

Sonoma County
COMMISSION ON AIDS

HIV CARE CONSORTIUM
HIV HEALTH PLANNING COUNCIL
490 Mendocino Avenue, Ste. 202
Santa Rosa CA 95403
phone (707) 565-6680
fax (707) 565-6619

**MINUTES OF THE MEETING OF THE SONOMA COUNTY
COMMISSION ON AIDS/HIV CARE CONSORTIUM
HIV HEALTH PLANNING COUNCIL
March 11, 2009
490 Mendocino Avenue**

Members Present: Dwayne Z., Anna B., Susan C., Cerrissa M., Ruben C., Rick D., Alix. S.
Herb L. Lisa A., Lynn C., Marion D, Shari B. , Celia B. and Steve B.
Members Absent: Carolyn E., and Harold L.
Staff: Barbara G., Ellen S., Kelly E., Jay M. and Claire E.

1. **Call to Order** – Cerrissa, co-chair, called the meeting to order.
2. **Memorial Moment** – A moment of silence was observed to keep in mind those who have passed during this epidemic.
3. **Announcements and Public Comment**
 - Alex announced that with the economic stimulus package, Sonoma County Joblink will be receiving funds for training. Call 565-5550 or Alix directly at 565-5602 if you are interested.
 - Thank you Lynn for bringing the food for this meeting. This will be the last meeting where food is provided. All are welcome to bring food if they would like to eat during the meeting.
 - **Addition to the agenda** – Staff will add a proposed action item to reorder the HIV Services Priority Plan to simplify the work of FAWG. This item was not noticed in the agenda so there cannot be a vote. It will be on the April 8th agenda but it will be added to the FAWG agenda item tonight for discussion.
 - **Consumer Reimbursement** will now be on an individually preapproved basis. Consumer reimbursement funds were established to reduce barriers to participation in community planning. These have typically included childcare and mileage reimbursement for participation in Commission on AIDS meetings and the committee meetings of the Commission.
 - **The Distinguished Service Awards** will not occur this year. For funding reasons that will be explained in detail tonight, the County does not have the resources to continue this project. A Commissioner requested that another agency may wish to take on the awards. Staff will hold current applications and forward them to an agency that requests to continue the awards.
4. **Minutes from the January 14, 2009 Meeting** – A motion was made by Dwayne and seconded by Shari to accept the minutes. A correction was made: the World AIDS Day events raised \$960.00 which was distributed to three agencies.
5. **Positive Stories**

- Lynn shared a story of a woman from a shelter, who was new to the county and not in care, and she was linked to the HIV Clinic and the Orenda Center's 30 day program. She is now doing well in a clean and sober house.

6. State of the Epidemic - Report from the Department of Health Services

- Barbara Graves provided information about the larger economic picture and its impact on the work of the Commission. She acknowledged and thanked the COA for their response to the changing epidemic. She then presented Federal, State and County funding information highlighting the current challenges related to declining revenues – particularly with respect to County realignment funds. Finally Barbara reinforced the Health Departments commitment to the goals of addressing priority prevention and treatment needs in the community; delivering high quality, science-based programs and services that comply with state and federal guidance; and, finding ways to utilize the resources available to us as efficiently and cost effectively as possible.

- Shari reported that as of February 23, 2009, there have been 2,027 AIDS cases reported and there have been 1,145 deaths. There have been 290 cases of HIV reported by name and 12 deaths

Shari presented information on how financial challenges are effecting the HIV clinic. She discussed the significant reduction in County realignment funding. Rumors re: closure of the HIV clinic were addressed and with assurance that the clinic will continue to operate in FY 09/10.

Shari emphasized the need to increase efficiencies, continue to cut costs wherever possible, prioritize work and use CQI processes as a way to assure that the medical outcomes stay high. The Public Health Division is committed to assuring that outcomes for people with HIV are good throughout the community, and will continue to look at services to ensure that they are delivered in the most efficient, and effective manner.

Kelly outlined the analysis of the current HIV education/prevention and testing model and presented a proposed redesign supported by federal and state guidance. The DHS Education/Prevention and Testing programs will continue to provide targeted testing to individuals at very high risk. It will also focus on developing protocols and support for routine testing in health care settings and testing in venues used by individuals without a primary care home.

- **Medical Case Management (MCM) transition team update** – Claire provided an update of the progress towards meeting the Health Resources Services Administration (HRSA) guidelines for case management. HRSA has issued several publications on MCM recognizing HIV as a chronic disease. Changes were made in 2006 that specify the purpose of case management is to connect and keep clients in care. There was also a requirement that 75% of funds be spent on core services (MCM being a core service and psychosocial case management which supports transportation and other services as being a non-core service). There was not clear guidance at the time but there has since been increased pressure to deliver services clearly with a medical focus. Sonoma County has a transition team and a facilitator working on adopting a local plan for implementation of the regulations. The team has met twice and will continue to determine how to transition to a system that serves the highest need individuals through an acuity based system to ensure that HIV positive individuals are in care.

7. Presentation: Mental Health Coalition – Stella Rijeka

- The Mental Health Coalitions focus on access, continuum of care and reducing the stigma associated with mental health issues was explained. The safety net and integrated health model was also shared with the Commission. These resources will be mainstreamed so providers can assist people in getting the mental health support they need. County mental health services are available for individuals with pervasive mental health conditions, and the work of the Coalition focuses on Mental Health, not Mental Illness.

8. Funding Allocation Working Group (FAWG) Update –

- Although since the 2006 Commission retreat, the concern has been Reauthorization, and the possible loss of Part A funds in 2010, the current economic crisis illustrates how critical the work we have been doing has been. We are more prepared now than we would have been to do the work necessary to provide the most necessary services in the most efficient way. For the FAWG, it will be challenging but the goal remains to have a services plan that helps to increase client connection to the larger support structure by increasing client empowerment and self reliance.
- As requested by the last FAWG, the Commission will take on some of the work before the FAWG meets. Principles and a model for the three year HIV services Plan will be brought in April to COA as a starting point for FAWG.
- Proposed Action Item from staff for April 8th COA meeting: Following the request of previous FAWGs to provide accurate information from COA that is well thought out – staff is bringing an action item to reorder and provide guidance to the FAWG on service categories to assist them and it assigns MCM priority 2, under medical care, as they are so closely linked; places all core above all non core to fulfill the 75/25 rule that Claire spoke of, and recommends not funding services that aren't needed or have the ability to be provided in other ways.
- Kelly presented the rationale behind the proposed ReConnect action item. The successes of Project ReConnect were acknowledged and it was agreed that the ReConnect philosophy continues to drive the COA work. For the last two years COA has contributed \$10,000 to the ReConnect Project (training and support of ReConnect Advocates). Because additional funding is not expected and this contribution alone cannot sustain the Project, it is not included in the proposed COA 09/10 budget.

In spite of the fact that the Project will be ending we have realized all of our initial objectives:

A primary goal of the ReConnect Project was to create a model for 1) building self reliance among those who are HIV positive, 2) helping the currently funded HIV service providers to transition to a service model that is both responsive to clients and the changing nature of HIV; and 3) to prepare the non-traditional HIV service providers to integrate HIV positive individuals into their client base.

Once developed, the model was to be shared with other jurisdictions that are also struggling to respond to the changing client needs in a changing environment. We are pleased to say that the model has been developed and has been shared by advocates at national and statewide conferences, with additional intensive training to be provided this year for a number of regional teams.

The ReConnect philosophy remains at the core of the way all services in Sonoma County will be delivered. The belief in the philosophy remains a foundation of the service delivery model, however, the message to the community is critical that the development wasn't due to financial issues it was developed by consumer request. Although it will assist to ensure that services reach those who are in greatest need.

9. New Business

- HOPWA FAWG Lite Action Item – The action item that was brought last meeting. The COA/County has adopted a methodology for modifying the services plan to respond to changes. At the January meeting the Commission asked that an action item be brought to convene a FAWG lite to reallocate those funds. There is no need to have a FAWG lite so that the funds can be expended. Shari moves that we vote no since its Dwayne, seconds

10. What's New in HIV? – Greg from the San Francisco Care Planning Council brought information about a TGA Conference call. There is a TGA Caucus and there is an opportunity for California to lead the national policy discussion.

11. Commission Structure - Staff presented the possibility of eliminating the committees and having monthly meetings of the Commission. This will allow for discussions to occur in a timely manner with all members present and not spend meeting time on discussions that have occurred already in committees. Office of AIDS is receptive to the idea of a blended planning council (prevention and care). Changes will require a bylaws change so any changes will be temporary until the end of the fiscal year.

- Consumer input into the community planning process is critical. The members discussed the PAC committee and its role in providing a place for consumers to learn about the Commission work. Alternatives were discussed for making the Commission more accessible, using technology for meetings and changing the meeting format to be less intimidating. Ending the duplication of information by not convening the other committees would be a welcome change for many commissioners but the consumer voices is an issue that hasn't been resolved. The Commission agenda will be reviewed to look at ways that consumers can be more involved in the meeting. Staff will review the objectives of the PAC and look for ways to get additional consumers involved. If any PAC members are willing to look at an agenda for PAC to look at a new structure, staff will commit to two PAC meetings to reformat the consumer input mechanism. The Commission will meet monthly and the agenda will reflect less reports and more discussion by members. The structure will be reviewed at the next meeting.

- **Committee reports:** There were no committee meetings with the exception of the business committee.

- **Business Committee** – The business committee discussed the HIV Services Plan, the FAWG and FAWG Lite and the Commission structure.

- **World AIDS Day** – The World AIDS Task Force was notified that the County may be able to participate if another agency takes the lead but can no longer be responsible for staffing this effort.

12. Items for next meeting agenda. The HIV Services Priority Plan Action item and HIV service delivery models. A discussion of the Commission structure and consumer input.

The next meeting is on April 8th, 2009 at 4:15 p.m.
490 Mendocino Ave, upstairs, Santa Rosa

13. Closure – Meeting was adjourned at 7:00