I represent is (please
enter one only):
__________________________________________________________________________

Please identify the top three areas of interest or expertise which you can contribute to the
Council, entering a 1, 2, or 3 (with “1” being highest).

___ Gay/bisexual men’s HIV health needs    ___ Injecting drug user’s HIV health needs
___ Women’s HIV health needs    ___ Adolescent HIV health needs
___ Pediatric/child HIV health needs    ___ General Public Health
___ Substance use/abuse issues and services    ___ Mental health issues and services
___ Other non-medical support issues and services    ___ Health and/or social service planning

Please continue on page 2
## Chart 1: Matrix forLegislatively Mandated Membership Categories

| Mandated Categories of Representation                                                                 | White       | Black/African American | Hispanic/Latino | Asian/Pacific Islander | Am. Indian/Alaska Native |
|                                                                                                        | Male        | Female                 | Male           | Female                 | Male                    | Female                 |
| Health care providers, including Federally Qualified Health Centers                                   |             |                        |                |                        |                         |                        |
| CBOs serving affected populations/ASOs                                                                |             |                        |                |                        |                         |                        |
| Social Service Providers                                                                              |             |                        |                |                        |                         |                        |
| Mental Health and Substance Abuse Providers                                                            |             |                        |                |                        |                         |                        |
| Local Public Health Agencies                                                                          |             |                        |                |                        |                         |                        |
| Hosp. Planning Agencies or health care planning agencies                                               |             |                        |                |                        |                         |                        |
| Affected Communities, including PLWHIV or PLWA and historically underserved subpopulations            |             |                        |                |                        |                         |                        |
| Non-elected community leaders                                                                         |             |                        |                |                        |                         |                        |
| State Government (Including Medicaid Agency and Title II)                                             |             |                        |                |                        |                         |                        |
| Title III(b)                                                                                            |             |                        |                |                        |                         |                        |
| Title IV, or organizations operating in the area with a history of serving children, youth, and families with HIV |             |                        |                |                        |                         |                        |
| Other Federal HIV Programs                                                                             |             |                        |                |                        |                         |                        |

Instructions: For each mandated category, enter the number of planning council members by race/ethnicity and gender. In parenthesis after that number, enter the number of that group who self-identify as living with HIV or AIDS.
<table>
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<tr>
<th>Principle Interest/Expertise</th>
<th>White Group 1</th>
<th>White Group 2</th>
<th>White Group 3</th>
<th>Black/African American Group 1</th>
<th>Black/African American Group 2</th>
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<th>Asian/Pacific Islander Group 3</th>
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Instructions: For each expertise category, enter the number of planning council members by race/ethnicity and the following groupings:

- **Group 1**: Representatives of State government, local public health agencies, hospital or health planning agencies.
- **Group 2**: Representatives of health care providers, CBOs serving affected populations, ASOs, social service providers, mental health and substance abuse providers, Title III(b) grantees, Title IV grantees, and other Federal HIV programs.
- **Group 3**: Representatives of affected communities, non-elected community leaders
REAUTHORIZATION ISSUE PAPER:

TITLE I CONFLICT OF INTEREST

Workshop Times/Place:

Tuesday, July 30
10:30 - 12:00 noon
Hampton Room

Wednesday, July 31
1:30 - 3:00 p.m.
Congressional Room
Introduction

The Ryan White CARE Act Amendments of 1996 include a variety of legislative changes intended to further support and provide for the development, organization, coordination and operation of effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease. Other changes were made to increase the accountability of planning councils and their members and to ensure that decisions made by them are free of conflicts of interest. In particular, planning councils may not be directly involved in the administration of a grant to a provider nor designate particular entities as recipients of grants. Individual planning council members must also agree to comply with new statutory measures relating to conflicts of interest.

This draft position paper defines conflict of interest based on past program experience, a review of Title I and II FY 1996 grant applications, recent input from constituents of the Health Resources and Services Administration, and the new amendment language.

II. LEGISLATIVE BACKGROUND

The Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996, introduces a new legislative requirement related to conflict of interest. The specific citations are as follows:

Sec. 2602(b)(1) indicates that planning council "candidates shall be selected based on locally delineated and publicized criteria"... and that "Such criteria shall include a conflict-of-interest standard for that is in accordance with paragraph (5)."

Sec. 2602(b)(5)(A) contains conflict of interest requirements governing the planning council as a whole. It states: "The planning council under paragraph (1) may not be directly involved in the administration of a grant under section 2601(a)."... and: "the planning council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amounts provided in the grant."

Sec. 2602(b)(5)(B) contains conflict of interest requirements governing individual members of the planning council. It states: "An individual may serve on the planning council under paragraph (1) only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private..."
organization, and such entity or organization is seeking amounts from a grant under section 2601(a), the individual will not, with respect to the purpose for which the entity seeks such amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose."

The Joint Explanatory Statement of the Committee on Conference provides some explanation regarding the conflict of interest provisions. The Manager's Statement which accompanies the CARE Act reauthorization contains the following language:

"It is the intent of the Conferees that the planning council provide guidance to the grantee regarding the types of organizations that may best meet each service priority established by the planning council. Types of organizations may, for example, include outpatient clinics, community-based organizations that historically have served affected communities and other types of organizations that meet criteria outlined in the legislation (i.e., cost effectiveness, priority of the affected community, etc.) While the conferees expect the grantee through the grant making process to satisfy the target population, service, and service delivery priorities established by the planning council, they do not intend that the planning council select which particular organizations receive funding, either by specific direction or by narrowly describing a type of organization. The legislation clearly states that such a planning council role is prohibited. The Conferees expect that the planning council will help to guide the grantee in how best to meet the established service priorities."

III. Expectations/Operational Definitions

Planning councils must review their bylaws to ensure that they include a conflict of interest standard that incorporates the following components:

1. that the planning council may not be directly involved in the administration of the Title I grant, (i.e., managing provider contracts)

2. that the planning council may not designate particular entities as recipients of any amounts of Title I funding, (i.e., naming or approving particular entities to receive funding), and

3. that individuals serving on the planning council who have a financial interest in
or are members of a public or private entity seeking Title I funding, will not participate directly or in an advisory capacity, in the process of selecting entities to receive Title I funding within that particular service category.

The FY 1997 Title I Formula Grant Application will require submission of the planning council's bylaws which address these components.

IV. ADDRESSING CONFLICT OF INTEREST

The Division of HIV Services (DHS) has developed a framework for managing conflict of interest and strongly encourages Title I planning councils to adopt its principles. The principles are broad, but provide basic direction for grantees and planning councils beyond the requirements of the law. The ideas and recommendations were compiled from meetings with grantees and planning council members. The steps necessary to managing conflict of interest include its definition, identification, and resolution. Each of these is described in the monograph below, and for successful management each step needs to be part of a routine process by which the planning council addresses its decision making responsibilities.

Defining the Problem

The reauthorized CARE Act emphasizes the different roles of Title I planning councils and grantees and requires that the council not designate particular providers as recipients of any Title I funds. This function is the responsibility solely of the grantee. Because individual planning council members have expertise in the delivery of HIV care and support services, certain members may also be asked to review funding applications as part of the grantee's RFP process. The reauthorized CARE Act also places limitations on these activities, even though they are outside the responsibilities of the planning council itself.

Notwithstanding the limitation of the council to specify particular service providers, a new duty of the council is to include in the priority setting process, how best to meet each established priority. [NEEDS ADDITIONAL LANGUAGE BASED ON OGC ANALYSIS].

Although the legislation does not define conflict of interest beyond the selection of particular entities, conflict of interest can be defined as an actual or perceived interest by the member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. This actual or appearance of a bias in the decision making process is based on the dual role played by many planning council members, who in addition to serving on the council are often affiliated with other
organizations, either as an employee, a member, or in some other capacity. It is incumbent on the planning council as a whole to define conflict of interest, including those actions and relationships covered and to develop an appropriate management plan. This definition and plan should be based on the deliberations of the council and be part of the council's operating procedures and by-laws. Most States and local governments have conflict of interest standards in place and councils may wish to refer to those and assess whether they govern the activities of the council and also satisfy the requirements of the reauthorized CARE Act.

In most instances, conflict of interest does not refer to persons living with HIV disease (PLWHs) whose sole relationship to a Title I funded provider is as a client receiving services.

Identification of the Problem

The potential for conflict of interest is present in all Ryan White processes: needs assessment, comprehensive planning, priority setting, allocation of funds, and evaluation.

An actual or perceived conflict of interest can occur in the conduct of a needs assessment, particularly with respect to its implementation in planning, priority setting and resource allocation. While needs assessment should be based on consumer needs, not provider needs, it is very important to realize that providers have a strong role to play in identifying needs. A good needs assessment contains input from consumers and providers and should not be dominated by either group.

Planning and the process of setting priorities and allocating resources by the planning council must be kept separate from those actions of the grantee which procure services and select service providers. The setting of priorities should flow from the results of the needs assessments and not from the individual interests of the planning council members.

Conflict of interest can also occur in the comprehensive planning process. For effective planning, planning councils must develop a structure for planning (i.e., clearly define how planning will take place), including the specific steps in the development of a plan, actions steps, and a time line for implementation. Planning councils must also develop a process for planning (i.e., a way for making things happen). Finally, a plan must be developed and put into action. Clear responsibilities for actions and time lines will ensure that changes occur.

In evaluation, conflict of interest can also be a problem. Evaluation results should be directly tied to funding procurement by the grantee. Evaluation and evaluation results
should be components of the criteria in the funding application process.

Dealing with the Problem

Planning councils should make every effort to implement orderly processes for meetings to allow for input from planning council and community members. Requests for time to comment regarding concerns should be submitted in advance of planning council meetings and should be limited, while allowing for diverse expression and full debate.

Most planning councils and grantees use a disclosure form which must be completed by each planning council member. This form should provide the relationship of the person to each organization that can benefit from the action by the planning council. Many planning councils require members to declare their conflicts of interest annually, or semi-annually, or, in some councils, at every meeting. Periodic disclosure form updates maintain accurate information. Disclosure forms should be updated routinely, perhaps at a minimum of once every 12 months. More frequent disclosure may be preferable.

Other actions may also be taken which may impact how members conduct themselves at meetings. One council provides its members with a matrix of members and their conflicts of interest at every meeting. Other councils may provide members with the council's mission statement at every meeting to remind them of the purpose of their work. One council has members sign a declaration of commitment to the purposes or goals of the council in order to keep their intent clear before them in their actions. What is important here is bringing members back to what is the objective nature of their work, back to the "passion" which brought them to the process in the first place, in order to refine the intent of their actions.

Processes which are well-defined and open to the public protect the interests of all planning council members. Open, objective review processes protect both the grantee and the planning council. Objective review committees of service provider applications should be composed of persons who are not involved in any way with the organizations receiving funding. The criteria for review, the process of selection, and the appeal process should be published beforehand.

In order to maintain systems which are effective and minimize conflict of interest, planning councils should review their polices, procedures and bylaws to ensure they satisfactorily address conflict of interest. They can benefit from creating term limits and staggered terms for members, so that there is opportunity for new voices to be heard. Planning councils might develop a plan to better inform community members and develop strategies to attract more members. It is also important to plan events where
council members can experience renewal of spirit and energy as part of their participation.

The entire planning council should bear the responsibility for recruitment of new members and provide orientation and ongoing mentoring for members to be effective participants in the council, as a priority. This formal orientation process should include discussion of conflict of interest.

Resolution of Conflict of Interest

The successful resolution of conflict of interest most often is dependent on the adoption of conflict of interest standards and their routine application in planning council decisions. Although conflicts of interest cannot always be totally resolved to every planning council member's satisfaction, an open process and the recognition to manage conflicts as they arise can mitigate its effects.

Responsibility for addressing actions to resolve conflict of interest should be assigned. The chair of a planning council may assume this responsibility or a committee can be formed to resolve conflict of interest. In either case, a decision is made as to how the conflict of interest will be addressed according to a method expressed in the polices and procedures and the bylaws.

Planning councils may address different conflicts of interest in different ways: the council can have the person or persons with a conflict not participate in voting on issues relating to a particular organization or category of service, or can go farther and exclude a person from being present in the room when a deciding vote is taken, or from participating in the discussion of a particular category of service with which they have a conflict of interest. Or, if the exclusion of a sizeable portion of the council results in few members voting, the council may decide to allow one person or a number of persons representing that service to participate in both the discussion and the voting.

The planning council should be aware that there are no perfect solutions to conflict of interest. Most often, councils exclude members in conflict of interest from voting, but some make the argument that everyone in the planning council is inherently in conflict, and that all need to participate in the discussions that precede voting, that if everyone with a conflict of interest were removed, there would be no one to participate.

The planning council must decide what is its most fair and comfortable method of addressing conflict of interest and clearly define it in their bylaws. Decisions which promote an insular, exclusive implementation approach are discouraged by DHS. Keeping participation open, but structured, keeps communities involved in a constructive way.

Title I Conflict of Interest/p. 7
The same principles apply for groups that are Title I only or a combination of Title I and Title II; or have component areas which are rural or frontier. The fewer the participants, the more a planning council must use methods that tap into the opinions of other groups in the community, like a PLWH caucus or other planning group. The more coordination between groups, the better the planning process for all. A grantee or planning council must address its local situation, develop a strategy on how to increase participation, and frame its options in ways that meet the needs of the community best. Awareness of conflict of interest keeps everyone alert to what is influencing decisions.

V. Summary

Planning council processes involving conflict of interest should be open, public, and defined in the policies and procedures and in the bylaws. Processes should include a definition of conflict of interest, a method of disclosure, the duration that the disclosure is effective, and a method or methods of resolution. These processes also need to define what actions taken by the planning council and its members are governed by the conflict of interest standards. Planning councils may not participate in the grantee functions of administering Title I funds, procuring services, or selecting service providers.

The comments and recommendations contained in this framework reflect the suggestions of numerous Title I grantees and planning council members, including PLWHs, over the last six years of the CARE Act. They are based on the experience of many persons who have participated in and those who continue to participate in trying to improve the implementation of the Ryan White CARE Act in a meaningful way.
# Marin AIDS Advisory Commission

**November 1996**

## Schedule of Meetings

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<tr>
<th>Sunday</th>
<th>Monday</th>
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<tr>
<td>Direct Services - MTC, 1466 Lincoln, San Rafael</td>
<td>HIV+Advocacy - MethoChurch, 9 Ross Valley, San Rafael</td>
<td>Executive - 10 N San Pedro Rd., #1006, San Rafael</td>
<td>Women's - 408 - 4th St., San Rafael</td>
<td>Housing - 10 N San Pedro Rd., #1006, San Rafael</td>
<td><strong>MAAC - MTC, 1466 Lincoln, San Rafael. Note change of date and location.</strong></td>
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<td>For information about schedule of Budget &amp; Planning Task Force call Kelly Wallace at #457-2487.</td>
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Printed by Calendar Creator Plus on 10/9/96
AGENDA

I. Call to Order, Anonymity, Ground Rules, Introductions

II. Review of Agenda

III. Review of September 26, 1996 Minutes*

IV. Public Comment/Input (15 minutes max.)

V. CARE Act Reauthorization Summary-Judith Klain, San Francisco AIDS Office

VI. Commissioner Open Time (15 minutes max.)

VII. Co-Chair Report - Slattery

VIII. Staff Report - Booth

IX. Title II Business-Janet Gorewitz (5 min.)

X. Committee Reports
   • Executive - Slattery
   • Budget and Planning - Wallace
   • Direct Services - Pia/Gaughan
   • HIV+ Community Advocates - Giorgi
   • Housing - Wallace
   • Women, Children & Families - McQuade/Chenow
   • MMS/HIV Clinic - Estes

XI. Old Business

XII. New Business
   - Revitalization Committee-Theller/Baerman
   - AIDS Memorial Grove-Barney Pia

* Vote Required
BUDGET AND PLANNING TASK FORCE MEETING MINUTES
October 1, 1996

Present: Kelly Wallace, Chris Booth, Brian Slattery, Kimberly McQuade, Barney Pia, Janet Gorewitz

As background Kelly Wallace discussed how the model for this task force, the Budget and Planning Subcommittee of the HOPWA Working Group in Los Angeles, worked. Chris Booth asked him what kind of data the Subcommittee used to make their recommendations. It was clarified that the charge of this task force is to make draft recommendations to the full Commission.

The task force discussed the kinds of data they would like to review. They plan to use the results of the needs assessment/satisfaction survey recently conducted by San Francisco. The suggestion was made to have fiscal agents compare lists of clients in the same service category to determine the number of unduplicated clients served. Several problems with using this approach were identified. The task force will have to consider the effect of the new HRSA regulations on those services which can be funded by CARE moneys in the future. If funding reductions are necessary then the options of client co-pay and changing client eligibility requirements (e.g., HIV status) for a service can be investigated.

The process for integrating information from the task force by the Commission was discussed. A half-day retreat on planning was suggested. Janet Gorewitz asked for the group’s opinion in having Gail Theller pursue obtaining technical assistance money from the Marin Community Foundation. It was decided that such funds were not needed at this time.

The next meeting is scheduled for October 22nd at 9:30 at MAP. For the next meeting the fiscal agents for Titles I and II will bring data per service category on the funding amounts, number of FTEs/programs, the units of service and unduplicated clients served last fiscal year and the same information for this fiscal year.

Respectfully submitted,
Chris Booth

BUDGET AND PLANNING TASK FORCE MEETING
October 22, 1996
AGENDA

1. Review of data from fiscal agents of Titles I and II
MARIN AIDS ADVISORY COMMISSION MEETING MINUTES
September 26, 1996
The Marin Institute
4:00-6:00 p.m.

Roll Call

Absent: Aquilino (N), Borges (N), Estes (N), Giorgi (E), Green (E), Hallinan (N), D. Martin (N), Mibach (E), Pair-Taylor (N), Tibbs (N) Zukaitis (E) [11]
STAFF: Booth, Weston
Guests: Kenn Binder, Penny Chernow, Janet Gorewitz, Pamela Lichtenwallner, Katrena Rey

The meeting was called to order at 4:10 p.m. by Brian Slattery, Co-Chair. He explained the ground rules and the anonymity policy. Individuals were asked to introduce themselves. He announced that it was William Rogers' last meeting because he had taken a new job in the East Bay. The approval of the minutes was moved to later in the agenda because a quorum was not present.

PUBLIC INPUT: None

COMMISSIONER OPENTIME: Dennis McCray distributed invitations to all Commissioners to attend CenterPoint's 25th Anniversary celebration fundraiser. Brian Slattery stated that he and Dennis would work something out to sponsor Commissioners living with HIV who wanted to attend but couldn't afford the ticket. Barney Pia acknowledged CenterPoint's good work. Kelly Wallace announced that on October 16th Marin AIDS Project will host a community-wide forum for service providers and consumers entitled, "Choosing Paths in the Age of Protease Inhibitors." The speakers will be Irwin Keller of the AIDS Legal Referral Panel, Mark Misroc of Positive Resources, Dori Sproul of MAP, and Mark Bowers of BETA. The forum will beheld at Kaiser in conference rooms 3 & 4 at 7:00 p.m.

Barney Pia said a friend's recent diagnosis of liver disease reminded him that there is a poor prognosis for those with hepatitis and HIV and there are still few options for prevention and treatment of liver disease. Brian Slattery concurred that more than 90% of IDU's are testing positive for hepatitis and the majority of those with hepatitis
and AIDS are killed by the liver disease. The treatment options for this disease are primitive compared to those for HIV.

Kimberly McQuade announced that she was stepping down as Secretary. Martha Metzger announced that Kaiser is presenting a Women and Wellness workshop on October 12th from 9:00 a.m. to 4:00 p.m. at the Marin Civic Center, Marin Showcase Theater. The cost is $5 and you can call the Theater to RSVP. As part of the workshop, Penny Chernow will be presenting a discussion on women and HIV. Brian Slattery announced that the latest issue of PI Perspective had an article on protease inhibitors.

CO-CHAIR REPORT- William Rogers

Brian Slattery stated that William Rogers' leaving will create a void and how we proceed with leadership will be discussed at the next Executive Committee meeting and be a topic for the next full Commission meeting. Brian Slattery said he will miss William and although he was not Co-Chair long he did a lot of work in the prevention arena. Brian Slattery said William Rogers reminded Commissioners that it’s up to us to stop the disease. He thanked him for reminding us that new infections don't need to keep happening. He also praised his altruism. He presented William with a plaque from the Commission.

William Rogers responded that the plaque meant a lot. He said he was sad to leave but he made the decision for himself, his partner, and his health. His new job will be for the city of Berkeley allocating dollars to community-based organizations for HIV prevention education. He explained that his recent absences were for surgeries in June and July, and vacation in August. He felt the County was lucky to have such high quality services and attributed that to people at the table. He felt that a couple of things needed to be done. The Commission needed to be reinvented to deal with the waning, burnt out feeling. He encouraged Commissioners to get involved in a task force on this topic.

He stated that he was not sure what would happen with filling his Youth Advocates' seat but expected his replacement, Lisa Sterner, to take the seat after she had more time in the job and he expected her to continue to advocate for HIV prevention. He felt the Co-Chair position was difficult for him with his work load and regretted he didn't support Brian Slattery more. He thought people didn't appreciate the behind the scenes work of that job and should cut each other some slack. He felt Kelly Wallace would be a good person to take over his Co-Chair job.

Mary Taverna said she appreciated William's leadership and steadfastness. Janet Gorewitz appreciated his integrity. Gail Theller said she was impressed with his levelheadedness and said the Commission would miss him. Barney Pia thanked him for acknowledging people and reminded Commissioners to treat each other as they
would a volunteer for their own agency. Elaine Weston thanked him for his work on the teen clinic. Dennis McCray added his thanks also.

STAFF REPORT- Chris Booth

Chris Booth announced that Jon Dean Green had had to have his ankle surgery moved up to the next Tuesday and he would be out of the office for the next 6 to 8 weeks. In his absence Elaine Weston and she would handle the office. She announced that the local health officers had voted to support mandatory HIV reporting by name and there would be a workshop on that topic on October 4th in San Jose. She announced that the Human Rights Commission was accepting nominations for their Martin Luther King Jr. awards until October 4th if the Commission wanted to nominate someone. They did recognize people for their AIDS work as shown by the award last year given posthumously to Geoff Sackett. She announced that although it was not AIDS-related, the United Way had $19,500 available for services for gays/lesbians and $10,000 for services for girls. There were some research studies looking for participants-a study seeking 20 HIV negative women which paid $40 and a study seeking heterosexual partners of HIV+ individuals. For further information on the first study contact Kimberly McQuade; for further information on the second study contact Elaine Weston or Chris Booth.

Barney Pia asked to whom to direct requests for Specialty Clinic medical records in Jon Dean Green's absence. It was anticipated that these requests would go through Karen Wuopio. Brian Slattery and Barbara Bayers pointed out errors in the September statistics report. Barbara Bayers also had questions about the mortality rate at San Quentin.

TITLE II BUSINESS-None

COMMITTEE REPORTS:

a) Executive- Brian Slattery reported that the topic of the last meeting was revitalizing the Commission. It was felt that there were too many committees and people were burnt out. We had to consider changing the way we're doing budget and planning. The process will be like that used in prevention planning. A task force with chairs Kelly Wallace and Chris Booth will meet twice a month for 6 months and come out with a product at the end which will include how we make priority decisions if there are funding cuts. Brian Slattery urged Commissioners to vote for those politicians who supported AIDS services. Gail Theller volunteered to Chair the task force about re-energizing the Commission. Interested parties should come to the next Executive committee meeting or phone Gail Theller to express their interest. Gail Theller praised Brian Slattery's work since the beginning of the Commission.

b) Budget and Planning- Kelly Wallace announced that he would be in D.C. for the AIDS Quilt so the Budget & Planning task force meeting needed to be rescheduled.
The meeting was rescheduled for October 1st at MAP at 10:00 a.m. He will also miss the next Executive Committee meeting. The following individuals expressed interest in attending the Budget and Planning task force meeting: Janet Gorewitz, Robert Baerman, Barney Pia, Kimberly McQuade, and Brian Slattery. The Committee plans to have an outline of a workplan by next month. Mary Taverna raised the question of conflict of interest. It was acknowledged that this is always a problem and people have to be honest and declare whether or not they are a service provider or beneficiary of a service.

c) Direct Services- Barney Pia announced the needs assessment satisfaction survey conducted by San Francisco had been completed.

d) HIV+ Community Advocates- The meeting was canceled.

e) Housing Committee- Kelly Wallace reported that the Committee is looking at the different HOPWA-funded contracts and determining how they’re working. The Committee is considering the possibility of two types of short term emergency fund programs. They are also discussing whether people coming out of recovery programs need a higher subsidy. It was noted that it is hard for people on the short-term program to switch to the rent reimbursement program in the long-term program.

f) Prevention and Education Committee- Barbara Bayers reported that she had met with Barry Zack, Committee Co-Chair. He is reviewing a video she gave him and she’s reviewing the currently funded HIV prevention programs. She has someone interested in doing an HIV prevention video for young children.

g) Women, Family, and Children- Kimberly McQuade reported that the Committee’s last presenter was from the women’s health services at Montecito. The next step was to review what they’d heard about different programs serving women and then make a report in a few months. Mary Taverna said the Medical Society Committee would be interested in the information and asked whether the Commission would approve any proposal first or not.

Provider presentation-The Positive Center

Barney Pia described the retail and service provision structure of the Positive Center as well as the philosophy that guides the Center. He provided budget and personnel details. Kenn Binder described the Wellness Group and Katrena Rey described the retail store. Gail Theller acknowledged the development of an organization by and for the HIV+ community and the provision of peer socialization and support. She thought The Center provided a safe environment. She praised him for the philosophy of not dividing people by illness to avoid any backlash from people for AIDS funding. She urged everyone to tour the store.
OLD BUSINESS - The following motion was seconded and passed unanimously:\footnote{1}

\begin{itemize}
\item A> To approve the July 25th and August 22nd meeting minutes as written.\footnote{1}
\end{itemize}

\begin{table}[h]
\begin{tabular}{|l|l|}
\hline
\textbf{Vote on Motion (A):} & \textbf{FOR:} Baerman, Bayers, J. Martin, McCray, McQuade, Metzger, Pia, Rogers, Slattery, Taverna, Theller, Wallace, Wolf (13) \\
\hline
\end{tabular}
\end{table}

The meeting was adjourned at 6:00 p.m.

Respectfully submitted,

\begin{flushright}
Chris Booth
\end{flushright}

Chris Booth
DIRECT SERVICES
COMMITTEE

Minutes from October 3rd 1996 meeting

Present: Laura Gaughn (MTC), Vikki Otto (M.A.I.N.), Barney Pia (Positive Center)
        Majid Howells (MAP), Roberto Jamarillo (Specialty Clinic), Carol Hennen Heath
        (Hospice of Marin), Joan Monheit (Hospice of Marin), Jane Foster (HOPWA),
        Laurel Hill, (Community Action Marin)

Guest: Gregory Giorgi (HIV Advocates Committee).

ANNOUNCEMENTS

Vikki Otto announced that the next monthly Healing Service will be October 25th with John McGrana (formerly of
Kairos) facilitating. M.A.I.N. will be holding a fund-raiser at Centerstage on October 9th

HIV ADVOCATES COMMITTEE

Gregory Giorgi reported that this committee was experiencing difficulties in functioning due to lack of
participating members and asked for service providers to encourage clients to participate. A discussion ensued
regarding the pros and cons of somehow combining the two committees. Barney expressed that a closer working
relationship between the two committees would help foster a greater sense of teamwork. Suggestions included,
having the HIV Advocates Committee (HAC) become a sub-committee with responsibility for following through on
specific tasks. having the HAC meet quarterly, with that meeting combined with Direct Services.

Committee will consider further. Co-chairs will raise the issue at next Executive Committee meeting.

RECORDING OF MEETINGS

Gregory Giorgi announced that he would be tape recording the meeting in accordance with the Brown Act.
Barney Pia stated that while he understood that this was permitted under the Brown Act, that in order to set a more
collaborative tone at the outset of discussions about the feasibility of combining the Direct Services Committee and
the HIV Advocates Committee, he invited Gregory to consider not tape recording the meeting in order that
members would not feel intimidated. Gregory explained that he routinely used the tape recorder at the HAC
meetings to help him develop minutes but graciously offered to not do so at this meeting.

SITE VISITS

To date no information was available about when or whether site visits would be conducted. Concern was again
expressed that adequate notice be given to allow agencies to gather relevant material so as to minimize the impact
on time available for the provision of direct service.

NEEDS ASSESSMENT / SATISFACTION SURVEY

Survey conducted under the supervision of SF Office of AIDS has been completed. Members need information
about the number of total participants. Roberto Jamarillo reported that approximately 20 interviews were conducted
at the Marin Specialty Clinic. Barney Pia reported that 14 were conducted at The Positive Center, figures for other
agencies were not available at this time. Barney reported that results of the survey were due to be presented to the
SF Office of AIDS at the end of October, co-chairs will ascertain when Marin results would be available.
Members debated the methodology of the survey. Majid expressed concern at the low level of reimbursement for
participants Others expressed concern over the screening mechanism for participants. Committee recognized that
that while imperfect, this survey was a useful tool.
GRIEVANCE PROCEDURE

Laura distributed 'Standards for a formal agency grievance procedure for clients'. This has been adopted by San Francisco. Members were requested to take this procedure back to their respective agencies for review and input and bring comments back to next meeting. It was suggested that this could be included in the Universal Intake.

UNIVERSAL INTAKE

Barney Pia provided members with the revised Financial Workup portion of the Universal Intake (UI). (Copy of revised UI attached). Laura Gaughn distributed copies of the revised Confidentiality Release.

Implementation of this revised UI will begin immediately. The revised Financial portion indicates whether client is enrolled in financial assistance programs and services two purposes, 1) to assist intake workers in ensuring clients (where eligible) are enrolled in all financial assistance programs available, 2) to avoid duplication of effort when cases are referred to another agency (i.e. when referring to Hospice of Marin).

Agencies requiring additional copies of the complete revised UI should contact the County AIDS Office to whom a master set will be provided.

IMPACT OF NEW HRSA REGULATIONS

Committee discussed implication of new regulations and how they may affect access to services and distribution of emergency funds. Barney Pia reported that Jon Dean Green had said that proposed changes would not affect current contracts. Co-chairs will seek clarification from County Office of AIDS. Co-chairs will obtain copies of proposed HRSA regulations and will distribute to committee members.

DENTAL FUND

Gregory Giorgi raised concerns over limit of fund (Currently $1000 lifetime max.) specifically for persons who may have special needs. Laurel Hill (CAM) reported that the program was responsive to special needs situations and had not experienced problems with level of funding to date.

MEETING TIMES

Committee explored ways of reducing the number and scheduling of the various commission and inter-agency meetings in order that staff time could be more efficiently utilized. Currently there are 5 meetings requiring representation from agencies that occur on Thursdays (not all of them meet each month). In addition, The Marin AIDS Advisory Commission meets once a month on a Thursday.

Marin Medical Society
Direct Services
Kaiser HIV Services
InterAgency Meeting
Executive Committee

The recommendation of the committee is that the various meeting dates be changed to the following schedule, with all meetings scheduled to meet at the same time 1:30-2:30pm.

1st Thursday of the month Direct Services
2nd Thursday State AIDS Project
3rd Thursday InterAgency
4th Thursday State AIDS Project

Members will take back this recommendation to their respective agencies/members for input. If this arrangement is agreeable, co-chairs will send a calendar schedule of meetings to all members.
OLD BUSINESS

- Access to Medical records
- Confidentiality issues/releases of information
- Meeting time/date
- Presentation by Human Concern Center
- New guidelines from HRSA and how they may affect emergency funds/programs.
- HIV Advocacy Committee. Issue of whether Committees should be combined.
- Grievance procedures from SF and incorporating them into Marin.

NEW BUSINESS

- Results from Needs Assessment/Satisfaction Survey
- Marin AIDS Memorial site

AOB

Minutes respectfully submitted by

Barney Pia
Co-Chair, Direct Services Committee.
Executive Committee Meeting Minutes
October 10, 1996

Present: Theller, Baerman, Pia, Slattery, Booth

A quorum was not present but there was a general discussion of the future leadership and organization of the Commission. Several problems were identified. Barney Pia felt that there are too many committees with only a few people doing the work. Perhaps there could be a change in the meeting schedule as has been done with the Interagency case managers' group. The purposes of the various committees need to be reviewed. Robert Baerman wanted to see more cooperation between committees.

There was a more in depth discussion of the purpose of the Revitalization Committee. It was decided that a nominating committee would be appointed from this committee. Brian Slattery concurred that this reworking of the Commission should occur prior to the appointment of a new Chair. Robert Baerman offered to help Brian Slattery in the remainder of his term. Robert Baerman offered to be Co-chair of this Committee with Gail Theller. The Committee's first meeting will be held October 25th at 10:00 a.m. at The Positive Center.

Chris Booth
CARE ACT REAUTHORIZATION SUMMARY
(CARE ACT AMENDMENTS OF 1996)

TITLE I

Eligibility Requirements. Starting on October 1, 1996 a new area becomes eligible for Title I funding only if it has a cumulative total of 2,000 AIDS cases as measured over the most recent five year period. Existing law counts those 2,000 cases starting with the very first cases reported to the CDC.

Starting immediately, in order to be eligible for Title I funding, an area must have a population of 500,000 or more. This provision does not apply to any area that was eligible for funding in FY 1995 or any previous fiscal year.

Any area that is eligible to receive funding in FY 1996 is automatically eligible in FY 1997 and in each subsequent fiscal year.

Planning Council Representation. The planning council must reflect in its composition the demographics of the epidemic in the EMA with particular consideration given to "disproportionately affected and historically underserved groups and subpopulations." The planning council cannot be chaired solely by an employee of the grantee.

Representatives of the following organizations/groups are newly required to sit on the planning council: federally qualified health centers; CBOs serving affected populations; substance abuse providers; historically underserved groups and subpopulations; State Medicaid agency; State Title II program; Title IV programs; and grantees under other Federal HIV programs.

Planning Council Nomination Process. The nomination process used to identify planning council members must be open and the criteria used to select members must be delineated and publicized. The criteria must include the conflict of interest standard as outlined in the legislation.

Planning Council Duties. In setting priorities for the allocation of funds, the planning council must now also include "how best to meet each priority and additional factors that the grantee should consider in allocating funds." The priorities and the
considerations for the grantee must be based on: documented need; cost and outcome effectiveness; priorities of the HIV communities for whom the services are intended; and availability of other governmental and non-governmental resources.

The planning council, at its discretion, can assess the effectiveness of services offered in meeting the identified need.

The planning council must participate in the development of the Statewide Coordinated Statement of Need and must establish methods for obtaining community input on needs and priorities.

**Conflict of Interest.** The new legislation strictly prohibits the planning council from being involved in the selection of particular entities to receive Title I funding.

Individual members of planning councils must agree that if they have a financial interest in, are a member of, or are employed by an organization, they will not “with respect to the purpose for which the entity seeks...amounts, participate (directly or in an advisory capacity) in the process of selecting entities to receive such amounts for such purpose.”

**Grievance Procedures.** Planning Councils and grantees must develop procedures for addressing grievances with respect to funding. Those procedures must be consistent with the model procedures developed by HRSA.

HRSA is required to develop model grievance procedures that grantees and planning councils can use in developing their own processes. The models are to describe the elements that must be addressed in the local procedures. HRSA is also required to review the locally developed procedures and determine if they are adequate.

**Formula Awards.** The Secretary is required to disburse funds to eligible areas not later than 60 days after the appropriations become available in each fiscal year. Funding distribution is based on an estimate of living AIDS cases in each EMA as measured over the most recent 10 year period. The density factor in the current formula is eliminated.

The legislation requires that the formula awards cannot be less than a certain percentage of the FY 1995 awards. Supplemental funds are to be used to fund these hold harmless provisions. In FY 1996, no EMA can receive less than its FY 1995 award. In FY

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1997, no EMA can receive less than 99% of its FY 1995 award. In FY 1998, no EMA can receive less than 98% of its FY 1995 award. In FY 1999, no EMA can receive less than 96.5% of its FY 1995 award. In FY 2000, no EMA can receive less than 95% of its FY 1995 award.

• **Applications.** The formula applications must include an assurance from the EMA that it has participated or will participate in the SCSN process and that the services it provides under the comprehensive plan are consistent with the SCSN.

The supplemental application must demonstrate the inclusiveness of the planning council membership with particular emphasis on affected communities and people living with HIV and it must demonstrate that the proposed services are consistent with the SCSN.

Both applications must demonstrate that the grants made by the EMA in the previous fiscal year were consistent with the priorities established by the planning council in that year.

• **Special Projects of National Significance (SPNS).** The legislation requires that 3% of the Title I appropriation is to be set aside for the SPNS program.

• **Severe Need.** In determining an EMA's severe need, the legislation requires that certain factors be considered. These factors are: STDs; substance abuse; TB; severe mental illness; other relevant co-morbid factors; new or growing populations of PWAs and homelessness.

The legislation requires (to the extent practicable) the use of national, quantitative incidence data that is available for each EMA to measure severe need. Two years are granted to develop a quantitative mechanism to compare severe need across EMAs. Use of this mechanism is to be phased in beginning in FY 1998.

• **Single Application.** The legislation gives authority to the Secretary to combine the formula and supplemental applications into a single application and use it to make a single award combining formula and supplemental funds.

• **Use of Funds.** Private for profit entities are eligible to receive funding if they are the only available provider of quality HIV care in the area. Substance abuse treatment
programs, and mental health treatment programs are also specifically cited as eligible to receive funding.

- **Priority for Women, Infants, and Children.** EMAs must use a certain percentage of their award to fund services for infants, women, and children with HIV. The minimum percentage is the percentage of women, infants, and children with AIDS within the total population of people with AIDS.

- **Administrative Costs.** Grantees are still required to hold their administrative expenses to 5% of the total grant award. These expenses are now defined as routine grant administration, preparation of financial reports, audit requirements, and activities associated with the RFP process.

Entities and subcontractors to which the grantee awards funds are required to limit their administrative costs such that in the aggregate not more than 10% is spent on administrative costs. Under this measure, each entity has some flexibility on administrative limits, as long as the administrative expenses added across all the entities does not exceed 10% of the total amount allocated to those entities.

The administrative costs for subcontractors are defined as usual and recognized overhead, management and oversight functions, and other types of program support.

- **Technical Assistance.** The legislation requires HRSA to provide technical assistance, including peer-based assistance, to assist newly eligible EMAs in establishing planning councils and to assist entities in complying with CARE Act requirements.

HRSA may also make planning grants available to metropolitan areas, not to exceed $75,000, projected to be eligible for Title I funding in the following fiscal year.

**TITLE II**

- **Use of Funds.** States are now permitted to provide directly all Title I eligible services, in addition to the other four eligible Title II services. However, states are required to deliver such services through consortia (where consortia exist) unless they demonstrate that non-consortia delivery is more effective.
• **Priority for Women, Infants, and Children.** The 15% minimum funding requirement for women, infants and children is eliminated in the new legislation. States must use a certain percentage of their award to fund services for infants, women and children with HIV. The minimum percentage is the percentage of women, infants, and children with AIDS in the total population of people with AIDS.

• **Special Projects of National Significance (SPNS).** The legislation requires that 3% of the Title II appropriation is to be set aside for the SPNS program.

• **Consortia.** The requirement that states with more than 1% of AIDS cases use at least 50% of their award to fund consortia is eliminated.

  Consortia can now include private, non-profit entities if those entities are the only providers of quality HIV care in the area.

  Consortia must consult with several providers in establishing a service plan (existing law). These providers must now include Title IV grantees or organizations with a history of serving children, youth and families with HIV.

• **ADAP.** The definition of provision of treatments is changed from "treatments to prolong life" to "therapeutics to treat HIV disease." Therapeutics include measures for the prevention and treatment of opportunistic infections. State are now required to spend a portion of their Title II award on the provision of treatments.

  The Secretary must review the status of State ADAPs and assess the barriers to expanded availability of therapeutics.

• **SCSN.** States must periodically convene a meeting of PWAs, grantee representatives from each Title, providers, and public health agency representatives to develop a statewide coordinated statement of need.

• **Administrative Costs.** States are limited to spending 10% of their grant on administrative costs and, separately, 10% of their award on planning and evaluation activities. Together, expenditures on all three of these activities cannot exceed 15% of the total award. The same requirement on administrative costs for subcontractors that applies to Title I, applies to Title II. Title II subcontractors include consortia lead agencies.
Formula. The Title II formula utilizes the same estimated living AIDS case count as described in Title I. The total distribution factor on which funding is allocated is made up of two such case counts. The first, constituting 80% of the total distribution factor, counts all the estimated living cases in a state. The second, constituting 20% of the total distribution factor, counts only those estimated living cases in a state which are outside of Title I EMAs.

The per capita income factor is eliminated from the Title II formula.

A new minimum allotment level of $250,000 is established for states (including Puerto Rico) with 90 or more estimated living cases. For states with less than 90 such cases, the minimum award remains $100,000.

Finally, states are held harmless from funding losses compared to FY 1995 based on the same percentages as described under Title I.

If the Appropriations Committee directly provides specific funding for AIDS Drug Assistance Programs, such funding is distributed based only on the estimated living AIDS cases in the entire state.

Technical Assistance. The Secretary is required to provide technical assistance in administering and coordinating Title II services, including development and implementation of the SCSN.

Single Appropriations. In FY 1996, the legislation authorized such sums as may be necessary for grants under Titles I and II (a single appropriation including both Titles). For subsequent fiscal years, the Secretary is required to develop and implement a methodology for adjusting the percentages allocated to Title I and II in the single appropriation. If the Secretary determines that such a methodology cannot be developed there are authorized such sums as may be necessary for Title I and such sums as may be necessary for Title II (two separate Congressional appropriations).

TITLE III(b)

Use of Funds. All Title III(b) programs will be required to spend at least 50 percent of their grant dollars for specified primary care services for persons with HIV disease.
Location of service delivery. All Title III(b) programs, family planning grantees under section 1001 (other than States), and comprehensive hemophilia diagnostic and treatment centers, must spend at least 50 percent of the grant dollars to provide the continuum of primary care services directly and on-site or at sites where other primary care services are rendered.

Use of Private, For-Profit Subcontractors. Where private, for-profit entities are the only available provider of quality HIV care in the area, the Title III(b) grantee-of-record may enter into agreements for these entities to provide early intervention and primary care services for patients. Prior to enactment of this legislation, such entities were excluded from receiving Title III(b) funds.

Planning Grants. The new legislation allows for up to 1 percent of the total Title III(b) appropriation in a given fiscal year to be spent on planning grants. Each planning grant may not exceed $50,000 and must be awarded to public and nonprofit private entities to enable such entities to provide HIV early intervention services. Preference will be given to entities that currently provide primary care services in rural or underserved communities.

Administrative Costs. The new legislation allows for a maximum of 7.5 percent of Title III(b) grants to be spent on administrative expenses including planning and evaluation. Technical assistance is not included in the 7.5% administrative cap.

Statewide Statement of Need. All applicants for Title III(b) funds must submit evidence that the program is consistent with the "Statewide coordinated statement of need" and agree to participate in the ongoing revision of such statement of need.

TITLE IV

Purpose of Grant. The legislation states that Title IV grants are to: (a) provide opportunities for women and children to participate in clinical research projects, and (b) provide health care to women and children on an outpatient basis. Receipt of services is not dependent upon a patient's consent to participate in research and grant funds are not to be used to conduct research.

Required Agreements. The Secretary may not make a grant unless the applicant agrees to: (a) make reasonable efforts to identify women and children who would be appropriate participants in research and offers the opportunity to participate, (b) use

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criteria provided by the research project in such identification, (c) offer other specified services such as referrals for substance and mental health treatment and incidental services such as transportation or child care, and (d) comply with accepted standards of protection for human subjects.

Significant Numbers of Women. In order for a grantee to continue receiving funds (in a third or subsequent year), the Secretary must determine that a significant number of women and children are participating in projects of research. The Secretary may take into account circumstances in which a grantee is temporarily unable to comply with this requirement for reasons beyond its control (e.g., completion of the clinical trial). The Secretary is authorized to grant waivers of the significant number requirement if the grantee is making reasonable progress toward achieving this goal. This waiver authority expires October 1, 1998.

Research Protocol List. The Secretary must establish a list of research protocols to which the Secretary gives priority regarding the prevention and treatment of HIV disease in women and children.

Coordination. NIH must coordinate with the activities carried out under this title. The Secretary must develop a list of research protocols which are appropriate for the purpose of this section. An entity actually conducting the research must be appropriately qualified. An entity is to be considered qualified if any of its research protocols have been recommended for funding by NIH.

Funding. The program is reauthorized at “such sums as may be necessary” for fiscal years 1996 through 2000.

OTHER PROVISIONS

Spousal Notification. To receive Title II funds, a State must take action to require that a good faith effort be made to notify a spouse of a known HIV infected person that such spouse may have been exposed to HIV and should seek testing.

Coordination. The Secretary must ensure that the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and the Substance Abuse and Mental Health Services Administration coordinate Federal HIV programs.
The Secretary must report to Congress by October 1, 1996 on such coordination efforts.

- **AETCs and Dental Schools.** The AIDS Educational and Training Program (AETCs) and the Dental Reimbursement Program are transferred from Title VII of the Public Health Service Act to Title XXVI (the CARE Act).

Training health care personnel in the diagnosis, treatment, and prevention of HIV infection includes the prevention of perinatal transmission and measures for the prevention and treatment of opportunistic infections.

Both programs are reauthorized at "such sums as may be necessary" through FY 2000.

- **Special Projects of National Significance (SPNS).** Current law funds SPNS through a 10 percent tap on the State care grant program. The new legislation imposes a 3 percent tap on all CARE Act programs to fund the SPNS Program.

Special projects should include the development and assessment of innovative service delivery models designed to address the needs of special populations and ensure the ongoing availability of services for Native Americans.

The Secretary must make information concerning successful models available to other CARE Act grantees for the purpose of coordination, replication, and integration.

- **Evaluation.** The new legislation authorizes funds for the evaluation of the Ryan White programs to come from the 1% Public Health Service set aside.

- **Optional Participation of Federal Employees in AIDS Training Programs.** Federal employee may not be required to attend or participate in and AIDS or HIV training program, except for training necessary to protect the health and safety of the employee and individuals served by the employee. An employer may not retaliate in any manner against such an employee.

- **Prohibition on Promotion of Certain Activities.** CARE Act funds may not be used to develop materials designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.

- **Limitation on Appropriations.** The total amounts of Federal funds expended in any
fiscal year for AIDS and HIV activities may not exceed the total amounts expended in such fiscal year for activities related to cancer. (Report language states that amounts expended under Medicare and Medicaid for cancer is included.)

• Effective Date. The effective date is October 1, 1996, except for the following provisions, for which the effective date is the date of enactment: (a) eligibility of new cities for grants, (b) formula for grants to cities, (c) formula for grants to States, (d) provisions concerning perinatal transmission of HIV, (e) consolidation of authorization for city and State grants, and (f) the set-asides for Special Projects of National Significance.

PERINATAL TRANSMISSION OF HIV DISEASE

• Within 120 days of enactment, all States must implement the CDC guidelines on voluntary HIV testing and counseling for pregnant women.

• $10 million in grant funds are authorized for States to carry out any of the following activities: (a) making available to pregnant women counseling on HIV disease, (b) making available outreach efforts to pregnant women at risk of HIV who are not currently receiving prenatal care, (c) making available to such women voluntary HIV testing, and (d) offsetting State costs associated with implementing CDC guidelines, determining cases and causes of new AIDS cases as a result of perinatal transmission, and any mandatory HIV testing of newborns. Only States that implement the CDC guidelines are eligible for these funds. Priority is given to States with high HIV seroprevalence rates among child-bearing women.

• Within 4 months of enactment, CDC must develop and implement a reporting system for States to use in determining the rate of new AIDS cases resulting from perinatal transmission and the possible causes of that transmission.

• The Secretary must contract with the Institute of Medicine to conduct an evaluation of the extent to which State efforts have been effective in reducing perinatal transmission of HIV and an analysis of the existing barriers to further reduction of such transmission. The report must be completed within 2 years of enactment of the CARE Act.

• Within two years following the implementation of the CDC reporting system, the Secretary will make a determination as to whether mandatory HIV testing of all infants...
in the US whose mothers have not undergone perinatal HIV testing has become a routine practice. This determination will be made in consultation with states and experts. If the Secretary determines that such testing has become routine practice, after an additional 18 months, in order to receive Title II funding a State must demonstrate one of the following:

(a) A 50% reduction (or a comparable measure for States with less than 10 cases) in the rate of new AIDS cases resulting from perinatal transmission, compared to 1993 data,

(b) At least 95% of women who have received at least two prenatal visits have been tested for HIV,

(c) Requirements that all newborns whose mothers have not undergone HIV testing, be tested for HIV.

States which implement testing requirements must prohibit health insurance companies from discontinuing coverage for a person solely on the basis that the person is infected with HIV or that the individual has been tested for HIV. The prohibition does not apply to persons who knowingly misrepresent their HIV status.
HAC
HIV+ ADVOCACY COMMITTEE

Notice of Meeting Cancellation

Dear Committee Members: Due to a current health condition it is necessary to cancel today’s HAC meeting. I regret any inconvenience this late notice may have caused you.

The next scheduled HAC meeting is 11-13-96 @ 1:00 P.M. An agenda for this meeting will be sent out in advance as a reminder.

Sincerely

Gregory Giorgi
Committee Chair

p.s. Should you wish to have your name added to our mailing list, to receive meeting agendas, and other committee information, please telephone Chris Booth @ County Aids Office @ (415) 499-7590.

In accordance with The Brown Act (a state regulation) all meetings are open to all interested persons.
## County of Marin/Specialty Clinic

### First Three Months of FY 96-97

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<td>11%</td>
</tr>
<tr>
<td>Laboratory Supplies</td>
<td>$6,000.00</td>
<td>$228.49</td>
<td>$1,271.51</td>
<td>21%</td>
</tr>
<tr>
<td>Books &amp; Periodicals</td>
<td>$2,100.00</td>
<td>$1,731.48</td>
<td>($1,206.48)</td>
<td>-57%</td>
</tr>
<tr>
<td>Office Supplies &amp; Expense</td>
<td>$6,500.00</td>
<td>$2,011.66</td>
<td>($386.65)</td>
<td>-6%</td>
</tr>
<tr>
<td>Document Reprod Costs</td>
<td>$1,250.00</td>
<td>$634.06</td>
<td>($321.56)</td>
<td>-26%</td>
</tr>
<tr>
<td>Computer Supplies</td>
<td>$3,500.00</td>
<td>$979.27</td>
<td>($104.27)</td>
<td>-3%</td>
</tr>
<tr>
<td>Lab Tests &amp; X-Rays</td>
<td>$16,215.00</td>
<td>$389.25</td>
<td>$3,644.50</td>
<td>23%</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>$500.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
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<tr>
<td>Miscellaneous Fees</td>
<td>$1,200.00</td>
<td>$35.00</td>
<td>$265.00</td>
<td>22%</td>
</tr>
<tr>
<td>Educational Materials</td>
<td>$1,600.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Training</td>
<td>$1,000.00</td>
<td>$195.00</td>
<td>$55.00</td>
<td>6%</td>
</tr>
<tr>
<td>Special Programs</td>
<td>$139,376.00</td>
<td>$8,077.83</td>
<td>$26,766.17</td>
<td>19%</td>
</tr>
<tr>
<td>Conferences</td>
<td>$3,700.00</td>
<td>$2,282.00</td>
<td>($1,437.00)</td>
<td>-37%</td>
</tr>
<tr>
<td>Mileage &amp; Routn Trav exp</td>
<td>$700.00</td>
<td>$258.68</td>
<td>($431.32)</td>
<td>-12%</td>
</tr>
<tr>
<td>Contract Svc Misc</td>
<td>$53,150.00</td>
<td>$26,822.92</td>
<td>($13,327.08)</td>
<td>-25%</td>
</tr>
<tr>
<td>Contract Svc Telephone</td>
<td>$0.00</td>
<td>$430.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>Projects &amp; Fixed Assets</td>
<td>$11,208.00</td>
<td>$2,096.74</td>
<td>$705.26</td>
<td>6%</td>
</tr>
<tr>
<td>Inter-Departmental Chgs</td>
<td>$102,188.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$1,056,118.00</strong></td>
<td><strong>$206,323.37</strong></td>
<td><strong>$57,706.13</strong></td>
<td><strong>5%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Budgeted</th>
<th>Realized</th>
<th>Variance $</th>
<th>Variance %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>$75,000.00</td>
<td>$22,894.51</td>
<td>($41,105.49)</td>
<td>-5%</td>
</tr>
<tr>
<td>Ryan White</td>
<td>$405,680.00</td>
<td>$0.00</td>
<td>lump sum</td>
<td>25%</td>
</tr>
<tr>
<td>Other Misc Income</td>
<td>$160,000.00</td>
<td>$27,925.00</td>
<td>$120,075.00</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Subtotal Revenues</strong></td>
<td><strong>$640,680.00</strong></td>
<td><strong>$50,819.51</strong></td>
<td><strong>$53,860.51</strong></td>
<td><strong>8%</strong></td>
</tr>
<tr>
<td>County Share</td>
<td>$415,438.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td><strong>$1,056,118.00</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**PROGRAM NAME:** HIV Specialty Clinic  
**CONTRACT NUMBER:**  
**FUNDING SOURCE:**  
**TERM OF CONTRACT:** 7/1/96 - 6/30/97  
**CONTRACT EXHIBIT AMOUNT:**  
**PERSON PREPARING REPORT:** Alysanne Taylor  
**PHONE NUMBER:**  
**PROGRAM NAME:**  
**CONTRACT NUMBER:**  
**FUNDING SOURCE:**  
**TERM OF CONTRACT:** 7/1/96 - 6/30/97  
**REPORT COMPLETED:** (DATE) 10/1/96  
**CONTRACT EXHIBIT AMOUNT:**  
**PERSON PREPARING REPORT:** Alysanne Taylor  
**PHONE NUMBER:**  
**UNIT OF SERVICE (UOS)**  
**FOR CONTRACT PERIOD**  
7/1/96 - 8/31/96  
282 (visits)  

**II. CLIENT INFORMATION**  
(Use actual counts for each item. Do not use percents)  

A. NUMBER OF CLIENTS SERVED  

(A1) 104  
Total unduplicated clients served this fiscal year  
(A2) 13  
Number of new (ever) unduplicated clients served this fiscal year  

B. GENDER  

(1) 95 Male  
(2) 9 Female  
(3) Other (include transgender)  

C. SEXUAL ORIENTATION  

(1) 62 Gay Male  
(2) 1 Lesbian  
(3) 10 Bisexual  
(4) 31 Heterosexual  
(5) Declines to state  
(6) Unsure  (9) Unknown  

D. AGE  

(1) 12 YRS. or Less  
(2) 13-19 YRS.  
(3) 20-24 YRS.  
(4) 25-29 YRS.  
(5) 30-39 YRS.  
(6) 40-49 YRS.  
(7) 50-59 YRS.  
(8) 60 YRS. or More  
(9) Unknown  

E. ETHNICITY  

(10) 23 White/European American  
(20) 13 African American  
(30) 15 Latino/a  
(40) 1 Asian/Pacific Islander  
(50) 1 American Indian, Alaskan Native  
(60) 1 Other...Specify  
(99) Unknown  

F. LIVING SITUATION  

(8) 3 Homeless  
(9) 21 w/Non-relatives/Shared Expenses  
(10) 16 w/Non-relatives/No Shared Expenses  
(11) 38 Lives Alone  
(12) 5 Institutionalized  
(13) 4 w/Other Relatives  
(14) 4 w/Spouse/Signif. Other  
(15) 38 Lives Alone  
(16) 4 w/Parent or Guardian  
(17) 1 Incarcerated  

**This report does not include any data on Clinical Trials or Clinical Trial patients.**
I. MEDICAL INSURANCE STATUS

(1) Private Insurance (incl. other HMOs)
(2) Kaiser
(3) Medi-Cal/Medicare
(4) Medi-Cal/Medicaid
(5) Medicare
(6) Uninsured
(7) Other Public Insurance
(8) Other
(9) Unknown

K. PRIMARY HEALTH CARE SOURCE

(1) Private Practice (incl. other HMOs)
(2) Kaiser
(3) Community Health Center
(4) Hospital Outpatient Clinic
(5) Emergency Room
(6) VA, Military Hospital Outpatient Clinic or Indian Health Service
(7) Other Primary Health Care Provider/Chiropractor or Acupuncturist
(8) No Primary Health Care Provider
(9) Unknown

L. HIV STATUS

(1) HIV Positive
(2) AIDS Diagnosis
(3) Relative, Friend or Partner of HIV Positive
(4) Unknown

Effective Date: 7/1/95

Authorized signature
Present:  Leslie Klor, Jane Foster, Kate Bristol, Roy Bateman, Chris Booth, Kelly Wallace, Carol Hannon Heath

Kate Bristol introduced Jane Foster as the new HOPWA eligibility worker. Leslie Klor announced that there was a vacancy in the Innovative Housing AIDS residence.

1. Roy Bateman stated that he had received a memo from Laurel Hill at Community Action Marin which answered some but not all the Committee’s questions about the HOPWA short-term rental assistance program. She will be sent a list of the Committee’s questions and be asked for a breakdown of spending for the last 12 months, including how much was spent on what populations they are serving including the number of families served, how much has been spent on hotels, and the number of clients who move from short-term to long-term rental assistance. The Committee would also like projections of future spending. It was noted that although the cap is $600 some recipients receive up to $1,000. In addition, Laurel Hill will be asked to come to the next meeting to answer any additional questions. The Committee is still considering the advisability of a slightly higher cap for those coming out of treatment programs.

Kate Bristol reported that the long term rental assistance program has stabilized around 85-90 households (mostly one person households). She discussed current program eligibility requirements. She estimated that there would be an additional cost of $20,000 per year if the maximum subsidy was increased from $400 to $500 per individual and from $600 to $700 per family. There would be an additional cost of $40,000 per year if subsidies were adjusted so clients paid 30% of their income on rent. Kelly Wallace suggested that with the planning problems the Committee is grappling with, e.g., possible changes in the client population, the Committee should table changing the program’s parameters and keep an eye on the situation. Kate Bristol will bring information to the next meeting on the impact of opening the Section 8 list. Although there are more people with Section 8 certificates the rental market is glutted.

Leslie Klor asked how AIDS case management related to the Innovative Housing model of empowering clients to handle their own affairs. Roy Bateman announced that he’d received a request from the San Francisco Redevelopment Agency for 1997 numbers. A progress report would most likely be due at the end of September.

2. Kelly Wallace reported that his case management staff supports the creation of a .5 FTE housing advocate to help clients find housing, facilitate access to HOPWA-funded programs, and act as a resource person. This person could assist in negotiating the security deposit, and
promote landlord/tenant relations. Kate Bristol felt this position was needed for 1-2 clients each month. She suggested that it could be added to the duties of the ShelterPlusCare program or be taken on by MCIL? Client eligibility requirements for program would need to be developed. Leslie Klor asked whether it was client training that was needed. Kate Bristol responded that those who needed help were clients with substance abuse and mental health problems for which training would not be appropriate. Roy Bateman asked whether case managers could be trained. Kelly Wallace felt that case managers are already stretched. It could not be added to benefits counseling either because there is not time to do both. It was suggested that $25,000-$30,000 be put out in a Request for Proposals. To determine need for the service the Committee would like information on how much time case managers and ShelterPlusCARE spend on helping clients find housing.

3. Clarification was requested on the purpose of a joint Housing/Direct Services Committee meeting. The purpose would be to explain the HOPWA-funded programs’ rules, procedures, regulations, ethics, spending, and planning. This idea was tabled for the time being.

4. Kelly Wallace plans to meet with EMA representatives of the California Coalition on HIV/AIDS Housing quarterly.

5. The Marin AIDS Advisory Commission has put together a 6 month Budget & Planning task force which Kelly Wallace will Co-Chair with Chris Booth. In return he would like help from a Co-Chair for this committee. Kate Bristol volunteered to do it.

AGENDA
October 17, 1996

1. Further information on the Short-Term Rental Assistance program

2. Need for a housing advocate continued
Project Open Hand

1996 Food Drive Commission Report

Community Action Marin's HIV/AIDS Food Pantry was stocked up well this year. Project Open Hand in conjunction with Community Action Marin held their 5th Annual Food Drive from June 14th through July 7th. The 4 week drive was a fantastic success!

The 1996 Food Drive involved more volunteers, stores, cash donations, food and time. In all aspects everything was up and positive as compared to years past. The Cala/Bell Markets were staffed with volunteers on the kick-off weekend of June 14, 15 and 16th from 3:00 p.m. until 8:00 p.m. on Friday, and from 8:00 a.m. until 8:00 p.m. on both Saturday and Sunday.

Since 1995, Cala/Bell Markets bought the three Roger-Wilco's in Novato giving us a total of seven stores this year. We collected this year 36 and one-half barrels of food for the HIV/AIDS Food Pantry. This has been the best year since we have been involved. Last year we collected a total of 15 barrels of food which totalled approximately 1550.3 pounds. This years collection is approximately 4077.3 pounds of food. The following is a breakdown of the individual stores:

<table>
<thead>
<tr>
<th>Store</th>
<th>1995 Barrels</th>
<th>1996 Barrels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mill Valley</td>
<td>5</td>
<td>5 3/4</td>
</tr>
<tr>
<td>Tiburon</td>
<td>3.5</td>
<td>7 7/8</td>
</tr>
<tr>
<td>Fairfax</td>
<td>2.5</td>
<td>9</td>
</tr>
<tr>
<td>Marinwood</td>
<td>4</td>
<td>3 7/8</td>
</tr>
<tr>
<td>Ignacio</td>
<td></td>
<td>4 1/2</td>
</tr>
<tr>
<td>Novato</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>No. Novato</td>
<td></td>
<td>1 1/2</td>
</tr>
<tr>
<td>Grand Totals</td>
<td>15</td>
<td>36 1/2</td>
</tr>
</tbody>
</table>

Project Open Hand Support

Kristine Jayne from Project Open Hand, was once again the force behind the food drive. We started having initial contact with her in early April. Thanks to Kristine the kick-off weekend did NOT occur on SF Pride Day! {Next year will try and have it also not be on
COMMUNITY ACTION MARIN

Marin's Pride Day} Kristine arranged for us to receive the following promotional materials that we needed for this year:

- Posters: 30
- Posters in Spanish: 7
- Flyers per store: 1500
- Total of 10,500
- Banners sent direct to each store: 5
- Shelf Talkers sent direct to store: each item.
- Giant Ticket Giveaway Pads: 14

We had several telephone conversations and one working meeting with Project Open Hand and KOIT Radio at the June 10th Giants game, in order to meet other staff and store managers. Another exciting event was Community Action Marin was finally put on the marketing materials as a participant which is very important to Marin residents (and us). Also, this year we had enough flyers to handout which made this a success.

The Giant Ticket Giveaway in Marin, was not a noticeable draw, but the setup that neither the store nor the volunteers had to collect them was excellent.

One strong suggestion for next year, is that we would like more say as to what goes on the flyer, or at least have some input. What might be a need in San Francisco may not be a need for Marin residents. We would like for next year that peanut butter and pasta sauce some how be re-instated as items.

This year's posters were too tall for barrels. Next year they should be at least six inches shorter. We would also like two more per store, so that the stores still has enough after we put some on each of the barrels. Currently, we do not have a need for Spanish posters in Marin County for 1997.

Volunteers

Recruiting volunteers is always difficult. This year we tried to start our recruitment early with mass distribution. We tried five different avenues of getting the word out that we needed help for the kick-off weekend. These were: mass mailing, last years volunteers, businesses, AIDS related agencies with in Marin, and the Press. Over 1,000 volunteer flyers were printed and distributed. Here is a partial list of various places:

- Marin County AIDS Commissioners
- Marin Interfaith
- CAM Board Members/Staff
- Marin Treatment Centers
- Volunteer Center
- Marin AIDS Project
- MAP Hot Meal Clients
- Marin County AIDS Office
- All Bell Markets
- Firemans Fund

July 10, 1996
Project Open Hand 1996 Food Drive

continued...

Metro Commerce Bank  Birkenstocks
CAM Pantry Clients  Aunt Ruby's
TAAP - Teen AIDS Action Program  HIVA - HIV Awareness

Press releases were also issued to the Marin Independent Journal, The Slant and the Pacific Sun. The IJ did a very nice article right before the event, but it was too close for people to plan. To our knowledge, the others did not run.

We also tried a mass mailing to about 270 people of the Marin Gay-owned/business Roundtable which resulted in only two volunteers. We will probably do this mailing again next year, but I hope the word is spread, about lack of participation this year.

The following CAM Board Members participated this year: Bob Bednarz, Victoria Evans, John Gibbons, Marci Hammock, Bill Mena, Anna Marie Pierini, Lori Stokes and Brian Swartz. Our many thanks to you for such a showing of caring and giving.

We would also like to acknowledge the only two participants from the Marin County AIDS Commission, who were John Zukaitis and Gail Theller. John and Gail have participated for many years and we would like to see many other commissioners next year.

This year we had 66 store volunteers which was a dramatic increase. Here are a few more volunteer statistics:

Hours needed to cover all stores:  205
Actual covered ours:  153.5
Percent covered:  74.9%
Total store volunteer hours used  221
John Zukaitis & Jeff Kimball's hours:
   Prior to event:  88
   During kick-off weekend  74
   After kick-off to date  57
   Sub-Total to date  219
Grand Total to date  440

Once again our many thanks to all that volunteered their time.

Special Donation

Sonoco Fibre Container Corporation, of Pittsburg, California has once again donated the 9 collection barrels we currently use. When we knew the 3 new Novato stores would be added, we once again asked them for their assistance. They never say no. Without these barrels our food drives would be much more difficult. A special thank you "Sonoco".

July 10, 1996

Mary Street  •  San Rafael, California 94901  •  Telephone (415) 457-2522
COMMUNITY ACTION MARIN

Project Open Hand 1996 Food Drive

One of these barrels is used year round at Spectrum Center for Lesbian, Gay and Bisexual Concerns.

Suggestions & Recommendations

► Work more with Project Open Hand and Cala/Bell Markets for target items.
► New types of marketing to recruit volunteers.
► A red ribbon pin, t-shirt or hat needs to be designed or purchased for next years event. We have run out of our supply.

Final Comments

We have consistently worked the past five years on developing a productive food drive to help benefit the men, women and children affected with HIV/AIDS. Each year we try different approaches to find what works best in our community. We now have a data base of volunteers started and most things are on a computer to ease our way. But we have also learned if we don't have support from the community it makes success harder to achieve. People dropping off food will donate, and donate more if there is a friendly face at those barrels to say "Thanks, there are some special people that really appreciate your donation".

Thanks again for everyone's help and support of the 1996 Project Open Hand Food Drive!

John Zukaitis
Community Action Marin Volunteer Food Drive Specialist
Marin County AIDS Commission

jk

July 10, 1996
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
</table>
| Direct Services - MTC  
1466 Lincoln, San Raf.  
Budget & Planning - CAM  
29 Mary, San Rafael  
HIV+Advocacy - MethoChur  
9 Ross Valley, San Raf  
Executive - 10 N San Ped  
#1006, San Rafael |
| 1      | 2      | 3       | 4         | 5        |        |          |
| 6      | 7      | 8       | 9         | 10       | 11     | 12       |
| 12:00 PM - 1:30 PM BUDGET & PLANNING |
| 1:00 PM - 2:30 PM HIV + ADVOCACY |
| 12:15 PM - 2:00 PM EXECUTIVE |
| 13     | 14     | 15      | 16        | 17       | 18     | 19       |
| Columbus Day (Observed) |
| 3:00 PM - 4:30 PM WOMEN'S |
| 11:30 AM - 1:00 PM HOUSING  
12:15 PM - 1:30 PM MMS/HIV Clinic |
| 20     | 21     | 22      | 23        | 24       | 25     | 26       |
| 4:00 PM - 6:00 PM MAAC |
| 27     | 28     | 29      | 30        | 31       |        |          |
| Daylight Savings—set back 1 hour |
| Women's & Fam. 408 - 4th St.  
San Rafael  
Housing - 10 N San Pedro#1006  
MMS/HIV Clinic - 5 Bon Air  
Greenbrae  
MAAC - Marin Institute  
24 Belvedere, San Rafael |

Printed by Calendar Creator Plus on 9/12/96
AGENDA

I. Call to Order, Anonymity, Ground Rules, Introductions

II. Review of Agenda

III. Review of July 25, 1996 and August 22, 1996 Minutes*

IV. Public Comment/Input (15 minutes max.)

V. Commissioner Open Time (15 minutes max.)

VI. Co-Chair Report - Rogers/Slattery

VII. Staff Report - Green

VIII. Title II Business-Janet Gorewitz (5 min.)

IX. Committee Reports
   • Executive - Slattery
   • Budget and Planning - Theller/Martin
   • Direct Services - Pia/Gaughan
   • HIV+ Community Advocates - Giorgi
   • Housing - Wallace
   • Women, Children & Families - McQuade/Chernow

X. Old Business

XI. New Business

XII. Provider Presentation - The Positive Center

* Vote Required
Executive Committee
September 12, 1996

Members: Brian Slattery, William Rogers, Robert Baerman, Gail Theller, Kimberly McQuade, Jon Dean Green

Guests: Janet Gorewitz, Chris Booth

Brian Slattery asked whether the HRSA guidelines had been finalized and issued. Jon Dean Green stated that they had not and since the current contracts were already written it should not change the current year’s contracts.

Jon Dean Green stated that the Planning Council in San Francisco was being reconstituted. He will report back at a later date on any possible effects this will have on Marin.

Janet Gorewitz stated that a concern has been raised by Budget and Planning that with a lack of participation in the body, a task force should be constituted for recommending priority areas for CARE funding. Gail Theller asked if the Budget and Planning subcommittee could just be expanded. Brian Slattery asked if this could be made a process similar to the one used by Prevention and Education where a time limited task force was designated that would subsume the normal Budget and Planning. Brian reminded the group that there were also options other than funding only some priorities such as reducing services by the percentage of fiscal reduction, limiting services based on disability or some combination of the above. It was the consensus of the Executive Committee that a time limited task force be constituted that will serve in place of the Budget and Planning subcommittee until March, 1997.

Medicare Changes: Kimberly McQuade stated that with changes in Medicare, she will no longer be able to go in to her physician and see the doctor and her massage therapist at the same time and have both paid for by Medicare. Jon Dean Green stated he would follow up to see if there is some way of addressing this.

HIV+ Advocacy Subcommittee: Brian Slattery stated that he would ask the seropositive members of the Commission to examine how the committee works. Currently the Commission asks that one of the co-chairs of the Commission and subcommittees be HIV+. The question posed is with an attendance of one or at most two members, should the subcommittee consider some form of reconstitution. Kimberly McQuade stated that the subcommittee was very important and it served a useful purpose. William Rogers stated that if there is one person running a committee and it isn’t functioning it should be examined. A question was raised as to whether we have too many subcommittees and it causes a time crunch to be able to attend four different meetings. Robert Baerman stated that both the HIV+ Advocates and Women’s Committees have felt a lack of communication.
Gail Theller stated that there is something amiss with the Commission as a whole. William Rogers stated that he wonders what is possible and the Commission needs to make a decision on what its foci will be and what its priorities are.
HOUSING COMMITTEE MEETING MINUTES  
August 29, 1996

Present: Roy Bateman, Carol Hannon Heath, Sharon Eggling, Kate Bristol, Chris Booth, Jayne Schabel, Kelly Wallace, Brian Slattery

Roy Bateman called the meeting to order and asked individuals to introduce themselves. Several items were added to the agenda.

1. Roy Bateman passed around a copy of the resolution passed by the Board of Supervisors on July 30th naming the long-term rental assistance program after Victor Newman, former Chair of the Housing Committee. He explained that one copy of the resolution was given to Karen Techeira, a close friend of Victor’s, and another copy will be given to the Camino Alto Apartments, the facility where Victor Newman was a resident manager.

2. Announcements-Kate Bristol announced that Carolyn King, the Housing Eligibility Worker for the HOPWA long term rental assistance program, would be leaving because she wanted to work in San Francisco. A panel composed of Doug Foster, Linda Cotter, and Ray Capper would interview candidates for her job. There were 4 candidates to be interviewed. The panel would give their recommendation to Kate Bristol for approval. The job continues to be a half time position. A half-time Section 8 position that had been filled by the HOPWA eligibility worker has been eliminated. This position restructuring would be better for HOPWA because sometimes the Section 8 duties took more than half-time.

3. Roy Bateman reported that when he started trying to figure out the amounts for next year’s HOPWA contracts he found that this task was impacted by on-going planning in relation to reduced CARE funding. As background he explained the different types of HOPWA funding available in Marin. He reviewed the consequences of the different HOPWA spending strategies used by Marin and San Francisco to date. San Francisco’s strategy was to buy and renovate buildings, but now they need money to fund client services associated with those buildings. In contrast, Marin did not purchase a building but funded programs to assist people to stay in their own homes. He speculated that after the 3 year competitive grant ends, Marin will face a severe funding shortage.

He used an analogy to compare HOPWA funding to other types of funding in the County. HOPWA funding is like abstract art because it has irregular start and end dates for spending and this flexibility makes planning difficult. CARE funding is like representational art because of its specific start and end dates. To address the HOPWA planning difficulties he suggests looking at actual spending per year to estimate future funding needs. The majority of programs are spending FY 1994 funds. However, there still remain questions to be answered. For example, if the total
funding for AIDS declines should we create a reserve by funding less than current needs? He noted that the competitive HOPWA grant runs out in 3 years and that it’s been suggested that we use HOPWA funds to replace cutbacks in CARE funds for Hospice. Based on these assumptions, in 1999 there will be an annual gap of $200,000 when the competitive grant runs out.

To assist him with planning he asked agency representatives to first check the program assumptions he made then look at the spending projections for the next year and look at time deadlines for spending the HOPWA funds. In reviewing the assumptions for the long term rental assistance program, Kate Bristol reported that there are 89 people on the long-term rental assistance program now and 4 more will be coming on. The average subsidy is $340 per month. Kate Bristol reported that only 1/4 of the 85 clients on the long term rental assistance program paid more than 30% of their income on rent. If we raise the subsidy, we don’t want to encourage clients to rent a more expensive place. There was a question as to the disability level of this 1/4 of the clients.

Before she left Carol Hannon-Heath said that Mary Taverna would approve of building up a HOPWA reserve but not at the expense of program reductions. She brought up the issue of the client’s choice noting that Maitri has had openings but one of her clients who needed to be placed didn’t want to go there. She added that its very hard to get anyone conserved so that they can be placed in such a facility.

Sharon Eggling from Community Action Marin added further information about the short term rental assistance program. From July to December, 1995 CAM used $33,000 but from January to June, 1996 they only used $6,000. This decrease in usage may coincide with there not being a waiting list for long term rental assistance. Roy Bateman suggested looking at month by month expenditures to more closely analyze this trend. The last few months should be looked at too so information would be for the 12 month period ending in September. Sharon Eggling reported that case managers had referred less people but these individuals needed more money. Some of the funds were used for hotels, etc. Brian Slattery suggested establishing an emergency housing fund separate from short term rental assistance. The Committee would like to know how many short term recipients got onto long term rental assistance. Sharon Eggling and Kate Bristol will coordinate client lists. We may have to look at program eligibility requirements for the short-term rental assistance program and define what’s an emergency.

Kelly Wallace added that we don’t know the long term impact protease inhibitors will have on housing needs. He noted that Marin was fortunate because in L.A. one had to be disabled by AIDS for entry to programs. Brian Slattery suggested that we look at such eligibility requirements for service. If the eligibility criteria were changed clients would have to be told that we were holding money for them for when they become severely disabled. We should also look at the dollar amount of subsidies because as noted in the Marin Independent Journal rents are going up and SSI/SSA checks will be decreasing.

Other questions to be researched related to CARE funding include how what San Francisco is doing effects the decrease in funding in Marin, what is the definition of maintenance of County effort, and why there is a decrease in Marin’s percentage of CARE funding. Chris Booth added
that Jon Dean Green is looking at requiring client co-pay for some CARE-funded services. Since CARE funds should be the funds of last resort we should enforce the current rules. We should discuss the ethics of clients doing asset shifting also.

4. Kelly Wallace brought back information from the recent Housing Conference in Seattle. Congress is considering raising the number of AIDS cases to qualify for HOPWA funding. Secretary Cisneros is a HOPWA advocate however no one else in the Federal government supports this program and he’s not expected to serve a second term if Clinton is reelected. Kelly Wallace reported that we should expect level funding and an administration not in favor of the HOPWA program. There are also a whole group of cities ready to qualify which could reduce the present allocations. He doesn’t expect HOPWA to be around much longer. With reference to Marin’s strategy he felt Marin could find the money to open but not staff an AIDS residential facility. California is the only state that requires licensing of such facilities but provides no funding stream. Since it would be impossible to open a new facility, he suggested Marin consider a master lease.

Roy Bateman noted that a lot of elderly housing units were going into construction and he was not sure the need for them would materialize. In that case we may see some vacancies in senior housing which younger disabled clients could fill. Kate Bristol stated that the waiting list for these types of facilities was always open. Kelly Wallace suggested we could pay for nursing care in a wing of a convalescent hospital.

5. Brian Slattery suggested putting the need for a housing advocate who would help a person get housing on the agenda for next month. Kate Bristol suggested the eligibility criteria for this service should be for those disabled by HIV/AIDS. Kelly Wallace suggested a case management meeting focused on housing. Brian Slattery suggested a joint meeting with the Direct Services Committee. Kelly Wallace offered to organize this meeting. The meeting was adjourned at 11:50 a.m.

Chris Booth
HOUSING COMMITTEE MEETING AGENDA
September 19, 1996
11:30-1:00** Note new time
10 N. San Pedro Rd., #1006
San Rafael

1. Additional planning information requested from HOPWA contractors

2. Need for a housing advocate revisited

3. Joint meeting with Direct Services Committee-Kelly Wallace

4. Participation with the California Coalition for HIV/AIDS Housing-Kelly Wallace
IN ATTENDANCE:

Laura Gaughan (MTC), Carol Hannon-Heath (Hospice-State AIDS), Vicki Otto (MAIN), JoAnn Lovejoy (MAP), Jon Dean Green (Co. AIDS Program), Joan Monheit (Hospice-State AIDS), John Kinnear (County), Barney Pia (The Positive Center), Linda McCaferty (Hospice-State AIDS) and Dorrie (MAP)

AGENDA:

I. NEW BUSINESS:

A. Announcements:

Carol announced they are getting ready for a Site Visit from the State AIDS Office in November.

Barney reviewed the new Wellness Program being done by The Positive Center. It has been well attended.

He also announced a Kite Project being planned for the third week in October, to assist people in dealing with grief. He will be sending flyers with further details.

Vicki announced that MAIN will be doing a Healing Service on Sept. 27, 1996. In November MAIN is doing a joint fundraiser featuring Margo Gomez. Flyers on both events will be forthcoming.

Jon Dean announced that on September 24, 1996, the Sp. Clinic will be closed for a staff retreat. He also announced that Cathy Johnson, who has been out, has now returned on a part time schedule as follows: Monday, Tuesday, Thursday and Friday, 11-4.

Jon Dean reviewed that the new Ryan White Guidelines are scheduled to be implemented on 10-1-96. He has not heard back a response to in-put asking for revisions. (He noted these regulations were passed out at an AIDS Commission Meeting).

Barney reviewed access to funds and this is sometimes made cumbersome with requirements for Case Management, etc. Jon Dean explained that this is unlikely to change.

Dorrie reviewed several new arenas being looked at by MAP in the area of benefits, especially with the effect of Protease Inhibitors and disability. More information will be forthcoming as it is available.
B. Confidentiality:

John Kinnear asked that this item be added to the agenda. His concern is that when information is reported to him regarding such things as IHSS improprieties, he needs to follow-up. It was agreed this needs discussion with Case Managers. This is scheduled to be reviewed at the next Interagency Meeting.

2. FOLLOW-UP:

A. Universal Intake Form:

The group reviewed the purpose and need for the Universal Intake and clarified information as follows:

1. The Universal Intake is required of all Ryan White funded programs. In counties that have Ryan White Title 1 and Title 2 funding information on the Universal Intake is required. (It is not in counties that have only Title 2 funding.)

2. The Universal Intake was designed to encompass all the Ryan White requirements and at the same time meet contract and a variety of programs needs. This includes Wellness Programs which also serve non-HIV infected individuals. For some programs, like the Wellness Program pages two and three of the Universal Intake are all that is necessary. (Note: Please write the person's name at the top of the page - even though there is not space for it.) It is also recommended that the Release of Information page be sent.

For the Wellness Program it was agreed that a number of clients sign up that do not attend. If faxing/sending the information is too much, it was recommended that the information be sent/faxed only after the person attends a session.

3. One of the advantages of the Universal Intake is that clients do not have to duplicate paperwork for each program. Programs agreed this has worked well. (Recommendation: Programs do an annual up-date of information).

Barney then reviewed the financial portions of the Universal Intake. He will revise and bring next month, after which we will implement the new form.

Jon Dean noted that there are three different ways the County is listed on the Release of Information form, and if a client wanted to restrict a release they would need to delete all three. We agreed that when the form is next up-dated (estimate June, 1997) we will correct this.
B. Case Management and Eligibility for Food Programs:

MAP's food program was reviewed. JoAnn and Dorrie clarified that it is not necessary for an individual to complete an Intake (which is about 45 minutes long), or be admitted to MAP's Case Management in order to participate in the food program. However, it is generally recommended so that clients can be made aware of other services and information necessary and helpful can be obtained. They recommended sending over the Universal Intake for a referral. (Clients may also just call.) They reviewed the number of issues encountered when delivering food and have found the information obtained at Intake helpful for clients.

C. Up-date on Presentations: Ritter House and Novato Human Needs Center

Barney reviewed we will not be able to arrange these until sometime in October. He will keep us posted.

D. Specialty Clinic: Records Requests & Attendance at Direct Services

Jon Dean reviewed that when requesting records, it is necessary, (at this point), to do a release each time. Please send releases directly to him. He anticipates the information will be sent within 5 working days. The group reviewed differences in needs and types of information requested. Jon Dean explained the clearer people can be on the request form, the easier it is to meet the needs.

Attendance at this meeting was reviewed. Jon Dean reviewed that due to a conflict with the every other month Marin Medical Society meeting, he is only able to attend on the months when they do not meet. The times he is unable to come Cathy is scheduled to come. The committee however, would prefer a medical person so that medical issues can be more clearly addressed and resolved.

The group discussed the history with establishing the time and place of this meeting, in order to be convenient and inclusive. However, this has not been successful. The group suggested combining/replacing one of the Interagency Meetings with this meeting. It was again agreed that this was a good idea. We will put on the agenda to discuss at next month's meeting.
DIRECT SERVICES COMMITTEE

AGENDA FOR OCTOBER 3, 1996

1. NEW BUSINESS:
   A. ANNOUNCEMENTS
   B. SITE VISITS

2. FOLLOW-UP:
   A. IMPLEMENTATION OF NEW REGULATIONS
   B. CONFIDENTIALITY DISCUSSION AT THE INTERAGENCY MEETING
   C. TIME OF THIS MEETING
   D. PRESENTATIONS: RITTER HOUSE & NOVATO HUMAN NEEDS CENTER
   E. UNIVERSAL INTAKE - FISCAL PORTION

3. OTHER:

Respectfully Submitted,

Laura Gaughan, Co-Chair
H.A.C
HIV+ ADVOCACY COMMITTEE
MEETING AGENDA

9-11-96
1:00-2:00 P.M.

1. Call to Order, Brown Act, Introductions.

2. Committee Chair Report, Gregory Giorgi.

3. Committee member / public comment (10 minutes total).

4. Specialty Clinic, continued discussion, review proposed changes.

5. Old business:
   A. Client satisfaction survey.

6. New business:
   A. Outreach / publicity plan for HAC.

7. Set Agenda for next meeting (10-9-96).

8. Adjourn.

The HIV+ Advocacy committee meetings are held at The First Methodist Church (lower level), 9 Ross Valley Drive, San Rafael, CA.

In accordance with the Brown Act (a state regulation) all meetings are open to any interested person who wishes to attend. All are welcome.

The meeting room is accessible to handicapped persons.
BUDGET AND PLANNING COMMITTEE

Minutes

September 9, 1996

Present: Chris Booth, Kelly Wallace, Janet Gorewitz

• Discussion regarding who should do the planning process for setting priorities for CARE funding for the next fiscal year. Those present agreed that it was the job of the Commission to set up a process for determining priorities and make recommendations to the County AIDS Office.

• Action Plan Timeline: Budget and Planning had hoped to revise the Marin County HIV Action Plan by January of 1997. Given the need to plan for potential funding cuts, it was agreed that the timeline is no longer reasonable. Up to now, Marin County has not had to deal with substantial funding cuts. Committee members recommend that the prioritization of service needs be folded into the HIV Action Plan. Chris presented the committee with examples of decision-making and priority-setting methods that have been utilized by other Counties.

Recommendations are as follows:

• Recommend to the Executive Committee that a Special Task Force be convened to establish and implement a process for recommending priority areas for CARE funding.

• The Task Force should be open to Commissioners and non-Commissioners alike with a minimum of 4 members.

• The Task Force should meet a minimum of twice a month. Task Force Members must make the time commitment on an on-going basis or be asked to resign. All meetings will be open to the public.

The Task Force will:

Months 1-2: Develop a Process for setting funding priorities. This may include a variety of methods of information-gathering such as public hearings, interviews with providers, questionnaires, focus groups, etc. Bring recommendations back to the Commission.

Months 3-4: Implement Process and gather data.

Months 5-6: Evaluate data. Make recommendation to full body of Commission regarding prioritization of services that are considered most vital and if necessary recommend a model for reduction of services.

Incorporate recommendations into HIV Action Plan for Marin County.
MARIN AIDS ADVISORY COMMISSION MEETING MINUTES
August 22, 1996
The Marin Institute
4:00-6:00 p.m.

Roll Call
MEMBERS: Present: Baerman, Estes, D.Martin, McCray, Metzger, Pia, Slattery, Taverna, Theller, Zukaitis [10]
Absent: Aquilino (N), Bayers (E), Borges (N), Giorgi (N), Green (E), Hallinan (N), Hernandez (N), J. Martin (E), McQuade (E), Mibach (N), Pair-Taylor (N), Rogers (E), Swiderski (N), Tibbs (N), Wallace (E), Wolf (E) [16]
STAFF: Booth
Guests: Kenn Binder, Penny Chernow, Alysanne Taylor

Since a quorum was not present the provider presentation by The Positive Center was postponed until the September meeting. Commissioner Opentime was moved up to the first item on the agenda.

COMMISSIONER OPENTIME: Dave Martin announced that Marin AIDS Interfaith Network’s monthly interfaith healing service was the next day. MAIN was expanding its number of acupuncture slots to 30. Gail Theller announced that Janet Gorewitz and Penny Chernow had organized a workshop on AIDS for psychologists to earn continuing education credits. It was scheduled for October 26th from 9:00 a.m. to 6:00 p.m. at Dominican College. The course was presented in collaboration with the County AIDS Office and persons living with HIV could obtain scholarships to attend. Penny Chernow added that this was the first conference she was aware of on psychosocial AIDS issues. LCSW accreditation was pending. Brian Slattery asked where the proceeds from the conference would go. The proceeds will go to AIDS services.

Martha Metzger announced that Kaiser would host a women and wellness day in October which would include a presentation by a panel of HIV+ women. There will also be a booth where women can get brochures about HIV/AIDS. Brian Slattery asked whether San Rafael would adopt the same standard of care for AIDS treatment which San Francisco Kaiser was adopting which included viral load testing and access to protease inhibitors. Martha Metzger suggested that he ask Dr. Tressler. Brian Slattery hoped that Marin Kaiser could “piggyback” on San Francisco’s efforts. Martha Metzger added that there is a monthly meeting with Dr. Tressler and Barbara Behrens on the 3rd Thursday of the month from 12:30 - 1:30 p.m. Robert Baerman asked
whether Kaiser members who are persons living with HIV could also attend. She answered that the meeting has been for the purpose of agency networking so far.

Barney Pia announced that The Positive Center had started the Wellness Program and the first session was well attended. Some of the attendees had requested to be part of their peer mentor program. He expressed concern that the Title II fiscal agent's contract with the State Office of AIDS was only for 6 months and ended in September. Without a timely renewal of this contract cash flow could become a problem at his agency. Gail Theller suggested that he talk to her about that. Barney Pia distributed an updated version of his brochure on the Medi-Cal program. The Positive Center is starting a support group for people taking protease inhibitors and would like to consult with Dr. Estes about that. Dr. Estes responded that he thought a support group was a good idea because protease inhibitors are difficult drugs because of the compliance issues. If patients are non-compliant resistance sets in quickly. Barney Pia requested that certificates of appreciation be sent to Tim Teeters, case manager at Marin Treatment Center who has resigned and Barbara Weed from Meals of Marin. Brian Slattery noted that Marin Treatment Center is recruiting for a case manager to fill Tim Teeter's position and Marin AIDS Project is recruiting for a case manager also.

STAFF REPORT- Alysanne Taylor

Alysanne Taylor announced that the Commission has a web page on the Internet at Marin.org on the government’s page. Commission information about membership, terms, vacancies and meeting minutes and agendas will be available at this site. To include committee minutes on the Internet, she would like to receive these notes on disk in any software program or by e-mail. Then she will upload them onto the Internet.

CO-CHAIR REPORT-Slattery

Brian Slattery stated that he was pleased with the op ed piece in the Marin Independent Journal by Supervisor John Kress on the availability of clinical trials at the Specialty Clinic. He suggested that Commissioners receive a copy of this article in the next Commission mailing. He will make the appropriate acknowledgment of this article to Supervisor Kress.

A quorum was reached and the meeting was called to order at 4:20 p.m. by Brian Slattery, Co-Chair.

PUBLIC INPUT: None

COMMITTEE REPORTS:

a) MMS/HIV Clinic Committee - Estes
Dr. Estes reported that the Committee continued to discuss the issue of interruption of drugs for HIV+ prisoners. The Committee invited Dr. Weeden to come to a meeting but he has not responded. The Committee will continue to oversee this issue. The ACLU is also looking into this problem. The Committee discussed the availability of skilled nursing facility beds. They asked Mary Taverna and Carol Hannon Heath of Hospice of Marin to provide them with the number of patients needing this level of care. They reported that there were 11 patients in the last year-5 were placed in Marin, 2 were placed at St. Mary's in San Francisco, and 2 were placed outside the county. The out of county placements were made because Marin nursing homes do not accept Medi-Cal or provide intravenous therapy. The Committee will continue to receive reports. If anyone knows of any such placements tell Brian Dietrich, the social worker at Marin General Hospital. Martha Metzger asked if this number included placements for Kaiser patients. The response was that it probably did not.

The Committee discussed the protocol for post-exposure prophylaxis for office staff. They will follow the UCSF recommendations for the use of a 2 or 3 drug therapy through the emergency room at Marin General Hospital. Dr. Estes explained that there was an Executive subcommittee established to look at complaints about the Specialty Clinic. The subcommittee is composed of Dr. Estes, Dr. Sinnott, Mary Taverna, Michael Kralka, Robert Baerman, and Jon Dean Green and it has met twice. The issues identified concern fine-tuning and systemic problems.

The Committee received Jon Dean Green's quarterly financial report on the Specialty Clinic. The highlights are that the majority of patients are still gay men from 35-50. Some patients are homeless. There were 1943 visits last fiscal year. The budget variances are not worrisome. The budget has increased to pay for case managers. There are 137 continuing patients. It would be interesting to compare the cost to run the Specialty Clinic to that of similar clinics. Brian Slattery suggested that the Clinic should consider outreach. Dave Martin felt that it was an opportune time to do early intervention outreach with the availability of protease inhibitors. The County needs to provide leadership in this effort. Perhaps drug companies can provide some money for this effort. They already provide every Clinic patient with AIDS Treatment News. Dr. Estes will put this item on the agenda of the next Clinic Committee meeting which is October 17th at 12:15.

The meeting was adjourned at 4:50 p.m.

Respectfully submitted,

Chris Booth

Chris Booth, Planner
PROGRAM 1995-6 REPORT

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<td>FUNDING SOURCE:</td>
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TERM OF CONTRACT: 7/1/95 - 6/30/96
AO PGM MGR: Valerie Dorr

FOR CONTRACT PERIOD To Date 1943 (visits)

II. CLIENT INFORMATION
(Use actual counts for each item. Do not use percents)

A. NUMBER OF CLIENTS SERVED

| A1 | 182 | Total unduplicated clients served this fiscal year to date |
| A2 | 61 | Number of new (ever) unduplicated clients served this fiscal year to date |

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B. Total 182

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C. Total 182

D. AGE

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D. Total 182

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E. Total 182

F. LIVING SITUATION

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F. Total 182
GROSS MONTHLY INCOME
(before taxes, for individual client, not for household)

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H. EMPLOYMENT STATUS

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I. MEDICAL INSURANCE STATUS

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K. PRIMARY HEALTH CARE SOURCE

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L. HIV STATUS

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Effective Date: 7/1/95

Signature of Preparer: [Signature]
Authorized signature: [Signature]
## Marin County Specialty Clinic

### Year End 95-96

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<td>Drug &amp; Medical Supplies</td>
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<td>$922.88</td>
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<td>Books &amp; Periodicals</td>
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<td>Document Reprod Costs</td>
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<td>0%</td>
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<td>$1,200.00</td>
<td>$514.00</td>
<td>57%</td>
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<td>Educational Materials</td>
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<td>$114.11</td>
<td>81%</td>
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<tr>
<td>Mileage &amp; Routn Trav exp</td>
<td>$1,150.00</td>
<td>$1,274.11</td>
<td>-11%</td>
<td>$700.00</td>
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<tr>
<td>Contract Svc Misc</td>
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<td>Inter-Departmental Chgs</td>
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<td>1%</td>
<td>$102,188.00</td>
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<td><strong>Total Expenses</strong></td>
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<td><strong>$736,110.69</strong></td>
<td></td>
<td><strong>$1,051,534.00</strong></td>
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<table>
<thead>
<tr>
<th>REVENUE</th>
<th>Budgeted</th>
<th>Realized</th>
<th>Budgeted</th>
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<tbody>
<tr>
<td>Medi-Cal</td>
<td>$80,980.00</td>
<td>$99,593.06</td>
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<td>Ryan White</td>
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<td>$405,680.00</td>
<td>$405,680.00</td>
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<td>Other Misc Income</td>
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<td><strong>Subtotal Revenues</strong></td>
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<tr>
<td>County Share</td>
<td>$168,293.00</td>
<td></td>
<td>$410,854.00</td>
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<td><strong>Total Revenues</strong></td>
<td><strong>$829,953.00</strong></td>
<td></td>
<td><strong>$1,051,534.00</strong></td>
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</tbody>
</table>
At last, there's real hope in the AIDS fight

JOHN KRESS

For perhaps the first time in the 15-year-old struggle to both understand and resist the AIDS pandemic, researchers are nearly unanimous that they are finally on to something. Although prospects for a "cure," e.g., a vaccine, remain remote, the recent optimism springs from the discovery of a class of antiviral drugs called protease inhibitors. These antiviral molecules (more technically, two antiviral inhibitors known as reverse transcriptase and one protease inhibitor) work by blocking an enzyme crucial to HIV replication. In recent experiments, infected persons have seen HIV suppressed to levels predating the onset of AIDS.

Against this backdrop of undeniably encouraging news, a fresh debate has emerged over imperatives that are medical (therapeutic and ethical), scientific and industrial.

On the one hand, someone who is ill — often terminally — can hardly be faulted for demanding immediate access to whatever can offer hope. Likewise, physicians have a duty to pursue even experimental treatment in the absence of any alternative.

On the other hand, the larger community — including AIDS patients and physicians — has an interest in seeing science performed as rigorously as possible and that the true benefits and dangers of new drugs are assessed before reaching the market. In this respect, the history of medicine is rich with pharmaceutical mistakes, ranging from the merely ineffective to the horrific.

Huge capital investment coupled with equally huge liability understandably cautions us about pharmaceutical companies capable of large-scale manufacturing.

Finally, the cost of using these drugs — as much as $35,000 per patient per year — is already prohibitive for many of the estimated 800,000 people who are HIV-positive in the United States, not to mention millions more in poorer countries such as Zaire or Thailand.

Interestingly, a number of the conflicting interests outlined above have been relieved in Marin County. Our county was selected this year as one of four sites across the nation to participate in clinical trials of the new class of antiviral medicine. The others: UCLA Medical School, Rockefeller University in New York, and the University of Pennsylvania.

The immediate purpose of these trials, conducted in Marin under the direction of Dr. Craig Lindquist at the county's HIV Specialty Clinic, is to complete a clinical-efficacy study integral to approval by the Food and Drug Administration. Patients for this study have been selected from the clinic's current caseload.

As a result, many county residents who are HIV-positive have received, at no cost to them, immediate access to new drugs and therapies that could save their lives. And Marin County finds itself in the enviable position of participating in the vanguard of AIDS medical research.

As usual, Dr. Thomas Peters and the entire Marin County Department of Health and Human Services, which he directs, should be commended for their fine efforts.

John Kress represents the Marin County Board of Supervisors' 1st District.
## Marin AIDS Advisory Commission

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<td>7</td>
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<tr>
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<td></td>
<td></td>
<td>12:15 PM - 1:30 PM Direct Services</td>
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<td>14</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1:00 PM - 2:30 PM HIV+ Advocacy</td>
<td>12:15 PM - 2:00 PM Executive</td>
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<td></td>
<td></td>
<td></td>
<td>3:00 PM - 4:30 PM Women's</td>
<td>10:00 AM - 11:30 AM Housing</td>
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<td>28</td>
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<td></td>
<td></td>
<td>4:00 PM - 6:00 PM MAAC</td>
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<td>30</td>
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</tbody>
</table>

**Direct Services-MTC, 1466 Lincoln, San Rafael**
**By-laws-10 N. San Pedro Rd., #1006, San Rafael**
**Budget & Planning-CAM 29 Mary San Rafael**
**HIV+ Advocacy-Methodist Church, 9 Ross Valley, San Rafael**
**Executive-10 N. San Pedro Rd., #1006, San Rafael**
**Women, Children, & Families-408 4th St., San Rafael (Old CAM)**
**Housing-10 N. San Pedro Rd., #1006, San Rafael**
**MAAC-Marin Institute, 24 Belvedere, San Rafael**

*Printed by Calendar Creator Plus on 8/8/96*
MARIN AIDS ADVISORY COMMISSION
Marin Institute
24 Belvedere Street--Conference Room, San Rafael
Thursday, August 22, 1996
4:00 p.m. - 6:00 p.m.

AGENDA

I. Call to Order, Anonymity, Ground Rules, Introductions

II. Review of Agenda

III. Review of July 25, 1996 Minutes*

IV. Public Comment/Input (15 minutes max.)

V. Commissioner Open Time (15 minutes max.)

VI. Co-Chair Report - Rogers/Slattery

VII. Staff Report - Green
- Commission web page - Alysanne Taylor

VIII. Title II Business - Janet Gorewitz (5 min.)

IX. Committee Reports
  • Executive - Slattery
  • Budget and Planning - Theller/Martin
  • Direct Services - Pia/Gaughan
  • HIV+ Community Advocates - Baerman/Giorgi
  • Housing - Wallace
  • Women, Children & Families - McQuade/Chernow
  • MMS/HIV Clinic - Dr. Milton Estes
  • Ad hoc
    1. By-laws & Membership - Tibbs

X. Old Business

XI. New Business

XII. Provider Presentation - The Positive Center

* Vote Required
MARIN AIDS ADVISORY COMMISSION MEETING MINUTES
July 25, 1996
The Marin Institute
4:00-6:00 p.m.

Roll Call
Absent: Baerman (N), Borges (N), Estes (N), Giorgi (N), Hernandez (N), D.Martin (E), J. Martin (E), Pair-Taylor (N), Rogers (E), Swiderski (N), Taverna (N), Tibbs (N) [12]
STAFF: Booth, Green
Guests: Jeff Byers, Penny Chernow, Janet Gorewitz, Dori Sproul, Alysanne Taylor, Susan Woodward, Barry Zack

Since a quorum was not present and Jon Dean Green had to leave early to attend an Office of Management and Budget (OMB) meeting, Staff Report was moved up to the first item on the agenda. Brian Slattery provided some background to the presentation by explaining the purpose of OMB and their site visit regarding the expenditure of CARE Title I funds.

STAFF REPORT-Jon Dean Green

Jon Dean Green stated that the topics he would cover would be: 1) the OMB site visit; 2) CARE funding reductions; 3) CARE documents; and 4) the FY1997-98 CARE applications. 1) Some of the questions OMB asked concerned whether CARE money reduced hospitalization, the AIDS Drug Assistance Program, the coordination of Title I and II planning, and the Request for Proposals process. Other questions concerned the overall structure of the 3 counties in the EMA and how each county defines low income.

2) Care funding reductions-The reauthorized CARE Act favors areas with new cases rather than the number of persons living with AIDS. Due to this new emphasis, San Francisco's funding has been reduced by $6 million this year and the EMA can expect reductions in funding in the coming years. San Francisco has filed appeals regarding the cut. Jon Dean Green reported the decrease in funding for each of the 3 counties. Marin's loss is around $264,000. He reminded Commissioners that San Francisco is not legally required to give Marin any money because it doesn't meet the requirement for a minimum 10% of the EMA's cases. He explained that some of the EMA's CARE
funding comes from a formula allocation and some comes from a nationally competitive supplemental application. Last year Marin received level funding based on its percentage of people living with AIDS in the EMA. Marin still has new cases each year but the increase is less than in some places. Marin will continue to argue for level funding rather than an amount based on its percentage of cases in the EMA.

With reference to HOPWA funding in the two counties. San Francisco has to move $3 million in services from HOPWA funding to CARE funding. San Francisco will receive a reprieve this year with an infusion of County General Fund money but as monies become tighter in FY 1998/99, and 1999/2000 services will be affected. It is anticipated that San Francisco services will no longer be available to out of county residents. This year Marin can move some programs to HOPWA funding so there will be no loss of service at this time however CARE funding will continue to decrease. HOPWA funding can only absorb CARE programs for 3 years while the competitive grant is being spent then the long term rental assistance program will have to be funded out of HOPWA again. To plan for these decreases in funding the Commission must come up with real priorities.

3) He distributes materials on the CARE Act and a draft document entitled "Making Difficult Choices."

4) Jon Dean Green will need to spend a significant portion of his time in the fall at the San Francisco AIDS Office helping write the FY 1997/98 application. He will attend a meeting early next week on the proposed guidelines for the grant application. The Title I application is due on 11/1/96 and the supplemental application is due on 1/10/96. In December he will be very hard to reach. He is thankful that in this County cuts have time for planning before the funding cuts become more drastic.

Brian Slattery reminded Commissioners that they could lobby Senators Boxer and Feinstein, and Congresswoman Pelosi. On the positive side, Clinton has proposed an increase in administration money for the AIDS Drug Assistance Program. Marin has a good property tax base and the State is in good shape, too.

The meeting was called to order at 4:56 p.m. by Brian Slattery, Co-Chair. He explained the ground rules and the anonymity policy. Individuals were asked to introduce themselves. The MAP provider presentation was moved up in the agenda. The June minutes were approved as amended.

The following motion was seconded and passed unanimously

A> To approve as amended the June 27th meeting minutes.

Vote on Motion (A): FOR: Aquilino, Bayers, McCray, McQuade, Metzger, Mibach, Pia, Slattery, Theller, Wallace, Wolf, Zukaitis (12)

PUBLIC INPUT: None
COMMISSIONER OPENTIME: John Zukaitis announced that the food drive for CAM's HIV Food Pantry was over. They had received 4,000 pounds of food at double the number of stores as last year. He thanked all the agencies who helped and the volunteers who donated their time. A report on the food drive will be included in the next Commission mailing. Gail Theller acknowledged the hard work done by John Zukaitis, Jeff Kimball, Alysanne Taylor, and Rachael Wade Sisco. They will receive a framed certificate of appreciation from the Commission and be taken out to dinner by Gail Theller.

Provider presentation-MAP

Kelly Wallace and 3 of his staff members, Dori Sproul, Susan Woodward, and Barry Zack, presented information about Marin AIDS Project's care and prevention services. Their client information packet was distributed. When asked for the agency's total budget, Kelly Wallace responded that it was $1.2 million, 1/3 of which is raised by their development staff. They have 30 employees and no support staff. Support staff services are performed by volunteers.

Kelly Wallace was asked about the number of case management/benefits counseling clients served. He reported that 289 clients were served last year exclusive of clients they had for part of the year from the Specialty Clinic and their current caseload was 200 clients. He added that they were looking into doing transitional case management/benefits counseling at San Quentin and starting a consumer credit program. They planned to begin community forums again in September with topics to include treatment issues, Chinese medicine, discordant couples, grief and loss, and coping with holidays. The AIDS Legal Referral Panel is on site at MAP once a month and two weeks later is at The Positive Center. Lauren Hallinan added that Legal Aid of Marin was interested in offering legal assistance to HIV+ families with children.

CO-CHAIR REPORT-Slattery

Brian Slattery stated that he was pleased that when the Marin Independent Journal asked people on street about the level of AIDS funding, most people felt that it should be increased.

TITLE II BUSINESS-Janet Gorewitz

Janet Gorewitz stated Jeff Byers from the State Office of AIDS had just informed her that Marin must attach the allocation of an additional $2,054 to a category of service. Therefore she was withdrawing Community Action Marin's recommendation included in the Commission mailing to hold the money and redistribute it later. She suggested that the funds be added to the pharmaceuticals voucher program. Brian Slattery reminded Commissioners that they couldn't vote on this allocation if they would benefit by $250.
The following motion was seconded and passed with 10 votes in favor and 2 abstentions:

B> To allocate $2,054 of additional Title II funding to the pharmaceutical voucher fund per Community Action Marin’s recommendation.

<table>
<thead>
<tr>
<th>Vote on Motion (B): FOR:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Aquilino, Bayers, McCray, McQuade, Metzger, Mibach, Slattery, Wallace, Wolf, Zukalis</td>
<td>(10)</td>
</tr>
<tr>
<td>Abstain:</td>
<td>Pia, Theller, (2)</td>
</tr>
</tbody>
</table>

Jeff Byers announced that he was given new responsibilities and would cover 6 of the 9 Title I/II planning councils and as a result would have problems scheduling himself to attend future Commission meetings. Brian Slattery thanked him for his past support.

COMMITTEE REPORTS:

a) Executive-See minutes in Commission mailing.

b) Budget and Planning-A meeting was scheduled for August 5th from 12:00 noon to 1:30 at Community Action Marin.

c) Direct Services-The minutes were not available in time for inclusion in this month’s mailing. Barney Pia reported that the committee discussed in-home support services and Section 8. In light of Jon Dean Green’s discussion of his availability he has concerns about the adequacy of AIDS Program staffing and continuing problems with access to medical records at the Specialty Clinic. Brian Slattery stated that he had taken the staffing issue to The Department of Health & Human Services. Barney Pia felt that in light of the failure of a joint meeting with the HIV+ Advocacy Committee, this Committee might need help in regrouping. At the next meeting there would be a presentation about the services at the Human Concern Center.

d) HIV+ Community Advocates- No meeting.

e) Housing Committee- Kelly Wallace announced that the Committee voted to name the HUD-funded Special Program of National Significance the Victor Newman Memorial Long Term Rental Assistance Program. The resolution to name the program will be heard at the Board of Supervisors’ meeting on July 30th. This program is currently serving 90 clients. He asked the Commission to approve Roy Bateman’s recommendation that the reduction of 12% in HOPWA funding be distributed as 12% reductions in all HOPWA-funded programs until further planning is done. In future meetings the Housing Committee will be planning what to do when the competitive grant runs out in light of moving some CARE programs on to HOPWA. The following motion was seconded and passed with 6 yes votes, and 6 abstentions:

C> To adopt the budget revisions for FY1996 HOPWA funding as per Roy Bateman’s memo to the San Francisco Redevelopment Agency.
f) Prevention and Education Committee-**Barbara Bayers** agreed to be Co-chair of this Committee.

g) Women, Family, and Children- Cheryl Bernard Shaw, Chief of Women's Health Services with the Department of Health and Human Services will be speaking at the next meeting.

h) By-laws- The July meeting was canceled for lack of attendance. Please attend the August meeting.

**NEW BUSINESS**- Alysanne Taylor announced that the current Commission membership was listed on Internet.

The meeting was adjourned at 6:00 p.m.

Respectfully submitted,

Kimberly McQuade, Secretary
Project Open Hand
1996 Food Drive Commission Report

Community Action Marin's HIV/AIDS Food Pantry was stocked up well this year. Project Open Hand in conjunction with Community Action Marin held their 5th Annual Food Drive from June 14th through July 7th. The 4 week drive was a fantastic success!

The 1996 Food Drive involved more volunteers, stores, cash donations, food and time. In all aspects everything was up and positive as compared to years past. The Cala/Bell Markets were staffed with volunteers on the kick-off weekend of June 14, 15 and 16th from 3:00 p.m. until 8:00 p.m. on Friday, and from 8:00 a.m. until 8:00 p.m. on both Saturday and Sunday.

Since 1995, Cala/Bell Markets bought the three Roger-Wilco's in Novato giving us a total of seven stores this year. We collected this year 36 and one-half barrels of food for the HIV/AIDS Food Pantry. This has been the best year since we have been involved. Last year we collected a total of 15 barrels of food which totalled approximately 1550.3 pounds. This years collection is approximately 4077.3 pounds of food. The following is a breakdown of the individual stores:

<table>
<thead>
<tr>
<th>Store</th>
<th>1995 Barrels</th>
<th>1996 Barrels</th>
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</thead>
<tbody>
<tr>
<td>Mill Valley</td>
<td>5</td>
<td>5 3/4</td>
</tr>
<tr>
<td>Tiburon</td>
<td>3.5</td>
<td>7 7/8</td>
</tr>
<tr>
<td>Fairfax</td>
<td>2.5</td>
<td>9</td>
</tr>
<tr>
<td>Marinwood</td>
<td>4</td>
<td>3 7/8</td>
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<tr>
<td>Ignacio</td>
<td></td>
<td>4 1/2</td>
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<tr>
<td>Novato</td>
<td></td>
<td>4</td>
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<tr>
<td>No. Novato</td>
<td></td>
<td>1 1/2</td>
</tr>
<tr>
<td>Grand Totals</td>
<td>15</td>
<td>36 1/2</td>
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Project Open Hand Support

Kristine Jayne from Project Open Hand, was once again the force behind the food drive. We started having initial contact with her in early April. Thanks to Kristine the kick-off weekend did NOT occur on SF Pride Day! Next year will try and have it also not be on
Marin's Pride Day} Kristine arranged for us to receive the following promotional materials that we needed for this year:

<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
</tr>
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<tbody>
<tr>
<td>Posters</td>
<td>30</td>
</tr>
<tr>
<td>Posters in Spanish</td>
<td>7</td>
</tr>
<tr>
<td>Flyers per store</td>
<td>1500</td>
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<tr>
<td>Total of 10,500</td>
<td></td>
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<tr>
<td>Banners sent direct to each store</td>
<td>5</td>
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<tr>
<td>Shelf Talkers sent direct to store each item.</td>
<td></td>
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<tr>
<td>Giant Ticket Giveaway Pads</td>
<td>14</td>
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</table>

We had several telephone conversations and one working meeting with Project Open Hand and KOIT Radio at the June 10th Giants game, in order to meet other staff and store managers. Another exciting event was Community Action Marin was finally put on the marketing materials as a participant which is very important to Marin residents (and us). Also, this year we had enough flyers to handout which made this a success.

The Giant Ticket Giveaway in Marin, was not a noticeable draw, but the setup that neither the store nor the volunteers had to collect them was excellent.

One strong suggestion for next year, is that we would like more say as to what goes on the flyer, or at least have some input. What might be a need in San Francisco may not be a need for Marin residents. We would like for next year that peanut butter and pasta sauce some how be re-instated as items.

This years posters were to tall for barrels. Next year they should be at least six inches shorter. We would also like two more per store, so that the stores still has enough after we put some on each of the barrels. Currently, we do not have a need for Spanish posters in Marin County for 1997.

**Volunteers**

Recruiting volunteers is always difficult. This year we tried to start our recruitment early with mass distribution. We tried five different avenues of getting the word out that we needed help for the kick-off weekend. These were: mass mailing, last years volunteers, businesses, AIDS related agencies with in Marin, and the Press. Over 1,000 volunteer flyers were printed and distributed. Here is a partial list of various places:

- Marin County AIDS Commissioners
- Marin Interfaith
- CAM Board Members/Staff
- Marin Treatment Centers
- Volunteer Center
- Marin AIDS Project
- MAP Hot Meal Clients
- Marin County AIDS Office
- All Bell Markets
- Firemans Fund

July 10, 1996
continued...

Metro Commerce Bank
CAM Pantry Clients
TAAP - Teen AIDS Action Program

Birkenstocks
Aunt Ruby's
HIVA - HIV Awareness

Press releases were also issued to the Marin Independent Journal, The Slant and the Pacific Sun. The IJ did a very nice article right before the event, but it was too close for people to plan. To our knowledge, the others did not run.

We also tried a mass mailing to about 270 people of the Marin Gay Owned/friendly Business Roundtable which resulted in only two volunteers. We will probably do this mailing again next year, but I hope the word is spread, about lack of participation this year.

The following CAM Board Members participated this year: Bob Bednarz, Victoria Evans, John Gibbons, Marci Hammock, Bill Mena, Anna Marie Pierini, Lori Stokes and Brian Swartz. Our many thanks to you for such a showing of caring and giving.

We would also like to acknowledge the only two participants from the Marin County AIDS Commission, who were John Zukaitis and Gail Theller. John and Gail have participated for many years and we would like to see many other commissioners next year.

This year we had 66 store volunteers which was a dramatic increase. Here are a few more volunteer statistics:

Hours needed to cover all stores: 205
Actual covered ours: 153.5
Percent covered: 74.9%
Total store volunteer hours used: 221
John Zukaitis & Jeff Kimball's hours:
   Prior to event: 88
   During kick-off weekend: 74
   After kick-off to date: 57
   Sub-Total to date: 219
Grand Total to date: 440

Once again our many thanks to all that volunteered their time.

Special Donation

Sonoco Fibre Container Corporation, of Pittsburg, California has once again donated the 9 collection barrels we currently use. When we knew the 3 new Novato stores would be added, we once again asked them for their assistance. They never say no. Without these barrels our food drives would be much more difficult. A special thank you "Sonoco".

July 10, 1996
COMMUNITY ACTION MARIN

Project Open Hand 1996 Food Drive

One of these barrels is used year round at Spectrum Center for Lesbian, Gay and Bisexual Concerns.

Suggestions & Recommendations

► Work more with Project Open Hand and Cala/Bell Markets for target items.
► New types of marketing to recruit volunteers.
► A red ribbon pin, t-shirt or hat needs to be designed or purchased for next years event. We have run out of our supply.

Final Comments

We have consistently worked the past five years on developing a productive food drive to help benefit the men, women and children affected with HIV/AIDS. Each year we try different approaches to find what works best in our community. We now have a data base of volunteers started and most things are on a computer to ease our way. But we have also learned if we don't have support from the community it makes success harder to achieve. People dropping off food will donate, and donate more if there is a friendly face at those barrels to say "Thanks, their are some special people that really appreciate your donation".

Thanks again for everyone's help and support of the 1996 Project Open Hand Food Drive!

John Zukaitis
Community Action Marin Volunteer Food Drive Specialist
Marin County AIDS Commission

jk

July 10, 1996

Page 4
HOUSING COMMITTEE MEETING MINUTES
July 18, 1996

Present: Kate Bristol, Leslie Klor, Chris Booth, Roy Bateman, Kelly Wallace

1. Roy Bateman distributed a handout with HOPWA budget projections for the next fiscal year. His handout was discussed and some of the assumptions had recently changed. Kate Bristol reported that the long term rental assistance program had been serving 85-86 people however the number had gone up to 88 and would probably reach 90 even with outreach to HOPWA clients to get on to the Section 8 program. Kelly Wallace suggested maintaining the status quo for the next 6 months before considering any change in the subsidy level. Kate Bristol recommended keeping the same subsidy levels with the program capped at 100 people with an average of 90 participants. The revised program cost for a year would be $367,000.

With regard to the CAM short term rental assistance program the possibility of raising the subsidy in some cases was discussed e.g., for those recently in recovery. For the in home attendant care program, Marin is in the opposite situation as San Francisco this year. Marin is having to move CARE funded programs to HOPWA because of the decrease in Marin’s CARE funds. Marin is able to make this switch because of the availability of funds from the competitive HOPWA grant however the competitive grant runs out in 3 years and CARE funds will keep decreasing. Marin will be in trouble when the competitive grant ends because Marin will need $838,000 to fund the same services. For future planning Marin shouldn’t move too many CARE programs over to HOPWA funding because Marin will need HOPWA funds for long-term rental assistance again. And HOPWA funding may end. Another possibility would be to move onto HOPWA only those supportive services which could be easily downsized by paying for less hours/treatments e.g., attendant care and substance abuse treatment vouchers. Or Marin might have to change the eligibility criteria for services to an AIDS diagnosis.

2. Chris Booth presented background for naming the long term rental assistance program in memory of Victor Newman. She made a motion which was passed unanimously to rename the program The Victor Newman Memorial Long Term Rental Assistance Program. Chris Booth and Roy Bateman will work on a resolution regarding this renaming to present to the Board of Supervisors.

Due to anticipated absences the next meeting has been changed to August 29th at 10 a.m. in the same location.

Cordially yours,

Chris Booth
HOUSING COMMITTEE MEETING
AGENDA
August 29, 1996* Note date change
10:00-11:30 a.m.

1. Agency feedback on spending projections for the currently funded HOPWA programs

2. Report from Seattle AIDS Housing Conference- Kelly Wallace
DIRECT SERVICES COMMITTEE MEETING MINUTES OF

JULY 11, 1996

IN ATTENDANCE: JOANN LOVEJOY (MAP), LAURA GAUGHAN (MTC), BARNEY PIA (THE POSITIVE CENTER), TIM TETER (MTC), JOAN MONHEIT (HOSPICE), VICKI OTTO (MAIN), LESLIE GALLEN (THE POSITIVE CENTER), SHARON EGGLING (CAM), KATHY JOHNSON, (SP. CLINIC)

EXCUSED: CAROL KING (HOPWA), JOHN XINNEAR (COUNTY)

AGENDA:

1. NEW BUSINESS:

A. ANNOUNCEMENTS:

Vicki announced that MAIN, as of 7/1/96 will be their own fiscal agent for services (vitaminins and acupressure). Clients will notice no difference in services except the checks will have MAIN's name on it, not CAM's.

The group thanked Vicki for the use of space at MAIN. Vicki announced that on Friday, July 26, 1996 at noon there will be an African American Faith Healer, Rev. Delorise Lucas she encouraged the committee to let clients know. Barney announced that today's meeting was to be held with the HIV Advocacy Committee, to review the Medi-cal Spend-down. However, due to reasons that are somewhat unclear they will be unable to join us today.

Barney suggested and the group concurred that he will review the Medi-cal Spend-down at an Inter-Agency Meeting with all of the Case Managers.

B. IHSS:

Barney reviewed IHSS, how it works, who and when someone can qualify, payment, etc. This was quite helpful and the group thanked him.

C. HOPWA:

HOPWA staff is unable to be here today. In their absence Barney announced Section 8 is now taking openings. He briefly reviewed when someone might want Sec. 8, and not HOPWA.
2. OLD BUSINESS:

A. UNIVERSAL INTAKE:

The group reviewed the Universal Intake form. Laura will finalize the non-fiscal portion, Barney will finalize the fiscal portion. They will send an Original to each provider (to use for copies).

NEXT MEETING:

The next meeting is scheduled for:
Thursday, August 1, 1996
at Marin Treatment Center, 1466 Lincoln Ave., San Rafael, CA
Phone: 457-3755.

Our agenda for that meeting was agreed to as follows:

1. NEW BUSINESS
   A. ANNOUNCEMENTS
   B. DISCUSSION RE: NEW MEETING TIME/DAY

2. OLD BUSINESS:
   A. DISTRIBUTION OF FINAL INTAKE FORM
   B. RESOURCE DIRECTORY
   C. PRESENTATIONS: RITTER HOUSE
       NOVATO HUMAN NEEDS
   D. FOLLOW-UP FROM MEETING OF JUNE 6, 1996

Respectfully submitted,

Laura Gaughan, Co-Chair
Members: William Rogers, Kimberly McQuade, Robert Baerman, Kelly Wallace

Staff: Chris Booth, Jon Dean Green

Women’s Committee: Ms. McQuade reported that Cheryl Bernard Shaw, Chief of Women’s Services for the Department of Health and Human Services would be making a presentation to the committee at its next meeting.

Jon Dean Green presented a handout regarding planning and decision making. Mr. Green spoke to the need for the Commission to make a decision regarding who would be doing the planning for the coming year. Either the commission must make the decision to do it themselves, or hand it off to the AIDS Program.

Kelly Wallace and Robert Baerman spoke to the fact that several of the last subcommittee meetings they attended were missing a quorum or the co-chairs. Mr. Baerman stated that he takes his responsibilities very seriously and expects others to do the same. William Rogers spoke to the fact that a number of persons who are members of the commission don’t understand their basic responsibilities as members of the commission. Appropriate structures and “job descriptions” need to be developed and accountability held to. Robert Baerman stated that the commission also needs to make the commission easier to get on. Kelly Wallace stated that the co-chairs and commission members have beaten to death the issue of attending meetings and doing work. If a subcommittee is not working, disband it until there is a need for it again. Kimberly McQuade stated that the commission must support and trust the work that subcommittees have done. After consensus has been reached by subcommittees, implementation must be seen through by the commission. William Rogers stated that people do not feel that they are listened to or that they have a way of making a substantive contribution. Kelly Wallace stated that members must work to represent more than just themselves, they must represent the infected and affected community. Robert Baerman stated that the commission needs to get to know one another better. Kelly Wallace stated that at a regular meeting we need to restate to the commissioners their job duties.

What Next? Create commissioner job descriptions and structures and hold people accountable to them. At the next executive meeting it will develop job descriptions and work towards creating an effective commission and subcommittees.

Positive Center will be performing the next presentation at the commission. The client satisfaction survey is underway, and a $10 voucher will be provided to participants.
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August 1996
Marin AIDS Advisory Commission

MMS/HIV Clinic - 5 Bon Air Rd., Greenbrae
Direct Services - MTC, 1466 Lincoln, San Rafael
Budget & Planning - Com. Action Marin-29 Mary, SR
Executive - 10 N San Pedro Rd., #1006, San Rafael
By-Laws & Members. - 10 N San Pedro, #1006, SR
HIV & Advocacy - Methodist Ch., 9 Ross Valley, SR
Housing - 10 N San Pedro, #1006, San Rafael
Women's - 408 - 4th Street, San Rafael (Old CAM)
MAAC - Marin Institute, 24 Belvedere, San Rafael