The MAAC Budget and Planning Committee has identified the following tasks to comprise its scope of work for 1991-92:

- Initiate a pro-active campaign to ensure full implementation of the FY 1991-92 HIV Response Plan
  * Conduct Planning workshop re: those objectives in which no activity has occurred.
  * Contact community agencies which might appropriately begin programming which could meet unmet objectives.

In order to accomplish these tasks it will be necessary to expand the Committee, which currently is comprised of the Chair and two commissioners plus a resource staff person. Within a month, it is hoped that the Committee will at least double in size with the appointment of additional commissioners, as well as, community members at large.
1. Russ Mills and the Committee discussed the fact that Russ supervises E. Emerson in her position as Tobacco Control Specialist. As a member of the Planning Committee, Russ wanted the Commission to understand his supervisory relationship with her in her other capacity. The Committee felt there was no conflict and would recommend that Russ continue with his Planning Committee assignment.

2. The Committee discussed the following tasks as possibilities for its work plan during 1990-91.
   - Update the survey the Commission completed two years ago regarding adequacy of services for people with HIV (no consensus; will discuss further).
   - Develop a plan to address the issue of involving ethnic minorities in the work of the Commission i.e. minority outreach plan (committee consensus).
   - Prioritize the issue of SNF beds/high level (16 - 20 hrs/day care) residential/in-home care options. Work closely with Direct Services Committee (Committee consensus).

   - On September 11th Chairperson Theller met with the Direct Services Committee and determined that it is doing what can be done relative to SNF beds in the County. Therefore, this probably will not be an issue for the Planning Committee to pursue.

3. The Committee felt that its functions should not include evaluations. Rather, the Education and the Direct Services Committees could monitor those activities outlined in the Response Plan and report annually to the Planning Committee re: outcomes. This recommendation will be forwarded to the Executive Committee for inclusion in the Commission Retreat agenda.

4. The Committee requested that Elizabeth forward to the committee the State requirements for the county subvention plan since the local HIV Response Plan 1991-92 should be consistent and reflect said requirements.

5. Next Meeting: Monday October 8, 1990 at 408 Fourth Street, San Rafael. The ethnic minority issue will comprise the agenda. Hopefully, representatives of the minority communities will be in attendance.
AIDS BUDGET/PLANNING COMMITTEE
January 12, 1990
MINUTES

Present:
Natasia Taylor - AID Education
Peg Riley - MASN
Pat Ward - U.W.
Lesli Accocca - Threshold
Janet Liu
Mary Jo Berger
Gail Theller
Dave Martin

Mental Health - Accocca

Dementia issue services
Mourning and adjustment to being diagnosed

Don't have Mental Health Workers available

Should have Co. contract with private individuals to provide mental health services to HIV (considerably less expensive).

Mental Health and case management services must be meshed.

Accocca recommends "buying" an MFCC in an agency to work with HIV. $30,000

Currently: 3 psychiatrists take Medi-Cal + others volunteer.

Several stages where mental health services needed:
  ° Need full-service HIV clinic including medical, mental, etc.
  Kids more likely to show up at clinic rather than their family doctors.
  ° Need to pursue public-private partnership
  Stick with a clinic

United Way

FY 1991 will use the needs assessment being done now to govern programming during the next 3 years.

Pat asked the committee to review the HIV target population template and provide feedback.

Planning Committee to review template at February meeting and forward to Pat in mid February.

Other

Subvention - should be discussed in plan

Dave Martin feels the committee should establish priorities, identify service providers

2nd Thursday - February 12 - 1:30 ---Establish Priorities, Service Providers
United Way.
MARIN AIDS ADVISORY COMMISSION

MINUTES: Planning and Budget Committee

December 11, 1989

Present: Mary Taverna
           Janet Liu

Staff: Michael Kralka
      Brian Slattery
      Mary Jo Buerger
      Denis Gregory

Excused: Gail Theller
         Russ Mills
         Ed Darstein

Guests: Michael Kralka
        Brian Slattery
        Mary Jo Buerger
        Denis Gregory

The Committee continued its review of service areas outlined in the FY 89/90 HIV Response Plan.

1. **CASE MANAGEMENT** - Kralka (for Ed Darstein)

MASN currently has two full time Client Services Coordinators whose duties include providing case management. MASN is in the process of recruiting for a third Client Services Coordinator, who will hopefully begin work in early January. With increased staffing and a decline in intakes, MASN is able to develop and intensify its case management services to clients as described in the plan. Further, it is beginning to address the client's psycho-social needs (e.g., health insurance planning, housing, advocacy), as well as the medical needs (in conjunction with the State AIDS Project) as it pertains to care planning/case management.

MCF ($40,000) and Northern California Grantsmakers through the ACCESS Project ($27,000) are funding MASN's current case managers. There is a total of 4.1 FTE HIV case management positions in Marin countywide at the current time. Mary Jo added that the County Public Health nurses could also do some health assessments.

Mary stated that there is room in the State AIDS Project to serve more clients. The demand for services are down (the project is funded for thirty clients). This may be partially attributed to the fact that HIV persons are living longer, better. There appears to be adequate resources available resources to take care of people in the attendant care arena. She also added that perhaps there is a need to intervene earlier with these clients in terms of care planning to include looking at insurance, treatment options, support, counseling and identification of resources.

Michael noted that the MASN intake process could involve more than just one session, and could sometimes take as many as five sessions.
The MASN Client Services Department developed a list of typical needs of a person with HIV infection. It includes the following areas: Food (groceries and prepared food); Counseling (mental health); Drug Rehabilitation; Medical Services: physician and dental referral and education of resources, and attendant care; Social Workers (government forms, services, disability programs, etc.); Advocacy - general case management; Pet Care; Emotional Support; Practical Support; Spiritual Support; Money - financial assistance; Medical Equipment: drug reimbursement (Babcock Foundation); Housing; Employment; Transportation - provision or upkeep (car repair); Legal Services (wills).

Marin Treatment Center has a halftime counselor who help clients address alcohol and drug issues, and could do some case management if there are also HIV issues. Catholic Charities of Marin is providing counseling and mental health services to some MASN clients, but there will be a larger need to support and counsel client with HIV and drug issues.

MASN and La Familia will be starting an HIV Spanish-speaking support group beginning in January.

2. HIV CLINIC - Buerger, Slattery

The HIV Clinic committee met recently with Dr. Estes and representatives from the Marin County Medical Society. Brian and Mary Jo prepared a budget which initially comprised of one FTE Physician, one Family Nurse Practitioner and one Nurse plus a cost figure for space. The initial budget amounted to $250,000, but it turned out that $350,000 was a more realistic budget (expense side only, this amount does not include projected revenues).

The County Local Health Officer may have a different model in mind to serve HIV clients. However, the problem of physician coverage before and after office hours (9:00 a.m. to 5:00 p.m.) is a real problem as far as continuity of comprehensive quality care is concerned. The plan is to find out what position the Health Council of Marin (who is also the advisory body for the Proposition 99 Indigent Medical Care funds) is taking in terms of providing for this population. Mary Jo will try to invite a representative of the HCOM to speak at the next Commission meeting.

Representatives of the HIV Clinic will also be meeting with the Marin Community Foundation. It will be more advantageous if there is County commitment before speaking with MCF.

There was no representative from Mental Health/Counseling present to give a report. This will be deferred to a future meeting.

PLEASE NOTE: The meeting scheduled for January 8th has been changed to Friday, January 12, 1990 at 1:30 p.m. at Community Action Marin.
The Committee continued its review of service areas outlined in the FY 89/90 AIDS Response Plan.

1. HOUSING - Harris

To date no money has been received by any agency in Marin for HIV-related housing activities during FY 1989-90. Section 8 housing assistance is not of any real use to PWAs/PWARCs because of the waiting lists.

Chris feels that currently we should divide HIV housing issues into two separate categories: 1) Homeless PWA's and 2) Preventive measures for PWA's facing eviction or the possibility of eviction. PWA's in this second category should be main-streamed into existing housing programs.

Chris recommended that the financial request for FY 1990-91 should include $40,000 for rent subsidy payments and $10,000 for housing-related programs such as in-home support, etc.

Finally, Chris felt that Marin eventually will experience a need for an AIDS residence serving triple-diagnosis individuals.

2. TRANSPORTATION - Darstein

MASN provides transportation to its clients through the use of practical support volunteers. Although MASN has received no money during FY 1989-90 for transportation, MASN clients seem to have their transportation needs met.

Ed noted that requests for transportation (medical trips to SF, etc.) have remained relatively stable with no measurable increase seen. If County HIV clinic were developed the nature of transportation requests would probably change.

MASN has made some initial contacts with Whistlestop and Marin Airporter re: transportation but, up to date, those discussions have not produced anything of substance.

It was noted that non-MASN clients have no specific access to transportation but it doesn't appear to be a critical problem. Possibly some PWA's and PWARC's use bus vouchers available through the County, Housing Center and the Cancer Society.

3. VOLUNTEERS - Darstein

For FY 1989-90 MASN received approximately $20,000 from the County and $14,000 from MCF in support of its volunteers program.

The 1989-90 volunteer program provides 1.0 FTE who recruits, trains and supports 90 volunteers.

It is projected that MASN will need a total of 4.0 FTE for FY 1990-91 to recruit, train and support 213 volunteers serving 200 - 250 client

MASN will need $117,000 in FY 1990-91 to implement a 4 person volunteer program with necessary administrative support.
It was noted during the discussions that MASN and the County should coordinate volunteer program with necessary administrative support.

Ed talked about the efforts needed to recruit volunteers able to deal with "special" populations e.g. triple-diagnosis, Black, Latinos, etc.

The Committee also needs to talk with Hospices about its volunteer program in order to get a full picture of volunteer efforts in Marin's HIV arena.
MARIN AIDS ADVISORY COMMISSION
MINUTES: Planning & Budget Committee
October 16, 1989

Present: Ed Darstein
Russ Mills
Gail Theller
Guests: Dave Martin
Elizabeth Emerson
Staff: Janet Liu

Absent: Mary Taverna

The Committee commenced its review of service area outlined in the FY 89/90 AIDS Response Plan.

I. HIV Education - Ed Darstein

MASN's current efforts regarding HIV Education are in two areas: (1) Special Populations - State Health Department provides $98,000 for outreach and education directed towards gay, bi-sexual and men - with-men; Latino, Community; Black Community. An additional one-time $30,000 SHD organization has enabled MASN to expand its .5 Latino and .5 gay educators to .8 for FY 1989/90. A United Way grant awarded to Marin City Multi-Service Center and sub-contracted to MASN combined with SHO funding provides for a full-time Black educator. Monthly contracts for all Special Population educators employed by MASN is 500 - 600 per month. (2) General Community Education - County of Marin and Marin Community Foundation funding provides for a full time educator who works with the schools, youths and community-at-large including training of professionals working with community e.g. social workers, medical personnel, non-profits employees, etc.

Marin Treatment Center has 1 full-time HIV educator working with drug addicts and another 2 educators working with the general population.

Darstein recommended: that an HIV educator should be added to AIDS Interfaith's HIV Wellness Group; Commission should support expanded prevention/education programs in communities of color; Commission should support the idea that all Marin high school youth should receive HIV education (and a school-by-school assessment of HIV educational offerings should be made by the Commission); MASN continue its current HIV education efforts with full-time Black, Latino and Gay educators (total of 3 FTE) and two FYE General community educators.

Dave Martin discussed the AIDS Interfaith HIV Wellness Group which has received a $17,000 1 year grant (1989/90) from United Way. The group is for HIV positive individuals who meet weekly to discuss various therapies, employment, doctor-patient relationships etc. It is expected the project will serve up to 60 people in groups of 10 - 15 individuals.

Everyone agreed that there is a high degree of collaboration between HIV educators in the county and this should continue.
Much discussion/explanation occurred regarding the difference between gay, bi-sexual and men-with-men. Men-with-men are men who participate in homosexual sex but do not identify themselves as gay or bi-sexual and therefore are extremely difficult to reach and to educate. Additional and improved methods for reaching these individuals need to be developed.

II. Food - Dave Martin, Ed Darstein

AIDS Interfaith and MASN coordinate with the Food Bank's Compassion in Action program which twice monthly prepares home-delivered food boxes for people with terminal/incapacitating illnesses (including AIDS). To date, 30 PWA's have been served by the program which is a volunteer effort.

AIDS Interfaith coordinates with church volunteers in Marin who cook and deliver hot meals for PWA's. To date, 20 PWA's have been served. The logistics are complicated and a larger program would be difficult to handle without financial assistance.

Negotiations have been underway for about a year to expand San Francisco's Project Open Hand into Marin. Open Hand needs additional vehicles and staff to accommodate other counties and to that end has developed grant applications in an effort to secure the needed resources.

CAM operates a volunteer HIV Food Pantry available to PWAs and PWARCS who can select their own non-perishable food and toiletries on an as-needed basis.

Recommendations include: (1) continue the Food Pantry, Compassion in Action, and church-delivered hot meals program, (2) develop a comprehensive meal preparation and delivery program utilizing Project Open Hand or a local agency.

ALCOHOL/DRUG PROGRAMS AND HIV - Russ Mills

The County Alcohol and Drug Program has the following monies committed to the HIV effort for FY 1989/90.

$63,150 - (HIV Mini Grant) County contracts with Marin Treatment Center and MTC has a small sub-contract with Centerpoint. The money is used for: (1) Outreach to get IV drug users into treatment (2) Out-patient detox (3) Residential detox (4) Long-term residential recovery.

$62,245 - (part of Marin's $300,000 drug block grant) County contracts with Marin Treatment Center for part of the MTC methadone maintenance program (with the understanding this is a HIV at-risk client population.

Russ noted that in FY 1990/91 50% of drug block grant will go to IV drug users (again, an HIV at-risk population).

$18,175 - County contracts with Marin Treatment Center to employ an HIV Counselor for 1/2 year who works to get drug addicts to take to HIV antibody test.

$7,464 - County contracts with Centerpoint to provide 1 bed for HIV/drug addict.
Russ recommended that the recommendations outlined on page 77 of the 1989/90 AIDS Response Plan should continue forward into next year.

Russ noted that the use of alcohol when connected with sex results in twice the likelihood that unsafe sex will occur.

Russ sees the need for $44,000 to educate local alcohol and drug staff re: HIV.

ANONYMOUS ANTIBODY TESTING - Janet Liu

Recommendation: Funds should be obtained to reimburse community clinics who are offering anonymous HIV antibody tests and counseling to local residents (estimated cost: $2,500).

Problem Statement - Community health care organizations are not reimbursed for performing HIV antibody tests that are given to their clients who request the test. Each test cost between $40 and $45, which is very expensive.

Analysis: - The state funds the Marin County AIDS Program and Planned Parenthood to offer anonymous HIV testing (ATS). In addition to testing and education, the ATS provides support and counseling, and refers those who test seropositive to other resources for more specialized education and support. The ATS also educates uninfected individuals in how to avoid becoming infected. In all other HIV antibody testing programs, including testing by private physicians and community clinics, testing must be performed only with the person's written consent (i.e., confidential testing). Some community clinics who serve specific target groups (e.g. drug users/abusers) are not reimbursed for the HIV test that are requested by their clients. Community clinics should expand their efforts to encourage as many at-risk citizens as possible to determine their HIV status and to avoid spreading of the disease.

Goal: Request reimbursement to pay for confidential HIV testing performed by community clinics who are otherwise not reimbursed for it.

Activity: The County AIDS Program should request reimbursement from the Centers for Disease Control and the State Office of AIDS for these services rendered by community clinics performing confidential HIV testing for their clients who request it.
The Committee has been charged with the following tasks: To advise staff in developing the County HIV Response; to monitor implementation of the Plan; and to monitor HIV epidemiological data.

The Committee outlined its work plan for October, November and December by reviewing the funding recommendations put forth in the FY 89/90 Response Plan (P 15). It was decided that each of the eleven services listed will be evaluated/discussed individually by the Committee through presentations to the Committee by relevant service providers. Presentations will include the rationale for the methodology used to establish the estimated cost figure presented in the Plan; current status of the service and its funding; recommendations for FY 1990-91. The tentative presentation schedule is as follows:

**October (10/16/89 1:30 PM)**
- Alcohol/Drug Programs ($110,750) 
  - Russ Mills
- Anonymous Antibody Testing ($2,500) 
  - Marge Wuopio
- Food ($15,000) 
  - Dave Martin/Gail Theller
- HIV Education ($236,000) 
  - Ed Darstein/Betty Obata

**November (11/13/89 1:30 PM)**
- Attendant Care ($10,000) 
  - Mary Taverna
- Housing ($50,000) 
  - Chris Harris
- Transportation ($2,000) 
  - Ed Darstein
- Volunteers ($70,000) 
  - Ed Darstein

**December (12/11/89 1:30 PM)**
- HIV Clinic ($250,000) 
  - Mary Jo. Burger/Erwin Braff,M.D
- Case Managers ($250,000) 
  - Mary Taverna/Ed Darstein
- Mental Health/Counseling ($75,000) 
  - Leslie Acoca/Curt Banks

Upon completion of the above referenced FY 1989/90 funding recommendations, the Committee will review the San Francisco AIDS service delivery system in an effort to compare Marin's system and identify current and projected gaps in service in Marin. The Committee may find it necessary at this point to update the Commissions 1988 Needs Assessment Survey in order to make a final determination of service needs.

Finally, the Committee's work and recommendations will be forwarded to the Commission for approval and inclusion in the 1990-91 AIDS Response Plan.

**PLEASE NOTE:** Change in meeting time for October: October 16th, 1:30 PM, 408 4th St. San Rafael. (457-2522)
<table>
<thead>
<tr>
<th>Major Questions</th>
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<tr>
<td>Who are we?</td>
<td>Initial mission statement</td>
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<td>Internal analysis</td>
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<td></td>
<td>External analysis</td>
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<td>Where are we now?</td>
<td>Assessment of present position</td>
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<td>*resource groupings/patterns of service</td>
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<td>*service locations</td>
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<td>Where are we going if we follow our present course?</td>
<td>Development and evaluation of alternative scenarios</td>
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<tr>
<td>Where do we want to go?</td>
<td>Development of goals and objectives</td>
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<td>*prioritization of two for the committee</td>
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<td>*prioritization of committee goals and allocation of resources within continuum of services</td>
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<tr>
<td>How can we get there?</td>
<td>Development and evaluation of alternative strategies</td>
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<td>*distribution of funding according to priorities</td>
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<td>-given additional funding</td>
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<td>What if the situation changes?</td>
<td>Development of contingency plans</td>
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<td>What actions must we take?</td>
<td>Development and implementation of operational plans</td>
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<td>How will we know if we are succeeding?</td>
<td>Development of evaluation, monitoring, and control systems</td>
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<tr>
<td>Do we need to change course?</td>
<td>Revision and implementation of contingency plans</td>
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Characteristics of Strategic Plan

A. Availability
B. Accessibility
C. Continuity
D. Acceptability
E. Quality
F. Cost
G. Efficiency
RESIDENTIAL CARE FACILITIES

Total Available
Hospice-Attendant Care and Nursing
MTC-SA Tx and Crisis Counseling
CAM-Emergency Needs
MAP-Psychosocial Services
Fox Lane ($400/bed x 6 beds x 12 months)
Second Facility (assume same number beds)
County-0.5 FTE NP home visits/med monitoring

41,200
Unallocated

UNALLOCATED FUNDS

41,200
Unallocated Residential Monies
70,013
Title II - 94-95 - Title II Funds
23,000
Returned (MAP’s 64,885 Case Mgmt Allocation)

$134,213
To Be Allocated

List of options:

$30,000.00

Adult Day Health Care

$100,000.00 - Adult Day Health Care
Marin AIDS Project
Proposal for Services
July 1, 1994 - June 30, 1995

BENEFITS ADVOCACY COUNSELOR

The Marin AIDS Project proposes funding 1 additional FTE in Benefits Advocacy Counseling. (Title I funds will already be funding 1 FTE Benefits Counselor for fiscal year 1994-95.)

The goal of the Benefits Advocacy Program is to increase the ability of people living with HIV/AIDS to achieve and sustain the highest quality of care for themselves that is possible; to ensure that people living with HIV/AIDS have access to all the appropriate public and private benefits to which they are entitled.

**Unduplicated Clients**

100

**Units of Service**

1250

(A unit of service is defined as one hour of client contact or client-related contact (work on behalf of a client OR one hour of supervision/training provided to case managers and/or interns OR one hour spent providing benefits information to members of the public). Units of Service will be measured in 15 minute increments and reported in hours.

**Modality**

Services will be provided by a professional benefits counselor. (In fiscal year 1994-95 the Marin AIDS Project will have a graduate level benefits intern. Some direct service hours will be provided by the intern but will be supervised by the Benefits Advocacy Counselor).

**Minimum level of funding required:** The Marin AIDS Project requests that this position be funded at a full time equivalency. If funding is not available for a full time position, we would request a half time position. In that case, units of service and unduplicated clients would be cut to 50 unduplicated clients and 625 units of service.

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See budget for position on next page
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Marin AIDS Project
Proposal for Services
July 1, 1994 - June 30, 1995

VOLUNTEER COORDINATOR

The Marin AIDS Project proposes funding 1 additional Volunteer Coordinator. (Title I funds will already be funding a Director of Volunteer Services at a .8 FTE. Additional funds from the Marin Community Foundation will be funding the Director of Volunteer Services at .2 FTE so that the Director of Volunteer Services will be funded at full-time for fiscal year 1994-95)

Volunteers provide an invaluable service to the HIV community and provide an excellent and cost effective means of augmenting direct services to people living with HIV/AIDS. The goal of the Volunteer Program is to ensure that all persons living with HIV/AIDS in Marin County have access to the wide array of services provided through the Marin AIDS Project Volunteer Department.

Volunteers provide a wide array of services including: emotional and practical support, massage therapy, mental health therapy, food delivery etc.

Unduplicated Clients 120

Units of Service 7,500
A unit of service is defined as one hour of direct client service provided by a Marin AIDS Project volunteer. (We now have the capacity to track the number of volunteer hours that are provided by each volunteer)

Modality The volunteer coordinator would work under the supervision of the Director of Volunteer Services and would provide:

4 orientations for new volunteers (30 volunteers per orientation for an estimated 120 potential new volunteers.

2 practical support trainings for new on-call volunteers (25 volunteers per training for an estimated 50 on-call volunteers)

1 emotional support training for an estimated 30 volunteers.

Minimum level of funding required: If this position is funded at a full time equivalency responsibilities will include the recruitment and training of bilingual volunteers in order to better outreach to the Latino community. Additionally, we will make volunteers directly accessible to clients who are being case managed in other agencies.
VOLUNTEER COORDINATOR (1.0 FTE)

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VOLUNTEER COORDINATOR (0.5 FTE)

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<td>TOTAL ACTUAL COST</td>
<td>24,780</td>
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</tbody>
</table>
Psychiatric Services

Amount Requested: 15,000
Units of Service: 200
Unduplicated Clients: 45

Modality: Clients are to be seen for psychiatric evaluations and medication monitoring.

Need: Currently there is a four to six week waiting period for psychiatric services.

Dental Services

Amount Requested: 20,000
Units of Service: 115
Unduplicated Clients: 23

Modality: Clients are to be seen at the Marin County Dental Clinic for non-surgical dental services related to oral health.

Need: There is a 2-4 month waiting period for non-emergency dental care at the county facility.
PROPOSAL TO COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AIDS PROGRAM

REQUEST FOR CASE MANAGEMENT SERVICES AT MARIN GENERAL HOSPITAL AND
MARIN SPECIALTY CLINIC
RFP CM/01-94

May, 1994
INTRODUCTION

Patients living with AIDS or HIV who receive medical care from Marin General Hospital continue to need a variety of services that reach far beyond their medical care. At least half of MGH's patients with HIV disease either are already, or become patients of the Marin Specialty Clinic. The Specialty Clinic patients tend to be the most labor intensive patients, often having multiple psychosocial needs and many having a concomitant psychiatric and/or substance abuse diagnosis. Inpatient stays for patients with HIV disease have decreased both in number and in length of stay. This can be attributed to several factors. Advances in both treatment and technology are allowing patients to be successfully treated on an outpatient basis that would previously have involved inpatient stays. The case management system in Marin is also successfully intervening with some patients prior to hospitalization which allows for better planning for future needs.

To adapt to the changing face of hospital treatment and to allow for future flexibility in the provision of case management services, a new model involving more collaboration between MGH and the Marin Specialty Clinic is being proposed. There would be two case managers. One would be an intern working half time, flexing time between MGH and the HIV Specialty Clinic. The intern would also be available to provide services to Specialty Clinic patients, the specifics of which will be elaborated upon later in this proposal.

The other MGH Case Manager will work 10 - 15 hours per week, providing direct supervision to the intern, continuing to coordinate the multiple services being delivered to MGH's patients with HIV, assisting with the more challenging situations presented by some of the patients, providing back up to the intern, and being available for consultation either to Kaiser or Novato Community Hospital social service and discharge planning staff for their patients with HIV disease (this is still at the planning stage; discussions have been initiated with Kaiser, San Rafael). This newly proposed system would: 1) provide better usage of case manager time in allowing for flexibility of coverage between the MGH and the specialty clinic; and 2) provide better continuity of care by allowing one case manager to be the primary contact with patients at critical times of need.

This contract will be shifted to the Marin HIV Specialty Clinic to allow for the hiring of the case manager Intern. The Specialty Clinic, in turn, will subcontract to Marin General
Hospital for support services and the supervising case manager.

OVERVIEW

Population Served. In the 12 month period of April 1993 through March 1994, the HIV case manager served 86 unduplicated clients with HIV and provided 568 units of service, with 86 of these units of service provided in the last quarter and 174 units of service provided in the third quarter. This indicates a pattern of fluctuation with respect to demand for case management services at Marin General Hospital. To accommodate for the fluctuation in demand, case management services that offer flexibility will best serve the clientele. To that end, case management services available to populations in addition to Marin General patients seems to offer the best utilization of resources. Often, Specialty Clinic patients are the ones who are most labor intensive for the MGH case managers. One option would be to allow the MGH case managers to serve as primary case manager for certain Specialty Clinic patients. The patients most logically followed by the MGH case managers would be: 1) those who transfer their medical care to the Specialty Clinic while hospitalized at MGH; and 2) Specialty Clinic patients who have not needed much contact with their Specialty Clinic case manager, are hospitalized at MGH, and while there, form a relationship with or require intensive services from the MGH case managers. In both cases, better continuity of care will be possible by the case manager who has had the opportunity to form the relationship with the patient being the one that will continue to follow that patient.

MGH clients continue to be primarily drawn from the inpatient services and outpatient infusion services. In addition, a small number of clients were seen through the emergency and out patient radiation therapy departments, with additional non-MGH clients served who were referred through non-MGH contacts. The target population for 1994/95 will continue to include clients drawn from this same base. In addition, as previously mentioned, certain Specialty Clinic patients will be followed by MGH case managers. Also, case management consultation will be available to Kaiser Hospital, San Rafael, or Novato Community Hospital to assist with their HIV patients.

The demographics of HIV patients cared for a Marin General have continued with previous trends, including patients of: 1)
varying ages (those in their twenties through those in their sixties), 2) both genders, 3) gay, bisexual, and heterosexual sexual orientation, 4) varied ethnic origins, 5) varied cultural and economic backgrounds, and 6) multiple categories of transmission factors (sexual contact, IV drug usage, and transfusions). Patients have come from upper middle class families with good support systems available to them as well as from the streets with no care givers or home to return to. Again, increasingly seen are those clients having minimal or nonexistent support systems with multiple psychosocial or housing needs.

PLAN

The roles of the HIV case managers will be delineated as follows:

HIV CASE MANAGER INTERN

The position of HIV Case Manager Intern will function in the following ways:

1) serve as a patient advocate or ombudsman assessing and re-evaluating patient needs as they change or develop, and providing for these needs through counseling, service referral, and discharge planning

2) as MGH's liaison with those outside agencies that can fill those needs.

3) work cooperatively with Specialty Clinic staff and case managers when the MGH intern is primary Case manager for Specialty Clinic patients (this includes attending appropriate Specialty Clinic staff meetings).

The case manager intern's primary responsibility would be to patients receiving services at MGH. Additionally, the intern would serve the HIV Specialty Clinic clientele in the following way. When a patient is hospitalized at MGH and is switching primary medical care to the HIV Specialty Clinic, the intern case manager will begin to follow the person as his/her primary case manager and continue to follow as primary case manager while the person is a patient of the HIV Specialty Clinic. When a Specialty Clinic patient is hospitalized at MGH, and has needed or had little contact with their Specialty Clinic case manager (and therefore has not established a primary relationship with the case manager), the MGH intern case manager will be available to continue with the relationship that has been forged while the patient was
hospitalized and become their primary case manager.

On initial entry into the Marin General Hospital system, the case manager intern will perform an intake evaluation to identify patient needs. Inpatients will be given priority. Outpatients will either be intaked, or referred on to appropriate resources depending upon the nature of their needs and the acuity and number of inpatients currently being served. When needed, a care plan will be developed addressing psychosocial, financial, legal, or placement concerns. The case manager intern will become an ongoing member of the patient's "care team" so that at each subsequent admission, or the development of new problems, revised care plans can readily be utilized.

Supervising Case Manager

The Marin HIV Specialty Clinic will subcontract to MGH for the services of the supervising case manager. The supervising case manager will have the following responsibilities:

1) Provide intensive (minimum 2 hour per week) supervision to the Case Manager Intern; also be available on an as needed basis for consultation for complex or problematic cases.
2) Provide fifth day back up for the case manager Intern (who will be working four days/week). There would now be full five day per week coverage with a designated HIV Case Manager as opposed to four day per week under the current contract.
3) Coordinate HIV related concerns and services at MGH (including staffing MGH's AIDS Task Force).
4) Provide consultation to Kaiser Hospital, San Rafael, or Novato Community Hospital for their Social Service staff around issues related to their patients with HIV disease.

The case managers will continue to work closely with all community agencies to assure smooth linkages for HIV patients and to maximize their utilization of Marin County's HIV resources. The case managers will be the liaison to the MGH AIDS Task Force, the County AIDS Commission, the HIV Specialty Clinic, physicians, and selected community agencies, thus keeping abreast of new developments in AIDS care. The case managers will also bring new or unaddressed issues to the attention of the community and advocate for the needs uncovered by these issues.

How HIV Case Management Functions. Patients are identified via
several different mechanisms. Nurses, social workers, technicians, chaplains, and discharge planners will continue to alert the case manager of patients and families needing HIV case management services. Other Marin county HIV case managers also alert the MGH case manager when their clients will be accessing MGH services. A brochure describing the HIV case management services and how to reach the case manager is available and is given to HIV patients who are receiving treatment throughout the MGH system.

Once an HIV patient enters MGH as an inpatient, the case manager will continue to perform an intake evaluation which addresses; medical and psychosocial needs, the living situation, availability of care partners for support and assistance, needs of care givers, the financial situation, etc. The case manager will formulate and implement a biopsychosocial care plan. The case manager will work with the patient and family, making referrals to outside agencies or hospital programs to arrange appropriate outpatient treatments, arranging home assistance when necessary, and addressing psychosocial issues. HIV patients will be seen a minimum of twice weekly while still an inpatient, and seen or contacted as needed while utilizing outpatient services. Throughout the patient's course of treatment at MGH, the case manager will continue to reassess situations of health status and daily living to ensure timely intervention.

Once discharge from the facility has occurred, if the patient has been turned over to another agency's Case Manager, a minimum monthly update on patient status will be obtained from the outside case manager. If the patient has not required referral to another agency, the HIV Case Manager will optimally remain in contact with the patient by phone calls to the home to assure constant reassessment and early intervention if problems arise.

While the HIV case managers as cannot be available at all times during "normal" business hours, use of a beeper part-time will assist with contacting in emergency or extremely urgent situations. The following people will continue to be available as back-up:

1. The Oncology Social Worker
2. Discharge Planners
3. Chaplaincy Program. Someone is available 24 hours per day and would be available for counseling if the Case Manager was not available.

4. Psychiatric Social Worker

5. Marin County Crisis Unit and the Psychiatric Inpatient Unit at Marin General has staff available 24 hours a day for patients in crisis.

Planning and Evaluations. The case manager, the grant Project Director, and representatives of Marin County's Marin AIDS Program will continue to meet following continued funding of this proposal for the following purposes: 1) coordinate data reporting as needed; and 2) to evaluate the effectiveness of the case manager. Statistics on all patients served will be collected, thus assisting the hospital and the County with obtaining more accurate information regarding incidence and demographics of HIV in Marin. The numbers of HIV patients actually seen vs. the total number of HIV patients attending Marin General will continue to be monitored to ascertain whether or not the FTE situation meets actual needs.

Performance evaluations of the case manager intern will occur monthly by the supervising case manager and the Director of the Specialty Clinic. The supervising case manager receives yearly performance evaluations by the Project Director. This will assure that grant requirements and Program goals are being met.

Respectfully Submitted,

[Signature]
Marin AIDS Project
Proposal for Services
July 1, 1994 - June 30, 1995

BENEFITS ADVOCACY COUNSELOR

The Marin AIDS Project proposes funding 1 additional FTE in Benefits Advocacy Counseling. (Title I funds will already be funding 1 FTE Benefits Counselor for fiscal year 1994-95.)

The goal of the Benefits Advocacy Program is to increase the ability of people living with HIV/AIDS to achieve and sustain the highest quality of care for themselves that is possible; to ensure that people living with HIV/AIDS have access to all the appropriate public and private benefits to which they are entitled.

Unduplicated Clients 100

Units of Service 1250

(A unit of service is defined as one hour of client contact or client-related contact (work on behalf of a client OR one hour of supervision/training provided to case managers and/or interns OR one hour spent providing benefits information to members of the public). Units of Service will be measured in 15 minute increments and reported in hours.

Modality Services will be provided by a professional benefits counselor. (In fiscal year 1994-95 the Marin AIDS Project will have a graduate level benefits intern. Some direct service hours will be provided by the intern but will be supervised by the Benefits Advocacy Counselor).

Minimum level of funding required: The Marin AIDS Project requests that this position be funded at a full time equivalency. If funding is not available for a full time position, we would request a half time position. In that case, units of service and unduplicated clients would be cut to 50 unduplicated clients and 625 units of service.

*** See budget for position on next page
**BENEFITS ADVOCATE (1.0 FTE)**

<table>
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<th>Amount</th>
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<td>Benefits</td>
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<tr>
<td>Program specific costs</td>
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<tr>
<td>Mileage</td>
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<tr>
<td>Staff training</td>
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<td>TOTAL ACTUAL COST</td>
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**BENEFITS ADVOCATE (0.5 FTE)**

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<td>Benefits</td>
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Marin AIDS Project
Proposal for Services
July 1, 1994 - June 30, 1995

VOLUNTEER COORDINATOR

The Marin AIDS Project proposes funding 1 additional Volunteer Coordinator. (Title I funds will already be funding a Director of Volunteer Services at a .8 FTE. Additional funds from the Marin Community Foundation will be funding the Director of Volunteer Services at .2 FTE so that the Director of Volunteer Services will be funded at full-time for fiscal year 1994-95)

Volunteers provide an invaluable service to the HIV community and provide an excellent and cost effective means of augmenting direct services to people living with HIV/AIDS. The goal of the Volunteer Program is to ensure that all persons living with HIV/AIDS in Marin County have access to the wide array of services provided through the Marin AIDS Project Volunteer Department.

Volunteers provide a wide array of services including: emotional and practical support, massage therapy, mental health therapy, food delivery etc.

Unduplicated Clients 120

Units of Service 7,500
A unit of service is defined as one hour of direct client service provided by a Marin AIDS Project volunteer. (We now have the capacity to track the number of volunteer hours that are provided by each volunteer)

Modality The volunteer coordinator would work under the supervision of the Director of Volunteer Services and would provide:

4 orientations for new volunteers (30 volunteers per orientation for an estimated 120 potential new volunteers.

2 practical support trainings for new on-call volunteers (25 volunteers per training for an estimated 50 on-call volunteers)

1 emotional support training for an estimated 30 volunteers.

Minimum level of funding required: If this position is funded at a full time equivalency responsibilities will include the recruitment and training of bilingual volunteers in order to better outreach to the Latino community. Additionally, we will make volunteers directly accessible to clients who are being case managed in other agencies.
VOLUNTEER COORDINATOR (1.0 FTE)

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<tr>
<td>TOTAL ACTUAL COST</td>
<td>24,780</td>
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1994/95 PLANNING CALENDAR

May 1994

Make funding decisions re unallocated CARE funds
Send out RFPs for proposed new services, if necessary
Begin housing needs assessment

June 1994

Contract negotiations for new services and County, Education and
Prevention contract renewals, if necessary
FY 94/95 Title II application due June 15th

July 1994

Quarterly Reports for FY 93/94 CARE due 7/15
" " Education and Prevention due 7/15
Year-end report for FY 93/94 County contract due 7/31
Contract year begins for FY 94/95 County, CARE, and Education and
Prevention contracts
Committees begin strategic planning process

August 1994

Marin agencies participate in San Francisco needs assessment survey

September 1994

Information gathering for 1995 HIV Action Plan begins

October 1994

Committees complete strategic planning process and prioritize for
Title I and II funding
Quarterly reports for CARE due 10/15
" " for Education and Prevention due 10/15

November 1994

Budget and Planning Committee to compile planning information from
all Committees
Monitoring protocols sent to contractors

December 1994

Submit CARE Title I funding priorities to San Francisco
Training re monitoring process for contractors and monitors
Monitoring protocols for contractors due
1995 HIV Action Plan approved by MAAC
1995 HIV Action Plan printed
January 1995

Monitoring visits to CARE, County, and HOPWA contractors
1995 HIV Action Plan presented to the Board of Supervisors
Quarterly reports for CARE due 1/15
County semi-annual report due 1/30/95

February 1995

Monitoring reports from contractors
Monitoring report responses from contractors due
MAAC reviews monitoring reports and if necessary reprioritizes funding
Send out RFPs, if necessary

March 1995

Proposals due, if necessary
New contracts negotiated, if necessary

April 1995

Quarterly reports for CARE due 4/15
" " for Education and Prevention due 4/15
Title II preapplication due
Mr. Steve Sachs, Director
Office of Community Planning and Development
U.S. Department of Housing and Urban Development
San Francisco Regional Office, Region IX
450 Golden Gate Avenue
San Francisco, CA 94102-3448

Dear Mr. Sachs:

The Department of Health Services, Office of AIDS wishes to appeal the U.S. Department of Housing and Urban Development (HUD) decision to reduce the State Housing Opportunities for Persons with AIDS (HOPWA) grant amount. A letter from HUD dated April 12, 1994 to Kimberly Belshé, Director, Department of Health Services, states that the HOPWA grant amount transmitted to the State in correspondence dated February 10, 1994 was reduced from $3,546,000 to $2,684,000. No explanation for the change was given in the February 10th letter.

This nearly 25 percent reduction in funds has caused extreme hardship to more than 60 service providers and 33 consortia in 48 counties who were to be allocated HOPWA funds for 1994-95. Because more than two months elapsed since HUD’s confirmation of the original grant amount, most service providers had already submitted plans and budgets based on the original HOPWA fund amount. Consortia and their fiscal agents were forced to revise their plans and budgets and renegotiate agreements with service provider subcontractors. More importantly, the reduction in the State’s grant amount forced statewide, 25 percent cuts in desperately needed housing assistance to people with HIV disease and AIDS.

If any additional information is needed, please contact Vanessa Baird at (916) 323-8949.

Sincerely,

Wayne E. Sauseda, Chief
Office of AIDS

cc: See next page.
cc: Mr. Marty Mitchell  
Program Manager Team B  
U.S. Department of Housing and Urban Development  
450 Golden Gate Avenue  
San Francisco, CA 94102

Ms. Kimberly Belshé, Director  
Department of Health Services  
714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320

Ms. Vanessa Baird  
CARE Section  
Office of AIDS  
Department of Health Services  
714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320

Ms. Lisette Willmarth  
CARE Section  
Office of AIDS  
Department of Health Services  
714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320

HIV Comprehensive Care Working Group Members

HIV Comprehensive Care Working Group Advisors

HIV Comprehensive Care Consortia
### RESIDENTIAL CARE FACILITIES

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<td>MTC-SA Tx and Crisis Counseling</td>
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<td>15,000</td>
<td>CAM-Emergency Needs</td>
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<td>15,000</td>
<td>MAP-Psychosocial Services</td>
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<td>28,800</td>
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<td>28,800</td>
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<td>36,200</td>
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### UNALLOCATED FUNDS

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<tr>
<td>23,000</td>
<td>Returned (MAP’s 64,885 Case Mgmnt Allocation)</td>
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<tr>
<td>$134,213</td>
<td>To Be Allocated</td>
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04114gaa
MARINAIDS ADVISORY COMMISSION

Budget and Planning Committee

Unallocated funds — Program and funding options for review and action by Direct Services Committee, Executive Committee, full Commission

The following funds remain unallocated and are available for allocation by the Commission to program areas requiring new or additional funding:

- $41,200 Unallocated residential monies;
- 70,013 Title II;
- 23,000 Returned (MAP's $64,885 case management allocation).

Budget and Planning Committee forwards, for the consideration of Direct Services and Executive Committees and the full Commission, the following options:

- 10% increase in funding levels for services currently funded with Title II monies — $7,860;
- Increase funding for dental care services — $20,000;
- Increase funding for psychiatric services at Specialty Clinic — $15,000;
- Additional funding for discharge planning services at MGH — $8,000;
- Develop new programming in these areas:
  - Peer counseling program for persons with HIV — $20,000;
  - Family planning (custody, adoption, etc.) counseling and related support services and resources — $64,000;
  - Adult day health care (start-up or contract for services) $10,000+.

Please note that the total of the amounts indicated for these options is larger than the amount available for allocation ($144,860 : $134,213). In reference to the final allocation, Budget and Planning Committee has not recommended priorities since that determination is the province of other committees of the Commission.

The Committee does recommend consideration of the requirement of a 10% match (cash or in-kind) for new grants in this allocation process.
A PROSPECTUS FOR USE OF UNALLOCATED
TITLE I, TITLE II FUNDS FOR FY 1994-95

PROGRAM: FAMILY HIV SERVICES

SERVICE NEED:

Many low-income parents affected by HIV in Marin are not getting the HIV-related service they need and many are not making adequate arrangements for their family's future.

Of those HIV clients served by CAM, alone, 15% are HIV+ heads-of-household with at least one or more children. Currently, actual numbers are: 10 heads-of-household and another 20 dependent children. Although present numbers are small they are increasing dramatically — 150% increase in just the last year.

In addition to the needs of HIV affected families appear more pervasive, intense and expensive since, in addition to the standard requisite medical care they must seek larger living quarters, provide for childcare, rely more heavily on personal transportation since public transportation with small children can be very difficult, address periodic out-of-home placement issues and, finally, plan for children’s futures when the parent becomes incapacitated or dies.

SERVICES:

• Provide information and referral/assistance accessing support services and, in some cases, actually purchasing needed services e.g. housing, transportation, childcare, etc.

• Help HIV infected parents and their families be as involved as possible in determining their children’s future.

• Develop and help implement a Child Placement Plan such as making arrangements for the children when the parent is temporarily ill, or helping the family decide when and how the children should move to their new home when parent becomes too incapacitated. As needed; identify and implement foster care and adoption placements acceptable to the parents and children.

• Provide special assistance to families in which one or more of children are HIV infected.

SERVICE GOAL:

At present at least 10 low-income families have self-identified as being affected by HIV. It is estimated that as Family HIV Services are offered at least 20 families (50 individuals) will request help and receive assistance from this highly specialized and sensitive service.
BUDGET (12 Months):

Case Worker .5 FTE $24,000
(incl. benefits @ 20%)

Legal Consultation $6,000
(re: adoptions, filings, etc.)

Staff Travel $1,250
(home visits, conferences, etc.)

Client Travel $5,000
(children sent to new family,
out-of-state new family visits)

Client Support-Services Fund $21,250

Non-Personnel Expenses $3,500
(office, phone, insurance,
supplies, etc.)

Indirect/Admin. Cost $3,000

TOTAL $64,000

NOTE:

Additional Budget Needs:
Clerical Support - $6,000
Larger Services Fund - $6,750
Overview

The Budget and Planning Committee oversees, coordinates, and consolidates planning efforts of all components of the AIDS Advisory Commission. The Committee also advocates for coordinated planning among all providers of services to persons with HIV.

Specific responsibilities of the Committee include the following:

1. Promotes and supports strategic, long-range planning of community efforts in response to AIDS/HIV as the preferred alternative to reactive approaches.

2. Prepares annual Marin County AIDS Action Plan:
   a) Develops Action Plan format and process to be used in preparing plan;
   b) Recommends common planning format for Commission committees and community agencies providing services to persons with HIV;
   c) Provides advance notice to Commission and to community organizations of information/data that will be requested in support of planning process;
   d) Consolidates planning efforts of various Commission committees and community organizations and incorporates those results into the Action Plan.

3. On an ongoing basis, reviews plans and assessments prepared by committees of the AIDS Advisory Commission, serves as a clearinghouse for planning activities and information.

4. Advocates for implementation of the AIDS Action Plan (with the Commission, Office of AIDS, community organizations, etc.), including preparation of quarterly progress reports regarding community progress in fulfilling the plan's goals and objectives.

5. Coordinates training of Commissioners in strategic planning and planning skills.

6. Assists the Commission in allocating responsibility for pursuing/implementing strategic goals and objectives.
7. Assists in evaluating overall effectiveness of AIDS Advisory Commission in fulfilling its mandate and charges.
MARIN COUNTY AIDS ADVISORY COMMISSION

Budget and Planning Committee

Overview

The Budget and Planning Committee oversees, coordinates, and consolidates planning efforts of all components of the AIDS Advisory Commission. The Committee also advocates for coordinated planning among all providers of services to persons with HIV.

Specific responsibilities of the Committee include the following:

1. Promotes and supports strategic, long-range planning of community efforts in response to AIDS/HIV as the preferred alternative to reactive approaches.

2. Prepares annual Marin County AIDS Action Plan:
   a) Develops Action Plan format and process to be used in preparing plan;
   b) Recommends common planning format for Commission committees and community agencies providing services to persons with HIV;
   c) Provides advance notice to Commission and to community organizations of information/data that will be requested in support of planning process;
   d) Consolidates planning efforts of various Commission committees and community organizations and incorporates those results into the Action Plan.

3. On an ongoing basis, reviews plans and assessments prepared by committees of the AIDS Advisory Commission, serves as a clearinghouse for planning activities and information.

4. Advocates for implementation of the AIDS Action Plan (with the Commission, Office of AIDS, community organizations, etc.), including preparation of quarterly progress reports regarding community progress in fulfilling the plan's goals and objectives.

5. Coordinates training of Commissioners in strategic planning and planning skills.

6. Assists the Commission in allocating responsibility for pursuing/implementing strategic goals and objectives.
7. Assists in evaluating overall effectiveness of AIDS Advisory Commission in fulfilling its mandate and charges.
MARINAIDS ADVISORY COMMISSION

Budget and Planning

Unallocated funds — Program and funding options for review and action by Direct Services Committee, Executive Committee, full Commission

The following funds remain unallocated and are available for allocation by the Commission to program areas requiring new or additional funding:

- $41,200 Unallocated residential monies
- 70,013 Title II
- 23,000 Returned (MAPs $64,885 case management allocation).

Budget and Planning Committee forwards, for the consideration of Direct Services and Executive Committees and the full Commission, the following options:

- 10% increase in funding levels for services currently funded with Title II monies — $7,860
- Increase funding for dental care services — $20,000
- Increase funding for psychiatric services at Specialty Clinic — $15,000
- Additional funding for discharge planning services at MGH — $8,000
- Develop new programming in these areas:
  - Peer counseling program for persons with HIV — $20,000
  - Family planning (custody, adoption, etc.) counseling and related support services and resources — $64,000
  - Adult day health care (start-up or contract for services) $10,000+

Please note that the total of the amounts indicated for these options is larger than the amount available for allocation ($144,860 : $134,213). In reference to the final allocation, Budget and Planning Committee has not recommended priorities since that determination is the province of other committees of the Commission.

The Committee does recommend consideration of the requirement of a 10% match (cash or in-kind) for new grants in this allocation process.
REPORT TO MARIN AIDS ADVISORY COMMISSION
April 28, 1994
RYAN WHITE CARE ACT TITLE II /O3

CONTRACTOR NAME: Community Action Marin
(Fiscal Agent)

CONTRACT NUMBER: 93-17871

CONTRACT AMOUNT: $78,603

CONTRACT PERIOD: 07/01/93 - 06/30/04

REPORT PERIOD: 07/01/93 - 04/30/94

SUBCONTRACTOR: | GRANT AWARD | PAID OUT 4/30/94 | REMAINING THRU 6/30/94 |
--- | --- | --- | --- |
SPECTRUM | $24,176 | $15,522 | $8,654 |
HOSPICE | $23,816 | $10,218 | $13,5948 |
MARIN AIDS PROJECT | $22,751 | $9,529 | $13,222 |
ADMINISTRATION | $7,860 | $5,895 | $1,965 |
TOTAL | $78,603 | $41,164 | $37,439 |

PROGRESS AND OBSERVATIONS:

SPECTRUM

The last progress report, which covered the period through February 28, 1994 indicated that the program was at that time, meeting its objectives in a timely manner. The primary goal of the HIV Wellness program is to provide HIV+ men and women with direct services that support them in their effort to maintain the greatest degree of wellness possible while living with HIV disease. To that end Spectrum had served, as of February 28th:

- HIV+ African Americans 15
- Low-income HIV+ clients requesting nutritional counseling 31
- HIV+ individuals & families 68
- Community leaders / AIDS service providers/organizations 170
- Individuals requesting ATS information; 1:1 counseling to modify risk factors 45

Since March 1st the organization has experienced considerable upheaval in the form of staff resignations, constantly changing program supervision and allegations of fiscal difficulties. Coupled with the lack of monthly written program progress reports, it is difficult to assess the adequacy of program operations as of this writing.

HOSPICE

Hospice contracted to provide 137 hours per month of attendant care and homemaker services, as required, to a minimum daily census of 30 physically declined and advanced stage AIDS patients in Marin who are also enrolled in the State AIDS Case Management Project administered by Hospice.
As of March 31, 1994 Hospice continued to provide the requisite number of hours of service to 31 clients per month with no waiting list. Clients were admitted to the program within 2-4 days of requesting service. The primary change noted in the case load is that now one third is women and children with unique problems emerging for that population, e.g. child care for children with HIV, etc.

The program has, since its inception, continued to run smoothly.

MARIN AIDS PROJECT

Marin AIDS Project contracted to employ a .50 FTE Case Manager to provide bilingual case management services for 24 HIV+ Latino/a clients.

Marin AIDS Project experienced start-up difficulties with the program due to an unanticipated lag in matching funds from Marin Community Foundation. To that end, the project did not begin until November 1, 1993 at which time a 1.0 FTE Bilingual Case Manager was hired to serve both as a case manager and outreach worker to the Latino community. As of March 18th, 25 Latino/a clients have comprised the case manager’s case load. In addition, staff has made several presentations to the Latino Community regarding AIDS awareness/ transmission and testing.

Considering the slow start-up, the program has worked efficiently to regain lost time and is currently on-target in meeting its contracted goals and objectives.

RECOMMENDATIONS: YEAR 04

It would appear that there continues to be a need for services in the three program areas funded during Year 03. Therefore it is recommended that HIV Wellness, In-Home Attendant Care and Bilingual Case Management services continue to receive funding from the CARE Act Title II /04. It is further recommended that each program area receive the Year 03 funding level plus 10% in recognition of Marin’s increased allocation. Finally, it is recommended that In-Home Attendant Care be sole-sourced to Hospice and Bi-Lingual Case Management be sole-sourced to Marin AIDS Project while HIV Wellness be put out to bid (RFP) with encouragement to Spectrum to apply; (including an assessment of their organizational and management capabilities in light of the major changes within the Agency.)
REPORT TO MARIN AIDS ADVISORY COMMISSION

April 28, 1994

RYAN WHITE CARE ACT TITLE II /03

CONTRACTOR NAME: Community Action Marin
(Fiscal Agent)

CONTRACT NUMBER: 93-17871

CONTRACT AMOUNT: $78,603

CONTRACT PERIOD: 07/01/93 - 06/30/04

REPORT PERIOD: 07/01/93 - 04/30/94

SUBCONTRACTOR: GRANT AWARD PAID OUT REMAINING
                  4/30/94 THRU 6/30/94
SPECTRUM      $24,176  $15,522  $8,654
HOSPICE        $23,816  $10,218  $13,594
MARIN AIDS PROJECT $22,751  $9,529  $13,222
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TOTAL          $78,603  $41,164  $37,439

PROGRESS AND OBSERVATIONS:

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Considering the slow start-up, the program has worked efficiently to regain lost time and is currently on-target in meetings its contracted goals and objectives.

RECOMMENDATIONS: YEAR 04

It would appear that there continues to be a need for services in the three program areas funded during Year 03. Therefore it is recommended that HIV Wellness, In-Home Attendant Care and Bilingual Case Management services continue to receive funding from the CARE Act Title II/o4. It is further recommended that each program area receive the Year 03 funding level plus 10% in recognition of Marin’s increased allocation. Finally, it is recommended that In-Home Attendant Care be sole-sourced to Hospice and Bi-Lingual Case Management be sole-sourced to Marin AIDS Project while HIV Wellness be put out to bid (RFP) with encouragement to Spectrum to apply; (including an assessment of their organizational and management capabilities in light of the major changes within the Agency.)