

Sonoma County
COMMISSION ON AIDS

HIV CARE CONSORTIUM
HIV HEALTH PLANNING COUNCIL
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MINUTES OF THE MEETING OF THE SONOMA COUNTY
COMMISSION ON AIDS/ HEALTH PLANNING COUNCIL

September 2, 2009

625 Fifth Street, City View Rooms, Santa Rosa

Members Present: Ron K., Alix. S., Lynn C., Cerrissa M., Dwayne Z., Anna B., Shari B., Rick D., Herb L., Lisa A., David W., Glenn S., Marion D., Celia B., and Susan C.

Members Absent: Steve B, Ruben C. and Harold L.

Staff: Kelly E., Ellen S., and Claire E.

1. **Call to Order** – The 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. **Public Comment/Announcements**
 - There were no announcements or public comment.
4. **Summary notes from the August 12, 2009 Special Meeting** – A motion was made and seconded to accept the minutes. The minutes were approved as written.
5. **State of the Epidemic - Report from the Department of Health Services**
 - There will be no updated statistics until the January meeting. The system is still in transition from HARS to eHARS.
 - Staff reviewed: 1) the Office of AIDS Sonoma allocation letter which indicates that surveillance and HOPWA are unchanged, prevention (including all testing) and care services received large cuts; 2) The Prevention Impact Chart which illustrates that Sonoma experienced more significant cuts than anticipated. Sonoma County was the last of the 17 local health jurisdictions (LHJs) that received any prevention and testing funding; and 3) The care allocation table which shows the allocation at 35% of previous funding for care services.
 - State funds will be allocated to LHJs by a single allocation method (SAM). In order to provide the greatest flexibility each LHJ will have discretion as to which services these funds will support. It has been determined by OA that, at least for this year and perhaps longer, there will be no community planning requirements associated with the SAM. Therefore, the care services funds have been removed from the HIV Services Plan. These funds will be allocated by the LHJ (DHS Public Health) and are to be dedicated to Tier 1: primary medical care services and, once access to Medical care is available to all people with HIV at an acceptable level, services that directly support care. The Commission will continue to make recommendations on how Part A dollars are allocated.

- Staff reviewed the 09-10 services plan and clarified that the cuts have resulted in a move into Scenario 1 with a total of \$950,263 in Part A funds. This will require the fiscal agent to make contract adjustments based on the new funding scenario.
- The approved FY10-13 plan was also shared with Commissioners. There are still significant cuts to core services. Two graphs were shown that illustrate disproportionately high cuts to the five highest priority services – with no cuts or minimal cuts to the remaining service categories.
- For Center for HIV Prevention and Care, the decrease from all cuts is \$876,000. The first \$525K in cuts was made on July 1 resulting in fewer medical providers; the additional cut of \$350K will occur in October and will impact services that support keeping people in care.
- The recent article printed in the Press Democrat prompted staff to prepare talking points and self-care checklists for clients. Public Health is committed to assuring that access to quality medical care exists for all people with HIV. There are no immediate plans to close the County HIV Clinic. Because of the economic environment, some changes have been made and others will need to be made.
- Shari gave an update on the planning process for the model for HIV medical care in Sonoma County. Public Health Staff are working with a professional facilitator to develop the planning process, and meetings should be scheduled for October. There will be a small core working group that will advance the planning and facilitate stakeholders input and feedback during the process. The participants of the working group have not been finalized, and the first draft of participants included many COA members. Shari requested that the Commission serve as a community forum for two-way information sharing throughout this process.
- The most recent County funding overview summary was shared with the group. There are very large cuts being implemented to the HIV continuum of care. Implications were discussed and both Commissioner and public comment indicated that it is critical that we set aside our individual issues and work together to design a new system of care that maximizes human resources including the clients own inner resources.

6. Presentation: Process for HIV Services Plan

- Members of the task force reported that task force met on August 19 and reviewed the funding information from the State. Questions that were discussed by the group were:
 - *“What is the model of core medical services that is desirable for Sonoma County?”*
 - *“Could services be changed to serve people more efficiently if the method of delivery changed?”*
 - *“Should the funding of services be changed to support a transition year to help clients access services outside of Ryan White services?”*
 - *“Do we have enough information to make a recommendation to change the Plan?”*
- After much discussion and many suggestions to gather additional anecdotal information, the group decided that based on the information available that they were not able to recommend a process for “opening the services plan”. Rather the group would like to have each commissioner voice their opinion and suggestions/recommendations on next steps at the meeting.
- Each person present in the room had an opportunity to voice their opinion. There was overwhelming consensus that the 2010-2013 HIV Services Plan should be reviewed. Other comments from the group were:

It's not about getting what you want, its about people not getting what they need; what about this model can be preserved by looking at what already exists and what can't be duplicated?; concerns for clients who fall through the cracks, clients will need to advocate

for themselves, need to look at what's essential; contingency planning is essential, the plan is designed to give flexibility as there is change in the environment, change will lead to better things – this can be an opportunity; the plan was made in a very different time and must be changed; focus on life extending services always based on need and look to the abundant resources in the community to help serve clients, empower people to save themselves – most have undetectable viral load; HIV is a chronic disease now, how will we engage in the transition and who we engage in the discussion will help our success; the work we've done has helped us to understand our values and resources; who can we link with outside our insulated group; be realistic about what can be done with the financial resources that remain; and, while the Commission discusses, more changes will be required as more cuts are made.

- In light of the amount of planning work that is before the Commission, the Executive Committee will be reconvened and will be meeting on the third Wednesday of the Month beginning on September 16, 2009.

7. Positive Stories

- Several members of the public and Commissioners expressed gratitude for the support provided within the service network. Many of the consumers present are involved in University classes, volunteering, job preparation, and other exciting community work that has provided a sense of pride and belonging. A Face to Face client involved in the opening of the thrift store is now retiring after many years of work.

8. Bylaws revision: second read

- An update was requested at the June meeting to add to all sections referencing work done by “the Sonoma County Commission on AIDS” the language “or any committee or task force as authorized by the Commission” so the Commission has flexibility with regard to how tasks are accomplished. A new change was made as a result of the Office of AIDS SAM and a change was made to Section 3 to replace “serve as the Part B consortia” to “collaborate with”. Public Health will convene a consortia if/when it is required. A typo was noticed on page 3, section 11, article 11 and it has been corrected to reference section 10. The vote to approve was unanimous; fourteen for, none opposed, no abstentions.

9. Prevention update

- Indian Health has implemented routine testing with Southwest health center very close to implementation. The Routine Testing Task Force meets on Sept 21st.

10. Business update

- Members were reminded to be careful about absences; one more member has had four absences in a row and will be send a letter notifying him of termination from the Commission per the current Bylaws.

11. PAC/RAC Committee update

- The first community engagement meeting will be on Thursday, September 17th from 2:00 – 4:00 p.m. at Food for Thought. An October community engagement meeting is planned for an evening at West County Health Center. The agenda and minutes will be posted per Brown Act regulations.

12. Agency update

- Face to Face reported that the ReConnect desk has been so successful (computer, printer, fax machine available for clients) that they are adding second workspace. The monthly housing workshop continues. There have been seven staff laid off; the medical case management and home health care services have been transitioned from the agency.
- The HIV clinic has three volunteers and is developing a process for training them.

- Food for Thought is discussing expanding their volunteer program to include a peer advocacy project. The AIDS Nutrient Bank is completely run by clients and one is on staff. The agency is in the process of completing a three year strategic planning process.
- DAAC has modified Project ReConnect to work with the recovery community at a half dozen sites. DAAC will continue to provide HIV testing. The Guerneville syringe exchange will close but not the Friday night syringe exchange. Ladies night has closed and there will be no further testing in West County. They are collaborating with Southwest Health Center on a CDC grant to continue many of the services that they are not funded for due to cuts. Turning Point is providing the residential services that were formerly at Orenda.
- West County Health Centers is providing dental services, and requested that Commissioners, providers and public please share this information with the greater community. There are two medical providers filling in one day a week each while the search continues for a new HIV medical director. Community health centers are on the path to provide holistic preventative care to help people take care of themselves.

13. Items for next meeting agenda. Midyear expenditure review, issues that the Executive Committee brings forward, HIV Services Plan discussion.

14. Closure – Meeting was adjourned at 7:430

The next meeting is on October 14, 2009 at 4:15 p.m.
625 Fifth Street, City View Rooms