

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**

**April 8, 2009
490 Mendocino Avenue**

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

1. **Call to Order** – Lisa, chair, called the meeting to order. With 16 members, 9 members represent a quorum for votes.
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**
 - Celia announced that the United States Conference on AIDS will be in San Francisco from October 29-31 and the group is looking for volunteers from Sonoma County. Please call Theresa Harlan at 916-324-0608 if you are interested.
 - Celia also announced that the 2009 California Comprehensive Plan was released by the Office of AIDS and is available at www.cdph.ca.gov/programs/AIDS/.
 - Alix announced that on May 6th at 5:30 p.m. at the Santa Rosa Veterans building there will be a health care forum. The topic will be mental health. Information tables are available please RSVP to Alix if you are interested in attending.
 - The conflict of interest form 700 is due annually; it was available at the meeting and must be returned to Ellen. If needed it is available at: <http://www.fppc.ca.gov/index.html?id=6>
 - If there is a December commission meeting it will be on December 16, 2009
 - The AJR9 support letter was signed by the commission chair and sent. The letter is in support of extending the Ryan White Treatment and Modernization Act of 2006 for another three years.
 - As requested at last months meeting, there is a comment box for anyone who wishes to make a comment anonymously or request information be sent to them via email.
 - Kelly announced that Rita Scardaci is convening community forums. An email will be sent to commissioners with the information so they can attend these forums.
 - Dwayne let the members know that Project ReConnect not only a concept but there are trained ReConnect Advocates working in organizations as resource coordinators and presenting to agencies.

- Marion generously offered meeting space and clerical support a few hours per month for a World AIDS Day group. If there is an individual interested in taking the lead, this group can continue independent of the commission.
 - Commissioners requested that the public be invited to sit at the tables.
 - After the break, Marion announced that due to the fact that on July 1 the amount of stimulus funds for California will be less than anticipated, the cuts to MediCal will go into effect in the budget. Adult dental will not be covered. There may be legal challenges and staff will watch this closely as the planning process moves forward. The Federally Qualified Health Centers (FQHCs) hope to be exempt.
- 4. Public Comment-** A member of the public appreciated that public comment has been changed from one time at the beginning of the meeting to several times throughout the meeting..
- 5. Minutes from the March 11, 2009 Meeting** – A motion was made by Dwayne and seconded by Lynn to accept the minutes. The minutes were approved as written.
- 6. Positive Stories**
- Rick shared a story about Henry House, a six-bed residence that opened in 1990 as a transitional house that functioned as a residential hospice and post hospitalization and transition housing. Over time fewer and fewer individuals that level of intensive care. For six years it's been a group home for independent individuals but not used to capacity. Face to Face is now working to transfer the ownership.
- 7. State of the Epidemic - Report from the Department of Health Services**
- Kelly provided clarification on the information shared at last months meeting in response to feedback that indicated that some members may have been confused by the message. Though the commission is not required to advise on County budget decisions, the County economic situation will have an impact on programs and services that the County provides. It is valuable to the commission, particularly as they enter services planning, to understand the wider economic picture and factors that may influence their Ryan White services decision-making process. The information shared, is also being shared with general community, planning groups, and stakeholders throughout the County.
 - Rick expressed concern that the meeting last month was very presentation and information heavy and there wasn't room for discussion. In response to these suggestions, staff had rearranged the physical set up of the room to facilitate discussion. In addition, opportunity for public comment has been added to the agenda following each action item.
 - Anna suggested that the County information was to let people know that the budget cuts will impact the commission business.
 - Ruben was concerned that the way the information was delivered might cause the volunteers feel they might not be needed.
 - Steve said that the County staffing level was presented as an option of one way to get the commission work done. Lisa mentioned that at the PAC meeting other options were discussed including restructuring that committee.
- 8. Presentation: HIV Services Priority Plan for 2010-2013**
- Staff distributed the Non-funding recommendations that will be given to FAWG. This summary of the 2002, 2004, & 2006 FAWG Recommendations illustrate changes that have been made as a result of FAWG recommendations in the FAWG process itself and the plan direction. These changes have improved the process and the overall service delivery system. The non-funding

recommendations are critical especially as we change the way services are delivered to meet changing client needs.

- A summary grid was distributed to ensure that commissioners and FAWG members have the same information. This grid shows the information staff compiles for FAWG. Staff looked at current service delivery model, client need, service utilization, gaps, current funding and made recommendations, reflected in the proposed funding for Scenario 2 of the three scenarios. As we have been doing since the retreat in 2006, the planning has been to provide the highest quality of services for clients regardless of funding available with an emphasis on empowering clients and focusing on their assets which is consistent with the Reconnect philosophy. It has been the intention to move forward with an asset based plan that includes HIV services in the context of the wider network of services in Sonoma County. Commissioners asked if there was additional information, and the detailed document that the grid was based on will be emailed to commissioners. It was also clarified that the data staff compiled for the document was based on the information that was provided by the agencies. It is an important clarification that will be made to FAWG members as they review the document so they understand how the fiscal review and monitoring of the agencies results in the data for FAWG.
- Staff presented the HIV Services Plan for Part A and B, and the MAI and HOPWA Plans. The commissioners reviewed the draft plans that will be given to the Funding Allocation Working Group (FAWG) members as a starting point for their discussions later this month. These are DRAFT forms and not ready for the public. After the FAWGs recommendations, the Plan will be brought then back to COA in June before they go to staff then to the Sonoma County Board of Supervisors. Rick heard that there might be additional money this year and the estimates might be low in the Plan scenarios. Sean said its good to see the data that there is no waiting list for psychiatric assessments. A question was raised on the high cost per unit of service for child care. Staff will be clear when discussing units of service with the FAWG so that they understand what each service pays for in Sonoma County.

9. New Business

- The first Action Item discussed was distributed at the March Commission meeting to re-order the plan was presented discussed and public comment was received. The reorder puts HRSA Core at the top of the list and complies with assurances that are made by the fiscal agent to HRSA. It also indicates zero funds for services that have been underutilized or have support from other funding streams. Ginger had a question looking at MCM model, is that model considered in these decisions. Herb made a motion to call a vote Marion seconded. The Action Item passed with ten votes for, none against and 1 abstention.
- The second Action Item: Procedures for Reallocating Funds was presented, discussed and public comment was received. This procedure uses the same procedure that has been in place for many years to reallocate underutilized funds. HRSA policy has changed and grantees are now penalized for returning unexpended funds. In the recent experience with HOPWA funds; the procedure to reallocate was longer than the remaining term of the fiscal year and the funds couldn't be reallocated. This procedure will guide unanticipated funding increases and decreases that don't occur as a result of a significant change in funding i.e. a 50% change. In the event of a significant change, the HIV Services Priority Plan will be reviewed. The first sentence of the Action Item under Recommendations that begins "The community will provide input to the Commission on AIDS" was modified to read "The Plan will be reviewed by a process that includes staff, Commissioners, the community any other stakeholders or advisors. Dwayne made a motion to call a vote. Alix second the motion. The Action Item passed with eleven votes in favor, none opposed and no abstentions.

10. What's New in HIV? – There are new classes of medications, however, all the data to make decisions about proper use is unknown so the partnership between the provider and the consumer is critical and reconnect exemplifies the skills needed to make that partnership happen. Patient empowerment is critical to make good decisions. The Reconnect model that was developed by consumers reminds us that as we reconnect with the larger community its the people who know about HIV who can teach others with chronic illnesses. People have established a meaningful model here.

11. Committee reports: There were no committee meetings with the exception of the People with AIDS Advocacy Committee (PAC) committee.

- PAC met and discussed whether the PAC brought consumer input to the commission in its current format and ways that the PAC could enhance the consumer voice. The committee wants to continue meeting and is looking at ways to bring the Commission's questions to existing support groups and bringing the information back to the Commission. Several other creative ideas were generated such as community focus groups, forums and surveys. PAC will meet in April to finish the discussion and will bring specific recommendations to the Commission at the next meeting. The consumer voice of the current PAC members informs the work of the commission. The question on the table is how to improve and expand that voice. A change in the PAC structure will bring in the other voices that aren't represented at PAC. The intent of the group is to keep the PAC going but make it a better funnel to the Commission.
- Members asked staff to determine whether the County as fiscal agent is required to staff Commission subcommittees. Staff has done this and the clarification is included below:
 - The County is the fiscal agent and must staff the PAC, however, if a volunteer community group wanted to meet and have regular input at the commission it would *not* need to be regulated (notices, public access, etc.) in the same way formal Commission sub-committee meetings are regulated. The Brown Act prohibits a gathering of a quorum of Commission members in non-public meetings. At this time we have 16 Commissioners. A total of 9 members constitute a quorum. So, no more than 8 members could participate in any non-publicly noticed meeting at which Commission business is discussed.
- Ad hoc task forces that look at a particular service or issue can bring new voices and add richness to the discussion.

12. Commission Structure – The discussion that was presented at the March Commission meeting of changing commission structure, integration of prevention and care councils and engaging hard to reach consumers was discussed and public comment was postponed until the May meeting.

13. Items for next meeting agenda. FY09-10 Education and Prevention testing Program, FAWG update, HRSA site visit and PAC recommendations that may inform the commission structure discussion.

The next meeting is on May 13th, 2009 at 4:15 p.m.
490 Mendocino Ave, upstairs, Santa Rosa

14. Closure – Meeting was adjourned at 7:00