clare housing
PARTNERS IN AIDS CARE

The mission of Clare Housing is to provide affordable housing, supportive services and compassionate care to people living with HIV/AIDS.

Our vision is that all persons living with HIV/AIDS have affordable, safe and stable housing with access to the supportive services that they need to lead satisfying lives with dignity.

From previous meetings:

BOARD AGENDA
February 26, 2013
4:00 – 6:00 pm

Item	Person	Time
1. Welcome, Introductions and Review & Approval of Consent Agenda • Agenda • Board minutes, January 22 • Finance minutes, January 17 • Executive Director's report • Communication Procedures • Financial reports	Chuck Peterson	5
2. Acknowledgement of anticipated conflict of interest	All	2
3. Development update • Contract for development	Lee Lewis	15
4. Leadership transition	Nancy Lee/Ann Ruff	5
5. Sustainable funding team/communications	Dan Caldwell/ Elisabeth Loeffler	10
6. Public policy	Anna Tockman/Lee Lewis	10
7. Strategic refresh	Chuck Peterson	73

Upcoming discussions:

Consent Agenda Items:

- Agenda
- Board minutes, January 22
- Finance minutes, January 17
- Executive Director's report
- Communication Procedures
- Financial reports

Enclosures:

- Strategic refresh documents
  (This is the same information that was sent from Lee on Wednesday, Feb. 20)

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PARTNERS IN AIDS CARE

Board of Directors Minutes
January 22, 2013
4:00 p.m.

Members present: Mark Bishop, Bob Brandt, Jeffery Flynn, Roberta Jones, Nancy Lee, Kelsey Luers, Chuck Peterson, Ann Ruff, Peter Scott, Robert Siegfried, Anna Tockman and David Vieths

Members absent: John Atkinson, Dan Caldwell, Mark Linne, and Ryan Rollinson

Staff present: Lee Lewis, Allan Coleman, Michele Boyer, and Elisabeth Loeffler

The meeting was called to order at 4:05 p.m.

I. Welcome, Introductions, Review & Approval of Consent Agenda

New board members were introduced.

MOTION: Jeffery Flynn made a motion to pass the consent agenda. Nancy Lee seconded it. The consent agenda passed.

II. Conflict of Interest

There were no conflicts of interest.

III. Conflict of Interest statements

Lee reviewed the conflict of interest policy. He asked if people were in agreement with the form to sign it and return to Janna. If anyone had any questions or concerns, they are to contact him. Janna will follow up with members who were not present at the meeting.

IV. Communications procedures

This was tabled until the meeting on February 26.

ACTION ITEM
- Review of the communications procedures will be added to the February 26 meeting.

V. Governance Model overview

Lee reviewed Clare Housing's Principles of Board Governance. Governance looks at these policies once a year. The Carver model was adapted six years ago. Lee reviewed the model and asked the board to consider its current relevance and appropriateness to our evolving organization.

The governance committee will take up the task of reviewing the current governance model and make recommendations to the board if this model should be continued.

VI. Committee Structure

The committee roster was reviewed. The governance committee needs more members. If interested in joining the committee board members should talk to Bob Brandt. If anyone wants to change the committee he or she is on, or notices any mistakes, they should let Chuck or Janna know. The committee structure will be made final at the February board meeting.

VII. LLC Managers

Lee reviewed the purpose of the LLCs membership. These officials need to be elected each year.

MOTION: Bob Brandt made a motion to authorize Jeffery Flynn, Nancy Lee, Chuck Peterson, and Bob Siegfried as managers of Clare Hiawatha, LLC and Clare Apartments LLC. Peter Scott seconded. All were in favor. The motion passed.

VIII. Leadership Transition

The committee is co-chaired by Ann Ruff and Nancy Lee. The members are Bob Brandt, David Vieths, Paul Mellblom, Cathy Andrus and John Sullivan. Chandler Group has been hired as the search firm. We will work mostly with Don Taylor and Chris Cohen.

There will be lots of input gathered from board and staff. If anyone knows of someone who is interested, they should let Nancy or Ann know.

IX. Finance

While CADI occupancy was at not quite at our budgeted goal of 95%, CADI income for the month is nevertheless positive. This is due mostly to Clare Apartments, which was once again $3,000+ positive. Foster was on budget. This can be credited to the fact that the last 3 or 4 residents that came into Foster Care all came in at rates of at least $200/day. Foster Care was 100% occupied as of 12-22-12.

Foundation grants were $35,000 for the month, which puts us over budget for the year. The overage is mainly due to a grant from MAC Aids fund for $25,000. We also received $5,000 from St. Joan of Arc's Social Justice Program. Neither of these grants was projected in the original budget. The other $5,000 was from the Bazinet Foundation.

While HOPWA income shows a negative variance for the month because it is tied directly to payroll. When the budget is entered into the accounting software, December and June are assumed to be months in which 3 payrolls are paid.

Individual giving continues to show a negative variance. However, of the 75 people who made multi-year pledges in 2011, 63 of them have made one or more payments.

PAYROLL EXPENSES

Payroll continues to be over budget for issues discussed in prior months, with some additional due to double staffing at one of the homes in early December when a client went into hospice.

YTD, we are under budget in total for benefits. All this can be attributed to Health Insurance which is under budget for a variety of reasons. First and foremost, we greatly exceeded the budget in the past two years, so there may be an overcorrection in this budget. Secondly, we had some staff turnover when we closed Clare House and this reduced our costs. Lastly, we budgeted for an increase effective 1-1-13, but as we are already at the highest rates, we actually saw a small decrease in rates.

PROGRAM EXPENSES

We continue to have some timing issues with grocery bills and will see if we can't resolve that. There will not be a source of savings at year end.

On the other hand, we are not using nearly as many substitute caregivers as we did last year, which somewhat offsets our payroll overage.

OFFICE EXPENSE

This is under budget for the month and the year, mostly due to consultant expense. Given that we will be paying a lobbyist and a search committee, it is expected that we will spend the remaining funds.

FACILITIES

Nearly dead on budget for the year, and this includes $15,000 plus to get Clare House ready to sell.

- 990

The 990 was presented to the board after the finance committee reviewed it earlier in January. Chuck Peterson wondered if systems were set up to track lobbying costs. Lee thought this would be a good idea and that Minnesota Council of Nonprofits has good information on tracking.

MOTION: Ann Ruff made a motion to pass the 990. Nancy Lee seconded. All were in favor. The motion passed.

X. Sustainable Funding

Dan Caldwell is the new chair of the sustainable funding team. Chuck noted that they would like to engage more board members and the meetings will be held by conference calls making it easier for people to participate. If anyone wants to get involved, they should talk to Elisabeth Loeffler.

Sustainable funding agreements were distributed by Elisabeth and signed.
There is room for one more person to go to the Benevon training in Dallas. If anyone is interested, they should talk to Elisabeth.

On April 8 there will be a feel good event held in the Pohlad Hall at the Minneapolis Public Library in which we will premiere the movie "Deepsouth" a documentary about HIV/AIDS in

the South. The director, Lisa Biaigiotti, will be here and there will be a panel discussion. More information will be coming out in February.

XI. Development update

After reviewing about twenty properties, Lee is working on two specific properties. One is in Robbinsdale. This property is a little small but they are going to pursue the neighbors to see if they would be willing to be brought out. The city has been very receptive and is willing to change zoning to accommodate us.

The other property is in north east Minneapolis on Lowry. City council member Kevin Riech brought us together with a developer to build on a piece of tax forfeited land.

Lee asked the board for the authorization to work with an entitlement firm. He thought this would make the work move faster as there is a time constraint if we don't want to miss this billing cycle.

MOTION: Bob Siegfried made a motion to authorize Lee to negotiate and obtain a contract with an entitlement firm. Ann Ruff seconded. All were in favor. The motion passed.

XII. Public Policy

The next meeting for the committee will be on Thursday, January 24 at 5:00 p.m. As the governor just released his budget, they will review how this will impact Clare Housing.

Lee reviewed the priorities for the public policy committee.

NEXT BOARD MEETING

The next board meeting will be on February 26.

CLARE HOUSING
FINANCE COMMITTEE MEETING MINUTES
Thursday, January 17, 2013
5:00 PM

In attendance: Bob, John, Nancy, Kelsey, Lee, Allan

Acceptance of November & December meeting minutes:
Amended the minutes and approved both November and December

General Business Issues

- Development projects
  - Lee updated the committee as to the development projects as a major focus. We have put in an offer for the
    - McKnight Mansion: we have put in an offer, but they have decided to negotiate with another party.
    - Mattress Factory: Our application is going before the city council this month, though Lee feels that there is a low chance that it will be approved.
    - Robbinsdale: Lee will be approaching the board at the next meeting to authorize $50k for a developer/engineering/architecture firm to work with the city, zoning, and the bank to get us the property, purchase agreement, and sale. It is on the future transit line, is a small lot, and we could have 30-35 units of housing. It is 3 blocks from downtown Robbinsdale and staff feel that it is the most. There are tradeoffs in funds available (state/county/city) but overall it looks like a good situation.
    - Lowry Ave. Property: Tax forfeited property that the city has a hold on, but still in the beginning stages.
  - Note: Lee would like the board to consider this developer consultant relationship for the future in doing the development work.

Review summary of December 2012 financial statements

- Statement of Activities
  - CADI occupancy is below 95% goal, but we were still above in total dollars based on the rates of the individuals. Clare Apartments is very full, Midtown is on budget and they will add another client soon.
  - Foundation budget is over for the year, thanks to the MAC Aids.
  - Individual giving will be short (on pledges) and Elizabeth has a goal of individuals making $1000 pledges to reach the goal.
  - Payroll is (and will continue to be) over budget, though we may be able to implement overnight monitoring, which will help on salaries.
  - Consultant fees will end up over budget due to the search firm, primarily.
- Balance Sheet
  - No significant items to discuss

Breakdown of pledges received at October 3rd breakfast by year

- Breakdown was reviewed with Elizabeth. Finance committee requested that we see a breakout by year for the future years of the cash to be received.

Cash & Investment Status Report (projection of how long cash will last since development project has been delayed): Finance committee would like to see a monthly projection of expenses and cash balance. Noted that this would help the board anticipate financing needed, timeline on developers fees, etc. (Note: keep this high-level to serve as a way to project what our cash balance will be and when it might drop below a comfortable level).

Report to the board on the annual audit & Form 990

- Allan will present the highlights of the audit/990 at the board meeting on Tuesday

Monthly Financial Report to the Board – Bob Siegfried

- Bob walked the group through a potential format for showing the board the financial highlights. Allan will use this form as a report to the board in the packet and then use the graphs on a powerpoint to walk through at the board meeting. The board will see the full balance sheet and then the graphical representation of the income statement.

Metrics review:

- Foster care turnover time was based on 2 vacancies which took 12 days and 18 days. In the future this will change to YTD.
- CADI occupancy YTD is 94%
- Development/fundraising- Will add that the year is Oct-Oct and in the future will budget these metric goals by months so we can show YTD vs. YTD.
- Program Growth- May be more useful to include the percentage likelihood of the project coming to fruition and to include anything we are currently working on.

Sub committees status reports to address FY12 priorities

- Cash Reserve Policy – Nancy Lee
- IT compliance and security – John Atkinson
- Reporting to the board – Bob Siegfried
- Development – Dan Hunt

Next meeting dates: Thursday, February 21
Thursday, March 21
Thursday, April 18
Thursday, May 16
Thursday, June 20

February 2013

Waiting List
The waiting list for Clare Apartments, Clare Midtown and Project Cornerstone was opened from January 22nd through January 31, 2013. Completed applications included a number of elements, e.g., basic information plus certifications of HIV status, income and homelessness. In other words, completing an application takes significant intention and follow-through. Most of the individuals who applied worked with a community or clinic based HIV case manager to complete an application.

- We had 85 individuals/couples on our waiting list *before* re-opening the list,
- We added 133 new individuals/couples, and
- Our new total is **218** individuals/couples on the waiting list.

The large number of new applications once again underscores the need for affordable housing [and HIV-specific support services] for individuals and families living with HIV/AIDS.

Work remains to be done. Let's all move forward together with the shared vision of creating more housing for persons with HIV/AIDS in our community.

Client Death
Last month a long-time Clare Housing client passed away in the hospice wing of a local nursing home. He was a resident at the Clare Apartments and I want to share a little of his story because it exemplifies our work.

David [not his real name] was first served at Grace House of Minneapolis from 1996-1998. He then left Grace House and lived independently for many years. He returned to our services due to declining health in 2009 when he moved into Agape Dos. Wanting more independence, he moved out of Dos and then, eventually, returned to the Clare Apartments in April of 2012 and was a client of the assisted living program. Besides complications resulting from long-term HIV infection, David had renal and other organ failure. He decided to discontinue dialysis and enter hospice care.

David touched many in the HIV community. He was a client of Park House for many years and a patient at Park Nicollet Medical Center since the early 1990's. He will be remembered for his dry sense-of-humor, his love for dogs, and for his independent spirit.

Real estate
We are working to get two sites under control in the next 60 days. One site is in Robbinsdale and we are working with the city to add a section to their zoning code for supportive housing. We have submitted a letter of intent to the bank that owns the property and have had two meetings with city staff.

The second site is a tax-forfeited property in northeast Minneapolis. A private developer, First and First, has secured a development plan with the city and has been looking for a partner to contribute a housing component to the plan. We've met with city staff and the council member from the ward several times.

Both of these properties seem viable. As you know: it's incumbent upon us to secure a site and apply for funding in the next 4 or 5 months. Given one or both of these projects might take off in the next month I wanted you to be aware of some implications.

We may need to execute a purchase agreement on one or both properties on rather short notice. Additionally, we might need to secure a loan for the purchase. Allan and I have had conversations with Bremer Bank, the Corporation for Supportive Housing [CSH] and the Greater Metropolitan Housing Corporation [GMHC] regarding loans. In order to avoid a drain on cash, I will probably recommend a loan to cover acquisition costs as well as some predevelopment costs. [GMHC's board has already authorized a loan of about $300,000 for predevelopment costs, including acquisition. Predevelopment costs include such things as professional fees and holding costs.]

We will try to secure a loan that defers payments until we close on permanent financing which, as you may know, could be two or three years out.

clare housing
PARTNERS IN AIDS CARE

Memo

February 22, 2013

To: Clare Housing Board of Directors

From: Elisabeth Loffler, Development and Communications Director

Re: Communication Procedures

Attached are the current communication procedures for the Board of Directors.

The following changes and additions to the procedure have been made:

1. The Development and Communications Director will occasionally send out updates in regards to fundraising and communication highlights.

2. The Development and Communications Director will provide key messaging points to the spokesperson when contacted by the media.

3. The Board Chair and Development and Communications Director will serve as the secondary spokesperson.

4. If board members are contacted by the media follow the steps in the procedure and contact the Development and Communications Director who will brief the spokesperson.

5. New addition: Best practices for social media are now included in the communication procedures.

If you have any feedback or questions, please let me know.

Thank you!

EL

Clare Housing
February 22, 13

COMMUNICATION PROCEDURES

The purpose of these procedures is to:

- Identify the routine and regular reports that will be provided to the Board of Directors to meet their monitoring responsibilities outside of board meetings
- Outline the standards that will be applied to all meetings of the Board and committees of the organization in order to conduct business
- To provide a way to respond to requests for information from the media and outside organizations in a way that promotes efficiency, consistency, and "speaking with one voice"
- Outline the process for requests for information from board to staff

1. **Regular communication between Executive Director and Board of Directors**
    a. Monitoring reports provided on a regular basis electronically
        1) Monthly – Profit and Loss statement and balance sheet (with comments from Treasurer, when appropriate)
        2) Monthly, Executive Director update. This report will be complied from the Monday Mailings.
        3) Annually– Report on Loans (with comments from Treasurer)
        4) Annually – Financial Audit (with comments from the Treasurer)
    b. Reports around Board Meetings
        1) Board members will receive agendas and meeting information no later than four days prior to the meeting– electronically.
        2) Board members will receive meeting summaries within five days after the meeting– electronically.

c. The Executive Assistant will update and monitor a pass protected board intranet site. Board members will have access to meeting calendar, board minutes, and committee communications

d. Communication beyond that regularly scheduled
        3) As needed - communication to the Board will come directly from the Chair or the Executive Director – electronically.
        4) The Development and Communications Director will occasionally send out updates in regards to fundraising and communications highlights.

2. Committee Meetings
    a. Committee members will receive agendas for meetings prior to the meeting – electronically.
    b. Committee members will receive summaries of meetings within five days of the meeting.

3. Board members can "attend" board meetings via phone if travel to the meeting is not possible. Arrangements should be made as early as possible to allow for telephone accommodations at the site.

4. Communication with the media
    a. The regular spokespeople for organization:
        1) primary spokesperson – Executive Director
        2) secondary spokesperson – Board Chair and Development and Communications Director
    b. On specific issues the organization may designate specific spokespeople.
    c. If board members or staff are called directly by the media the following approach is preferred.
        1) Get the contact information from the media person including, agency, name and phone number
        2) Get an understanding of the issue to be discussed
        3) Identify the deadline by which the reporter needs a contact from the spokesperson
        4) Inform them that they will be called by the spokesperson prior to their deadline with a statement on behalf of the organization
        5) Contact the Development and Communications Director who will brief the primary spokesperson or, failing that, the secondary spokesperson and provide them with the information gathered from the reporter.
    d. On issues where the organization can be proactive, a press release and/or talking points will be issued and board members will be provided with the information in the release.

5. Between Board Members and Staff
    a. Board Member requests for information and readily available materials may go directly to appropriate staff person (or designated staff contact if unsure).
    b. Committees of the Board or Advisory Committees to staff should directly access the staff that works with the committee for any information and support.
    c. Board requests for extraordinary assistance or information should go through Executive Director who will determine the best way to meet the request since he is responsible for managing the assets of the organization.

Social Media

Clare Housing recognizes the expanding use of networking sites and blogs (on-line message postings and informational and opinion exchanges such as Facebook or Twitter) as a valuable component of shared media. Clare Housing has adopted a social media policy for employees and strongly encourages for board members and volunteers to follow the same social media policy. The full policy is available in the Clare Housing's Employee Handbook. Below is an abbreviated version of the policy.

When citing Clare Housing on your personal social media site, take into consideration these best practices:

1. **Do Not Use or Disclose Proprietary Information.** Improper postings including but not limited to disclosure of Clare Housing information and/or resident/client information can negatively impact Clare Housing business and may lead to disciplinary action.

2. **Protect Clare Housing Residents/Clients**. Resident/clients should not be cited or obviously referenced without their approval. Never identify a resident/client by name without permission and never discuss confidential details of a resident/client engagement.

3. **Be Professional and Respectful.** Blogs and social networking sites are public and searchable. Any posting referencing Clare Housing or your affiliation with Clare Housing should not contain information that you would not be comfortable seeing on the evening news. No employee may publish or post any statement (including a photograph or other visual image) about Clare Housing that damages the reputation of Clare Housing.

4. **Identify Yourself.** If you are participating in an online community and commenting or publishing on topics related to our business, identify yourself as a board member of Clare Housing. Be sure to write in the first person. You must make it clear that you are speaking for yourself and not on behalf of Clare Housing. When necessary, use disclaimers such as "***The postings on this site are my own and don't necessarily represent the Organization's positions, strategies or opinions***."

5. **Do Not Make Unauthorized Statements on Behalf of Clare Housing.** If employees, board members or volunteers electronically publish anything that discloses their association with Clare Housing, they must never write or post anything that leaves readers with the impression they are speaking on behalf of Clare Housing – unless they are authorized to do so.

6. **Be Responsible**. When you choose to go public with your activities and/or opinions, you are legally responsible for your commentary. Individuals may be held personally liable for any content found to be defamatory, obscene, proprietary, or libelous. For these reasons, you should use common sense and exercise caution with regard to content, exaggeration, colorful language, guesswork, obscenity, copyrighted materials, legal conclusions, illegal activities and derogatory remarks or characterizations.

Clare Housing encourages the use of social media as a positive form of communication. Any questions or information regarding Clare Housing should be directed to the Executive Director or Development and Communications Director.

January Financial Report

CADI income is positive, all due again to Assisted Living. However, Foster Care came within $900 of meeting budget this month, and after a vacancy in January, the homes are full again. We should end the year over budget in this category.

Nothing new to report in individual or corporate/foundation giving. Corporate and Foundation remain strong, and Individuals remain a concern. The overall goal is $350,000. We are currently at $309,000 and anticipate an additional $20,000 in foundation grants before the end of the year. We are currently discussing opportunities to raise an additional $30,000 to meet this goal.

Salaries remain over budget, specifically in Foster Care, for reasons mentioned in prior months. And by having 3 houses staffed "overnight asleep", it means that the clients with the highest needs are concentrated in one home, and they need additional staffing for the supervision and delivery of their care.

While groceries/food expense seems to have caught up this month, we remain under budget in direct program expenses. Part of this is because we are not using substitute caregivers as much as we did last year. In effect, part of this savings explains a small portion of the overage in payroll.

Office Expense is over for the month-The main reason is that we paid our annual Benevon fee of $20,000 a month earlier than budgeted. It is expected that this will continue to be over budget with anticipated expenditures for the search firm and the lobbyists.

Facilities is over budget due to utilities. And remember that there are still $15-$20K of expenses tied to getting Clare House ready to sale. These expenses will be written off against the sales proceeds when the property sells.

Clare
Income Statement
Summary of All Units
For the Seven Months Ending January 31, 2013

	Monthly			Year to Date			
	January	**Budget**	**Variance**	**YTD**	**Budget**	**Variance**	**Annual Budget**
Income							
CADI Income	147,706	142,817	4,889	1,032,745	1,033,862	-1,117	1,741,038
Room & Board	13,872	12,996	876	103,995	100,714	3,281	165,682
Tenant Portion-Cornerstone	3,193	3,191	2	21,945	22,339	-394	38,296
Total Program Income	164,771	159,004	5,767	1,158,685	1,156,915	1,770	1,945,016
Grants/Contracts							
Foundation/Corporate Grants	0	5,000	-5,000	103,200	40,000	63,200	75,000
HOPWA	13,937	15,163	-1,226	99,909	109,141	-9,232	187,960
MHFA Income	11,733	12,752	-1,019	84,831	89,264	-4,433	153,024
Total Grants/Contracts	25,670	32,915	-7,245	287,940	238,405	49,535	415,984
Contributions							
Individual Gifts	8,287	18,333	-10,046	172,478	208,333	-35,855	250,000
Community Events	0	0	0	3,115	0	3,115	0
Total Contributions	8,287	18,333	-10,046	175,593	208,333	-32,740	250,000
Events							
Minnesota Aids Ride	0	0	0	31,000	25,000	6,000	25,000
Total Events	0	0	0	31,000	25,000	6,000	25,000
Other							
Partnership Management Fee	0	0	0	14,928	14,928	0	14,928
Interest Income	144	125	19	911	875	36	1,500
Other Income	0	0	0	822	0	822	201,500
Total Other	144	125	19	16,661	15,803	858	217,928

Total Income	***198,872***	***210,377***	***-11,505***	***1,669,879***	***1,644,456***	***25,423***	***2,853,928***
Expenses							
Salaries and Benefits							
Salaries Expense	127,735	118,907	8,828	978,821	931,156	47,665	1,581,711
FICA Expense	9,453	9,096	357	71,910	71,233	677	121,001
Unemployment Tax	1,120	799	321	7,833	5,596	2,237	9,594
Health & Dental Insurance	12,226	13,060	-834	90,090	102,269	-12,179	173,720
Lont/Short Term Disability Ins	1,261	857	404	7,402	6,711	691	11,400
Pension	2,295	2,629	-334	17,632	20,586	-2,954	34,972
Employee Recognition	0	0	0	2,395	2,500	-105	2,500
Total Salaries and Benefits	154,090	145,348	8,742	1,176,083	1,140,051	36,032	1,934,898
Program Expense							
Food	11,203	7,434	3,769	49,570	55,338	-5,768	92,508
Household Supplies	1,051	750	301	7,058	5,625	1,433	9,375
Medical Supplies	883	1,011	-128	7,793	7,377	416	12,432
Activities	283	1,000	-717	1,718	7,150	-5,432	12,150
Resident Transportation	408	500	-92	3,453	3,650	-197	6,150
Substitute Caregivers	199	1,166	-967	2,291	8,822	-6,531	14,652
Other Program Expense	470	1,025	-555	4,865	7,475	-2,610	12,600
Total Program Expense	14,497	12,886	1,611	76,748	95,437	-18,689	159,867
General & Office Expense							
Fundraising Supplies	1,765	500	1,265	25,668	22,500	3,168	25,000
Dues & Subscriptions	985	0	985	9,788	6,500	3,288	6,500
Office Supplies	2,529	1,235	1,294	6,814	8,945	-2,131	15,120
Meeting Expense	894	510	384	5,392	3,570	1,822	6,120
Postage/Shipping	-364	333	-697	2,706	2,333	373	4,000
Advertising/Recruiting	0	167	-167	2,132	1,167	965	2,000
Printing & Copying	0	417	-417	2,556	2,917	-361	5,000
Publications	404	833	-429	6,301	5,833	468	10,000
Workshops & Conferences	20,139	800	19,339	25,629	6,200	19,429	30,200
Public Relations	2,033	1,000	1,033	5,109	7,000	-1,891	12,000
Travel	0	7,166	-7,166	7,725	9,769	-2,044	12,199
Auto Expense	221	100	121	3,914	1,225	2,689	1,725
Equipment Rental	452	375	77	3,398	2,625	773	4,500
Payroll Service	6,635	5,833	802	45,337	40,835	4,502	70,000
IT Support Maintenance	2,823	2,950	-127	16,718	20,800	-4,082	35,550
Web Site Services	65	167	-102	606	1,167	-561	2,000
Accounting Fees	3,750	0	3,750	12,289	8,000	4,289	11,500

Legal Fees	0	250	-250	174	1,750	-1,576	3,000
Miscellaneous Consulting	1,421	6,500	-5,079	16,292	45,498	-29,206	78,000
Licenses & Permits	0	2,000	-2,000	3,519	4,000	-481	4,000
Bank Charges	177	1,050	-873	2,112	2,550	-438	3,300
Miscellaneous Expense	902	150	752	5,271	1,050	4,221	1,800
Total Gen & Office Expense	44,831	32,336	12,495	209,450	206,234	3,216	343,514
Facilities Expense							
Electricy	3,226	2,300	926	18,048	17,100	948	28,600
Natural gas	1,495	800	695	5,321	6,400	-1,079	10,400
Water/Sewer	953	655	298	6,324	4,885	1,439	8,160
Telephone	3,034	2,403	631	19,235	18,049	1,186	30,064
Cable TV	1,686	405	1,281	5,017	3,175	1,842	5,200
Small Equpment	950	475	475	3,777	3,725	52	6,100
Apartment Leases	14,506	14,675	-169	99,500	102,725	-3,225	176,100
Damage Claims	954	250	704	1,104	1,750	-646	3,000
Equpment Repairs	691	0	691	1,133	0	1,133	0
Building Repairs	0	1,000	-1,000	0	8,000	-8,000	13,000
Building Maintenance	2,590	2,400	190	39,623	19,200	20,423	31,200
Property/Liability Insurance	2,795	3,417	-622	16,613	23,915	-7,302	41,000
D&O Liability Insurance	219	200	19	846	1,400	-554	2,400
Work Comp Insurance	2,639	2,406	233	18,270	18,838	-568	32,000
Property Taxes/Assessments	0	0	0	297	300	-3	1,925
Depreciation Expense	8,000	7,450	550	56,000	56,550	-550	93,800
Total Facilities Expense	43,738	38,836	4,902	291,108	286,012	5,096	482,949
Total Expense	***257,156***	***229,406***	***27,750***	***1,753,389***	***1,727,734***	***25,655***	***2,921,228***
Net Income	-58,284	-19,029	-39,255	-83,510	-83,278	-232	-67,300

Clare

For the Seven Months Ending January 31, 2013

	January	June 30,2012
ASSETS		
Current Assets		
Petty Cash	$522.78	$522.78
Checking - Bremer Bank	50,107.33	5,894.80
Bremer Money Market	183,759.74	248,414.15
Money Market - Bremer	374,506.76	248,852.92
Investment-USB	1,016.68	116,501.84
Cash Investments	609,913.31	620,186.49
Accounts Receivable	28,575.22	36,633.29
Accounts Receivable	175,967.64	177,419.94
Accounts Receivable	204,542.86	214,053.23
Pledges Receivable - General Fund	195,057.73	136,348.80
Pledges Receivable - Capital Campaign	425.00	700.00
Contributions Receivable	195,482.73	137,048.80
Grants Receivable	14,045.00	29,730.00
Resident Reimbursements	1,914.88	2,555.00
Total Pass Through	1,914.88	2,555.00
Accrued Interest Receivable		
Due From Limited Partnership-Clare Apts	112,813.50	147,848.25
Due From Limited Partnership-Clare Hiawatha		40,000.00
Prepaid Expenses	59,131.15	50,243.36
Lease Deposits	6,733.77	7,013.77
Total Other Current Assts	178,678.42	245,105.38
Total Current Assets	1,204,577.20	1,248,678.90
Fixed Assets		
Buildings-Office Space	520,381.53	520,381.53
Buildings-Homes	1,524,785.11	1,514,755.28
Accum Depr-Buildings	(441,493.45)	(407,893.45)
Bldg Improvements	522,733.38	522,733.38
Accu Depr-Bldg Improvements	(158,611.84)	(151,611.84)
Furniture and Equipment	262,924.35	252,768.88
Accum Depr Furn & Equipment	(216,944.95)	(202,944.95)
Land	126,100.00	126,100.00
Land Improvements	54,419.18	43,924.18
Accum Depr-Land Improvements	(26,816.67)	(25,416.67)
Total Fixed Assets	2,167,476.64	2,192,796.34
Other Assets		
Investment in Limited Partnership-Clare Apts	74,650.00	74,650.00
Investment in Limited Partnership-Clare Midtown	30,000.00	30,000.00
Development in Progress	40,703.13	
Accrued Interest Receivable	164,991.00	164,991.00
HOPWA Note Receivable	850,000.00	850,000.00
SHP Note Receivable	400,000.00	400,000.00
FHLP Note Receivable	146,970.00	146,970.00
Total Other Assets	1,707,314.13	1,666,611.00
Total Assets	***$5,079,367.97***	***$5,108,086.24***
LIABILITIES & EQUITY		
Current Liabilities		
Accounts Payable	81,971.67	28,434.85
Other Current Liabilities		
Unpresented Checks	380.20	380.20
Accruel Payroll Liabilities	(234.79)	3,059.85
Accrued Payroll	35,310.85	35,812.19
Accrued Time Off Payable	72,910.44	78,773.46
Total Other Current Liabilities	108,366.70	118,025.70
Accrued Expenses		
Accrued Expenses	12,761.68	1,655.44
Accrued Interest Payable	7,836.16	7,836.16
Total Accrued Expenses	20,597.84	9,491.60
Total Current Liabilities	210,936.21	155,952.15
Long Term Liabilities		
Notes Payable - CPED	60,000.00	60,000.00
HOPWA Deferred Revenue	850,000.00	850,000.00
SHP Deferred Revenue	400,000.00	400,000.00
FHLB Deferred Revenu	146,970.00	146,970.00
Deferred REvenue-Other	1,000.00	1,000.00
Deferred Grants	36,000.00	36,000.00
Total Long Term Liabilities	1,493,970.00	1,493,970.00
Total Liabilities	***1,704,906.21***	***1,649,922.15***
EQUITY		
Unrestricted Net Assets	2,827,194.41	2,786,252.86
Net Assets - Board Designated	100,000.00	100,000.00
Temporarily Restricted Net Assets	530,969.68	530,969.68
Net Income	(83,702.33)	40,941.55
Total Equity	3,374,461.76	3,458,164.09
Total Liabilities & Equity	***$5,079,367.97***	***$5,108,086.24***

clare housing
PARTNERS IN AIDS CARE

KEY:
[redacted]
CAUTION
[redacted]

DASHBOARD AND METRICS

as of January 31, 2013

PROGRAMS	Status	Goal
[redacted]		
Foster Care Turnover Time (4)	18.75	
[redacted]		

DEVELOPMENT	Status	Goal
[redacted]		

FINANCE		Status	Goal
[redacted]			
Cash on Hand	$	609,913	
# of Months Operating Reserve	$	2.51	6

PROGRAM GROWTH	# of Units	
Approved:		
Spirit of the Lakes	5	
Applied For:		
SE MN (Rental Assistance)	10	
Working on:		
Clare Terrace (Robbinsdale)	33	
201 Lowry	34	
60 units by 2014	82	60

Strategic Refresh: National HIV/AIDS Strategy, The Gardner Cascade, Test and Treat and Clare Housing's Strategic Plan

February 20, 2013
Lee Lewis

The HIV treatment cascade, often referred to as the Gardner Cascade, is a driver of federal HIV policy. It is being used to frame national HIV strategies and evaluate the relevance of programs.

> At the Federal level, government agencies use the treatment cascade to inform discussions about how best to prioritize and target resources. For example, the treatment cascade points to the importance of continuing to support the adoption of routine HIV testing of all adults and adolescents in medical care settings, as was first recommended by the CDC in 2006. Simply stated, we won't be able to link more individuals with HIV/AIDS into care if we can't diagnose them!
>
> At the State and local levels, program planners also apply the treatment cascade—using local data—to assess where resources are needed and then to target them accordingly. For example, the Los Angeles County Department of Public Health produced a program brief summarizing data on the spectrum of engagement in care and treatment for all persons infected with HIV in LA County. Similar analysis has been done in San Francisco, Chicago, Washington, DC and other communities, enabling them to take steps to improve engagement at each step in the continuum of HIV care.[1]

"To reduce the impact of HIV in the United States, improvements are needed at each stage of the process with particular efforts to reduce disparities by race and age.[2]" In other words the goal is that everyone who has HIV 1] is aware they have the disease, 2] has been linked to medical care, 3] maintains contact with a medical provider over time, 4] is on anti-retroviral therapy [ART], and 5] has an undetectable HIV viral load.

There is a progression here. Generally, you can't:

- have an undetectable viral load unless you've been prescribed ART,
- be on ART unless you are retained in care,
- be retained in care unless you've been linked to care in the first place,
- be linked to care until you've been diagnosed, and
- you can't be diagnosed until you've been tested.

The goal: suppressing viral loads – test and treat
Suppressing the virus in individuals reduces the community viral load and, consequently, the transmission of HIV. This is a major component of the national strategy to reach a "generation that doesn't know AIDS."

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1 Ronald Valdiserri, M.D., M.P.H., Deputy Assistant Secretary for Health, Infectious Diseases, and Director, Office of HIV/AIDS Policy, U.S. Department of Health and Human Services, http://blog.aids.gov/2012/07/hivaids-treatment-cascade-helps-identify-gaps-in-care-retention.html

2 January, 2012

As the HIV/AIDS epidemic moves into its fourth decade, a new comprehensive strategy may offer hope for improving the care of people living with HIV/AIDS [PLWHA] and preventing transmission of the disease. This promising model is called "test and treat," and its premise is as follows: HIV/AIDS can be eliminated from society if all adults are tested regularly and all infected persons are put on antiretroviral therapy [ART] — regardless of CD4 level[3].

Where does Clare fit into this strategy?

Diagnosis [awareness of HIV status]: *Our programs do not make an impact here.*
Increasing the number of people who have HIV but don't know it will be accomplished by testing. Currently, we serve only people who have already been diagnosed and know their HIV status.

What else is happening in Minnesota? The top three sites that test for HIV in Minnesota with the highest reported positivity are Red Door, Room 111 [now known as Clinic 555] and HCMC [whole campus, not just the Positive Care Clinic]. Other sites, e.g., Minnesota AIDS Project do a considerable amount of testing, but much of the community-based testing has gone by the wayside due to budget cuts by Centers for Disease Control. Most programs are focused on partners and social networks of PLWHA to maximize dollars.

Linkage to care: *Our programs don't make an impact here.*
Virtually everyone we house and provide services to has been linked to care: "they are in the system," so to speak.

What else is happening? All of the organizations that conduct testing [above] have protocols to link patients directly to HIV medical care through MOUs and point of entry agreements. Typically, a patient can be seen within a week; often sooner if necessary. Various programs utilize peers to do this linkage.

Minnesota Department of Health [MDH] has a couple of "Care Link" positions that track newly diagnosed PLWHA over the course of a few months after diagnosis to ensure that they get into care. [All CD4 counts and viral load test results are submitted to MDH.] If a person is diagnosed and doesn't get into care, the Care Link staff reach out to them to try and get them connected.

Retained in care: *Our programs have a significant impact here.*
Given the population we serve – poor and a high percentage of people with mental illness, chemical dependency and multiple challenges – our programs [adult foster care and permanent supportive housing] are an important and strategic intervention to retain a high-risk population in care. This is the "supportive" in permanent supportive housing – and it is effective because our staff is specialized in HIV disease and HIV-specific services. Moreover, even in our programs that do not provide on-site staff [Project Cornerstone] the intervention of affordable, stable housing provides clients the stability to focus on their health and leads to positive health

[3] http://hab.hrsa.gov/newspublications/careactionnewsletter/hab_test_and_treat_january_careaction_pdf.pdf. January, 2012.

outcomes, e.g., self-reporting of higher adherence to medical appointments and to better ART adherence.

What else is happening? Infectious disease clinics and most HIV community-based organizations [CBO] have programs, e.g., case management, support groups, transportation, drop-in centers and mental health day programs, to maximize retention in care. We work closely with most, if not all, of these organizations and many of the residents in our housing use it as the platform to access those services.

Prescribed ART: *Our programs have a significant impact here.*
Given the "test and treat" model, if individuals are retained in care, they are likely to be prescribed ART. The data reported in the National AIDS Housing Coalition's policy papers make it very clear that people who are stably housed are significantly more likely to be prescribed and adherent to ART. Our own outcome studies verify that people in adult foster care and assisted living services are on ART and are highly adherent. Again, housing is an intervention that makes it more likely an individual will be prescribed ART. For some the additional social services – [supportive housing], 24-hour customized living or foster care – increase the likelihood they will adhere to ART. It is important to note that this is a population for whom treatment and adherence is a challenge due to cognitive impairment, mental illness and/or chemical dependency.

What else is happening? Programs and services that support retention in care, above, also contribute to increasing the number of PLWHA who are on ART. And, again, we work closely with them.

Virally suppressed: *Our programs have a significant impact here.*
This is the end-game. In essence, if the above are effectively accomplished *and* individuals are adherent to their treatment regimes, viral community loads will plummet. We know that individuals who are in an adult foster care home or one of our assisted living programs are very likely to be prescribed and adherent to ART and have viral suppression. Though all we have is self-reports from residents who are not in one of those two programs, research argues that by providing housing to homeless and unstably housed individuals decreases viral load.

What else is happening? Besides organizations that help retention in care, there are a few specific adherence programs, e.g., those at HCMC's Positive Care Clinic and Abbott Northwestern Hospital's Clinic 42.

Implications and Board Discussion

Need for housing for PLWHA
As we've said before: housing is health care and is a structural prevention intervention. Housing is the greatest unmet need of people living with HIV[4] and the second greatest need in Minnesota[5]. We have 218 people on our waiting list and of those[6]:

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[4] The North American Housing & HIV/AIDS Research Summit Series. Breaking the Link Between Homelessness and HIV
[5] Minnesota HIV Housing Coalition. Status Report. Fall/Winter 2012.

- 77 are currently homeless,
- 88 have experienced long-term homelessness [LTH][7], and
- 68 are at-risk of homelessness.

The MN HIV Housing Coalition estimates that there are 294 individuals on the waiting lists for HOPWA units in the Twin Cities. Though not all of them are homeless, all are very poor and likely to be unstably housed.

Providing permanent supportive housing for this population is a critical component of the National HIV/AIDS Strategy.

Homelessness and HIV/AIDS

People who are homeless are at a much higher risk of HIV infection than the general population. People who are homeless or unstably housed have infection rates 16 times higher than people who have a stable place to live.[8]

Clare Housing's mission is to provide housing, supportive services and care to PLWHA. Prior to the merger with AIDS Care Partners in 2006 the mission was to provide housing, supportive services and care *to those in need, including PLWHA.*

Given the National HIV/AIDS Strategy's emphasis on lowering viral loads to reduce and eliminate the spread of HIV and Clare Housing's competency in providing permanent supportive housing, a strategic question is: should Clare Housing broaden its mission to include persons at risk of HIV or, more broadly, to persons in need.

Board questions for discussion

1. Based on the information provided, do we feel we are meeting community needs? Are there opportunities that we should consider that align with Clare's mission?
2. Should Clare consider broadening its mission to include persons at risk of HIV or, more broadly, to persons in need?

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[6] There may be duplication in these numbers, e.g., someone who is homeless may also have experienced LTH. Alternatively, someone who has experienced LTH may not be currently homeless.
[7] LTH is defined as having been homeless four or more times or for a year in the last three years.
[8] The North American Housing & HIV/AIDS Research Summit Series. Breaking the Link Between Homelessness and HIV

The North American Housing & HIV/AIDS Research Summit Series

HOUSING IS COST-EFFECTIVE HIV PREVENTION AND CARE

Since 2005, the Summit Series has provided an innovative forum to present research on the relationship between housing and HIV prevention and care, and to discuss policy implications of the research findings. Researchers, policy makers, providers and consumers work together to develop evidence-based public policy goals and strategies.

The Summit Series is convened by U.S. National AIDS Housing Coalition (NAHC) and the Ontario HIV Treatment Network (OHTN) and Johns Hopkins Bloomberg School of Health. Summit VII will be held in Montreal, Quebec in early fall 2013.

For updates and to read Summit materials, visit **www.hivhousingsummit.org**

Housing for people living with HIV/AIDS saves lives and money.

HIV housing interventions prevent costly new HIV infections, improve HIV health outcomes, reduce mortality, and decrease the use of expensive emergency and hospital services.

Action to meet HIV housing needs cost far less than inaction, and is a wise use of limited public resources.

Homelessness is expensive and deadly:

- People coping with homelessness are frequent users of expensive crisis services including shelters, jails, and avoidable emergency and hospital care.[1]
- People living with HIV/AIDS who are unstably housed lack ongoing HIV care and rely more on emergency and acute care. They have poorer health outcomes and don't live as long.[2]
- People with HIV who are homeless are 2 to 3 times more likely to use an emergency room and to have a detectible viral load than those in stable housing.[3]

Improved housing stability reduces overall public expense:

- Housing assistance for people with HIV who are homeless improves their health outcomes and dramatically reduces emergency and inpatient health services, criminal justice involvement, and other crisis costs.[4]
- More stable housing for people with HIV has been shown to reduce emergency medical visits by 35% and hospitalizations by 57%.[5]
- Housing assistance leads to savings in avoidable health services that more than offset the costs of housing intervention.[6]

Housing assistance is cost-effective HIV heal care intervention:

- Savings in health care costs support public investment in housing for people with HIV - even before taking into account the savings associated with reducing risk and preventing new infections.[7]
- Each new HIV infection prevented through more stable housing saves countless life years and over $300,000 in lifetime medical costs.[8]
- Housing assistance is a cost-effective HIV health care intervention for people with HIV/AIDS, with a "cost per quality-adjusted life year" in the same range as widely accepted health care practices.[9]

The North American Housing & HIV/AIDS Research Summit Series

HOUSING IS HIV PREVENTION

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Housing assistance is a powerful way to prevent the spread of HIV.

People who have stable housing are less likely to acquire HIV infection or to transmit HIV infection to others -- regardless of other risks.

HIV prevention and strategies will not success without attention to housing and other structural factors.[1]

Housing instability is a barrier to reducing HIV risk:

- People coping with homelessness and housing instability face enormous day-to-day challenges that affect their ability to reduce HIV risk.[2]
- Being unstably housed is associated with increased risk behavior and higher HIV infection rates—after controlling for substance use, mental health issues, access to services, and other factors that contribute to risk.[3]
- Counseling, needle exchange, and other proven HIV prevention interventions are less effective at reducing HIV risk among people who are homeless or unstably housed.[4]

Housing status predicts HIV risk:

- People living with HIV/AIDS who are homeless or unstably housed are 2 to 6 times more likely to have recently used hard drugs, shared needles or engaged in high-risk sex.[5]
- Homeless women were as much as 5 times more likely to report drug use and sexual risk behaviors -- in part due to victimization by physical violence.[6]
- On the other hand, at-risk youth who stable housing were significantly more likely to use condoms and less likely to have multiple sex partners.[7]

Housing assistance is HIV prevention:

- People with HIV/AIDS who are homeless or unstably housed who receive housing assistance are more likely to engage in medical care, reduce risk behaviors and enjoy better health.[8]
- When their housing situation improved, people living with HIV/AIDS reduced their drug related and sexual risk behaviors by as much as half, while those whose housing status worsened increased risky behaviors.[9]
- People with HIV who have access to stable housing are more likely to receive and adhere to antiretroviral medications, which lower viral load and reduce the risk of HIV transmission.[10]

The North American Housing & HIV/AIDS Research Summit Series

BREAKING THE LINK BETWEEN HOMELESSNESS AND HIV

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Homelessness is both a cause and an effect of HIV infection.

People coping with homelessness are at greater risk of becoming infected with HIV and people living with HIV/AIDS experience high rates of housing loss and instability.

Homelessness increases the risk of HIV Infection:

- The pressure of daily survival needs, exposure to violence, substance use as a way to cope with stress or mental health issues, and other conditions of homelessness make homeless and unstably housed persons extremely vulnerable to HIV infection.[1]
- The people most at risk of HIV - men who have sex with men, persons of color, homeless youth, IV drug users, and impoverished women - are significantly more likely to become HIV infected over time if they lack stable housing. [2]
- People who are homeless or unstably housed have HIV infection rates as much as 16 times higher than people who have a stable place to live. [3]

HIV infection increase the risk of homelessness:

- At least half of all people living with HIV/AIDS experience homelessness or housing instability.[4]
- Housing is the greatest unmet need of people living with HIV.[5]
- For many people with HIV, problems finding and keeping stable housing are exacerbated by discrimination related to HIV, sexual orientation, race, culture, mental health issues, substance use and/or involvement with the criminal justice system.[6]

For people with HIV/AIDS, housing is a matter of life or death:

- People with HIV/AIDS who are homeless or unstably housed have worse overall physical and mental health. Their CD4 counts are lower and their viral loads are higher. They are less likely to receive and adhere to antiretroviral therapy, and they are more likely to die prematurely.[7]
- Low-income people with HIV/AIDS who receive housing assistance have better access to health care services, their physical and mental health improves, and they live longer.[8]
- Over time, stable housing can significantly reduce avoidable emergency and hospital care. The savings in health care costs can offset the cost of housing interventions.[9]

The North American Housing & HIV/AIDS Research Summit Series

HOUSING IS HIV HEALTHCARE

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Housing assistance is health care for people living with HIV/AIDS.

Housing assistance is health care for people living with HIV/AIDS.

For people living with HIV, housing is one of the strongest predictors of their access to treatment, their health outcomes, and how long they will live.

To obtain and benefit from life-saving HIV treatments, people living with HIV must have safe, stable housing.

Lack of stable housing equals lack of treatment success:

People with HIV/AIDS who are homeless or unstably housed:

- Are more likely to enter HIV care late
- Have lower CD4 counts and higher viral loads
- Are less likely to receive and adhere to antiretroviral therapy
- Are more likely to be hospitalized and use emergency rooms
- Experience higher rates of premature death[1]

Housing status has more impact on health outcomes than demographics, drug and alcohol use, mental health status or receipt of social services.[2]

Improved housing is linked to better access to health care and better health outcomes:

People with HIV/AIDS who have stable housing are much more likely to access health services, attend primary care visits, receive ongoing care and receive care that meets clinical practical standards.[3]

Being stably housed is positively associated with:

- Effective antiretroviral therapy (HAART)
- Viral suppression
- Lack of co-infection with hepatitis C or tuberculosis
- Significant reductions in avoidable emergency and acute health care
- Reduced mortality[4]

Homeless people with HIV in Chicago who received a housing placement were twice as likely to have an undetectable viral load 12 months later.[5]

Housing assistance is HIV prevention:

84% Proportion of unstably housed people with HIV who received a voucher for rental assistance who were stably housed at 18 months.[6]

80% The reduction in mortality among homeless people with AIDS who received supportive housing.[9]

57% The reduction in hospitalizations for people with HIV after they were stably housed.[7]