



**Consortium Meeting Minutes
Monday, June 12, 2017 10am-12pm
Rainbow Community Center
Concord, CA**

Present:	
Betty Blackmore Gee, Community Resident	Angel Mateo, LifeLong Medical Center
Teri Leichenger, Food Bank Contra Costa & Solano	Kally Price, HIV/AIDS & STD Program
Irma Donaldson, NHNR	Jessica Osorio, HIV/AIDS & STD Program
Angela Moore, CCIH	Caitlin Sly- Food Bank of Contra Costa & Solano
Vivian Eger, HIV/AIDS & STD Program	Obiel Leyva – HIV/AIDS & STD Program
Nga Le, HIV/AIDS & STD Program	Karen Schlein, HIV/AIDS & STD Program
Vance Drouillard, RCC	
Discussion	
Call to Order	<p>Obiel Leyva, Education & Testing Manager, called the meeting to order at 10:04 am. The meeting began with a moment of silence to remember those individuals that we have lost to HIV/AIDS.</p> <p>Next, introductions were made. Nga Le is the new Senior Health Education Specialist for CCHS HIV/AIDS Program. Nga’s role in the program: working with Obiel on prevention and outreach, health education at community events, risk reduction education with clients, reviewing quality data, reviewing satisfaction survey and focus group recommendations, and working with the Consortium – reviewing and revising bylaws, planning meetings, taking minutes. Previous Senior Health Education Specialist, Pam, developed a curriculum for new clients to the program and Nga will revise the curriculum and offer classes, which will include information about the services the agencies provide. The Consortium will become more formalized and Nga will be communicating with everyone regarding their input and ideas.</p> <p>Minutes from May’s Consortium meeting were approved. Alameda County’s process is web-based so we may move towards having a shared drive to interact with each other and store necessary documents.</p>
System of Care Update	<p>Jessica Osorio, Deputy Director, provided a budget update: The Part A budget had its first quarter close end of May and we don’t have all billing in yet, although we received the final numbers from last year. From the funding that gets sent back, Contra Costa gets 30% and Alameda gets 70% back. This was \$29,305 for Contra Costa. The feedback given from clients included need for follow-up on referrals, oral health, mental health, substance abuse, medical case management, and</p>

increased support services. Specifically, clients have asked for additional spaces to come together to have support groups.

There was a re-allocation request on May 25 to move \$24,000 from legal services into oral healthcare and home and community based health care. We didn't get a contractor to provide legal services and instead case managers have been referring clients directly to free legal services. There was insufficient funding in oral healthcare so \$18,000 will be reallocated from legal services to oral care. There are fewer dollars available for oral care in Part B this year.

The justification for moving \$6,000 into home and community based healthcare is that many clients no longer qualify for the Medi-Cal waiver program due to improved health but they do continue to need some home attendant care.

Jessica provided a staffing update:

There will be a Community Health Worker I Project position whose job will be to follow up on referral services, including following up with clients if the client doesn't hear from the provider, or if the provider doesn't hear back from clients.

Kally Price, the program's Public Health nurse, will be working with Medi-Cal waiver clients and any clients that need extra support from a Public Health nurse. Each case manager is giving Kally 5 client referrals to start.

We have a Disease Intervention Technician (DIT) who has been on medical leave for more than a year, so we are looking to hire someone who is a State certified HIV counselor & tester. Our LEO person is out for a month, so we are looking for an experienced level clerk.

Obiel provided a prevention update:

We are continuing our Line List project, which is a list of individuals who have had at least one STD, and we are calling them and offering risk reduction services and doing wellness checks. Many of these individuals have HIV and another STD, so we need to ensure that they are in HIV and STD care. We are asking the people who are positive if they have any partners who need services and people who want PrEP. We created a second line list of people already on PrEP, and are calling them every 2 months. Anybody who is diagnosed with one of the four reportable STDs (chlamydia, gonorrhea, syphilis, HIV) has their results reported to the Public Health Department by labs and providers. There are 8-10 new HIV cases per month: 60% have healthcare, and some do not report having any healthcare. Karen and her team follow up with individuals who report not having any care. For individuals with a provider, a DIT calls and offers them with partner services and other risk reduction services.

June 27th is national HIV Testing Day. We will be promoting on social media, at the hospitals, and through the agencies for people to get

	<p>tested.</p> <p>Vance Drouillard from RCC mentioned that there was an outbreak of resistant gonorrhea in LA. Jessica is attending a CARE conference so she will report back at the next meeting with information on how things are progressing.</p> <p>Jessica provided a Naloxone Grant update: The state is administering a 2-year program for Naloxone, an opioid overdose reversal nasal spray, to get Contra Costa’s allotment of doses into the hands of people who are most likely to witness an overdose. There are 1,642 doses, and each kit contains 2 doses, because 2 doses are often necessary. This adds up to over 800 kits for the 2 years, or about 30 kits a month for the county. People will undergo a 10-minute training on how to recognize an overdose, call 911 after administering the dose, and will later call the agency that gave them the dose to report back on what happened. Our department needs to track distribution and report back to the state. Our target population is people who use the syringe exchange programs and the homeless. Distribution will begin in July.</p> <p>If you have clients you think can benefit from this, you will be provided with calendars to know where and when these doses are available. The grant was funded through a Senate Bill to familiarize the community with this drug, which costs over \$70 a dose. Overdoses are known to be concentrated in East County and Richmond and the data on these red zones has been given to community providers and distributors. We will write a report to present to the Board of Supervisors and Consortium members will receive the report.</p> <p>Jessica provided an update on the CCPC General Meeting/Town hall: The CCPC Meeting and Town Hall will be held on August 23, from 11am-4pm. The Town Hall will be from 12-1:30pm and the Consortium co-chairs will present the recommendations during this time.</p>
<p style="text-align: center;">Consortium Membership & Nominations for Leadership</p>	<p>As the voting members, Betty Blackmore Gee and Jessica voted yes to approve Angel Mateo, Angela Moore, Caitlin Sly, Irma Donaldson, Teri Leichenger, and Thandi Harris into the Consortium.</p> <p>Jessica is the appointed co-chair from CCHS. The role of the co-chair is to help facilitate the meeting, work with the Senior Health Education Specialist to prepare and send out the agenda, set the meetings, and be an ambassador in the community to increase membership and participation. Betty will be the community member co-chair and Terri Leichenger from the Food Bank will be the community agency co-chair. Voting members approved Jessica, Betty, and Terri to be co-chairs for a term of one year. Nga will follow-up with co-chairs for the next meeting.</p>
<p style="text-align: center;">Review & Discuss Surveillance</p>	<p>Karen Schlein, Linkage to Care Manager, and Vivian Eger, Health Services Planner and Evaluator, shared surveillance data on what is happening in Contra Costa County.</p>

Data	<p>Vivian shared important rates and numbers regarding the population of PLWHA:</p> <ul style="list-style-type: none"> • Distribution by sex and ethnicity, among PLWHA, African American men’s rate was 3x higher than county average. Note that this is the rate and not numbers. • 50-59 age group is the largest at a rate of 456 per 100,000. • Most impacted by new HIV infections were 20-29 age group. • Largest number of new HIV infections is 25-29 age group (# of new cases). • Male and female African Americans were most disproportionately affected. Male rate is 2 times higher and female rate is 6 times higher. Theories on why African Americans have the highest rate: sexual networks, stigma, discrimination, access to care, not knowing their status, institutional racism, mistrust of healthcare providers, re-entry population. • West and East county residents were disproportionately affected by new HIV infections, West County had 39 and East County had 38 (numbers). • Mode of exposure: MSM 63%. 25% adult risk not reported or identified (which is higher than the accepted 15%). Men may open up to their provider and not the DIT, so they are also in this 25%.
Allocations Process	<p>Karen shared that we are continuing to fund at the same percentages for each category as we have been. Core services have to be at least 75% and we are at 91%. Consumers felt that oral health needed to be more prioritized. Based on data collected, we found that what we offered, \$1,000 per client per year, was sufficient. There may be frustrations in the process of getting reimbursed. Substance Abuse and Mental Health have a new provider. Early Intervention Services (EIS) was added this year for linkage activities including PrEP.</p> <p>How best to deliver services guide passed out. This is something we will continue to discuss. The purpose of this guide is to identify ways to best meet service priorities established during the allocations process. The Consortium may identify suggestions for how service delivery within a category can be improved. Thought should be given to target populations, regions of the county most in need, trends in the epidemic and the population served by Ryan White.</p> <p>Karen shared some issues identified in the Client Satisfaction Survey and Focus Groups.</p> <ul style="list-style-type: none"> • People thought Medical Case Manager (MCM) only checked in with clients when they needed paperwork done. There is a small group that wanted more personalized communication and to hear

	<p>more from their MCM. This may possibly be due to changes to the team but now caseloads have gone down with a full team. Kristin is working with the MCMs to have them conduct more wellness checks, follow up with people’s doctors, and to find other ways to make the service more personalized.</p> <ul style="list-style-type: none"> • People did not know about all the services that were available. We need to check in about referrals to these other services so clients are better informed. • Terri brought up the issue that people reach out to their MCM and don’t hear back. Jessica is hoping that the CHW will improve feedback time. • Food, recipes, and demonstrations are all appreciated. Food quality has improved in the past 2 years. Terri informs us that the Food Bank will continue getting feedback from clients of the food banks through their feedback surveys. • More support groups to provide support, connection, and opportunities for clients. Would like to set up a peer navigator system between someone who is newly diagnosed and another person who knows about the services and is better connected. <p>RCC holds a Men’s HIV support groups on Monday nights from 6:30-8pm. Sam Erwin holds a HIV/AIDS East county Support Group on the first and third Tuesdays of every month from 12-1:30pm at Community Presbyterian Church at 200 E Leland Rd in Pittsburgh. Kally is interested in the future with helping out with support groups during normal business hours if they are interested in education and dialogue.</p> <p>Caitlin Sly from the Food Bank called for a vote to approve the allocations recommendation. Jessica seconded the motion. Everyone voted to approve the motion.</p> <p>July meeting will include a review of the bylaws and governance. Everyone agrees that a meeting in September and November is good, with no meeting in December. September meeting will be on prevention.</p>
<p>Services Discussion</p>	<p>Angela Moore from CCIH shared that 6 people were housed, 1 in Contra Costa and 5 through HOPWA. One of her clients refused to be relocated to Concord. It is hard to find people housing in West Contra Costa. Waiting for others to be approved.</p> <p>Vance says that there will be a drag show brunch in the Senior Community Center in Concord that usually has high attendance. There will be testing at the drag brunch. RCC HIV support groups usually have 12-15 people on average. RCC provides counseling, risk reduction, and sex education.</p>

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Public Comment	None.
Announcements	Irma Donaldson from NHNR enjoyed the East Bay HIV Update Conference presentation on the pros and cons of using condoms, safety vs. people's lifestyle choices. Karen learned that week 24 is when a lot of people fall off from taking PrEP and it may be because they are checking in with the patient less frequently after a few months. Tech Tran is now doing case management for EBAC. Obiel will be on leave for a month starting June 28.
Adjourned	Meeting adjourned at 11:55am.
Next Meeting	Monday, July 10, 2017 from 10-12 at the Pittsburg Health Center 2311 Loveridge Rd, Pittsburg, CA 94565