



Consortium Meeting Minutes
Monday, September 11, 2017 10am-12pm
West County Health Center
San Pablo, CA

Present:	
Thandi Harris, WORLD/Positive Women’s Network	Karen Wise, Anka Behavioral Health, Inc.
Ron Ricks, Community Resident	Olivia Rold, Anka Behavioral Health, Inc.
Michele Castano, Food Bank Contra Costa & Solano	Braunz Courtney, HEPPAC
Teri Leichenger, Food Bank Contra Costa & Solano	Jessica Osorio, HIV/AIDS & STD Program
Betty Blackmore Gee, Community Resident	Obiel Leyva, HIV/AIDS & STD Program
Angel Mateo, LifeLong Medical Center	Nga Le, HIV/AIDS & STD Program
Irma Donaldson, NHNR	Nicole LaPointe, HIV/AIDS & STD Program
Natalie Treacy, Planned Parenthood Northern CA	Roberto Montes, HIV/AIDS & STD Program
Sarah Cooper, Planned Parenthood Northern CA	Tracey Walker, HIV/AIDS & STD Program
Vance Drouillard, Rainbow Community Center	Vivian Eger, HIV/AIDS & STD Program
Philip Baker, Rainbow Community Center	Alvaro Rivas, HIV/AIDS & STD Program
Jonathan Cook, Rainbow Community Center	
Call to Order & Icebreaker	<p>Betty Blackmore Gee, Community Resident & Co-chair, called the meeting to order at 10:10am. The meeting began with a moment of silence to remember those individuals that we have lost to HIV/AIDS, 9/11, and those affected by the hurricane.</p> <p>Next, introductions were made along with an icebreaker activity. Each person shared a short term and long term goal for the Consortium and when they would like to see that goal achieved. Goals included improving participation of PLWH in the Consortium, improving representation from West County residents, improving representation from African Americans clients, providing more activities for PLWH, having greater representation from agencies and the County, learn how agencies can be more involved and provide support, making the Consortium a welcoming and comfortable space, improving transportation for clients, establishing a women’s support group, establishing other support groups, Consortium members becoming ambassadors for testing site and sharing ideas for new testing sites, expanding testing and PrEP services, making connections to facilitate workshops on HIV for young students, empowering PLWH to reach their goals, allowing people to tell their truth and see action taken and changes implemented after people provide suggestions, and ending HIV.</p> <p>Teri Leichenger, Food Bank of Contra Costa & Solano & Co-chair, made the motion to approve the July minutes. Thandi Harris, Community Resident, seconded the motion. Meeting minutes were approved.</p>

Presentations

Obiel Leyva, Community Education & Testing Manager, introduced the purpose of today's meeting and the objectives of the Prevention and Education team. The Prevention and Education staff provides testing and counseling services, with the goal of testing individuals at higher risk of HIV. We provide rapid testing and counseling services for HIV and Hepatitis C. We also provide technical assistance to community based organizations in the form of risk reduction trainings, and a formal medical update for providers to learn about what is new in the landscape of HIV and STD prevention. Two agencies that we contract with to provide prevention services in Contra Costa County are Rainbow Community Center (RCC) and HIV Education and Prevention Project of Alameda County (HEPPAC).

Jessica Osorio, Deputy Director, shared that the State of California is providing a one-time two-year grant to CCHS to distribute Naloxone nasal spray, an opioid overdose reversal. The Naloxone Grant Program is aimed at people who are more likely to witness an overdose so they can distribute it themselves. Jessica will provide a calendar of where and when Naloxone will be provided once we have received our doses from the state.

Obiel shared that HEPPAC provides one-for-one needle exchange services in Contra Costa County, secondary exchanges, and connects people to services. Needle exchange services have been funded for over ten years in Contra County by the Board of Supervisors. Early HIV/AIDS data reports showed that over 20% of new HIV positive individuals were due to intravenous drug users and now it has been reduced to 3-4%. The HIV/AIDS & STD Program was given feedback to be more targeted in our testing and outreach: testing fewer people who are high risk will help us find more people who are HIV positive. In an attempt to get more targeted in our work, we implemented the Line List intervention, where we outreach to people who have had at least one STD and offer them risk reduction and other services.

Vivian Eger, Health Services Planner & Evaluator, presented on Contra Costa County's Sexually Transmitted Disease Line List Prevention Strategy. The purpose of the presentation was to provide a brief STD update and description of Contra Costa County's new strategies to reduce STDs among high risk populations. Members learned about how STDs are impacting Contra Costa County, the factors contributing to the problem, and how the line list strategy works.

Key points from the STD Data presentation:

- STD cases in California have increased about 12% from 2014 to 2015, which is consistent with what we see in Contra Costa

County.

- Gonorrhea, chlamydia, and syphilis are important predictors for becoming HIV infected, increasing the risk for HIV infection by 2-5 times. Having an STD facilitates viral entry by reducing natural barriers. STDs contribute to an imbalance of protective vaginal flora. STDs also increase HIV concentration in plasma, genital lesions, or secretions.
- STDs may cause severe sexual and reproductive health complications. Chlamydia and Gonorrhea can lead to Pelvic Inflammatory Disease (PID) and can cause infertility. Syphilis can cause congenital infections and long term complications such as paralysis, blindness, dementia, and death.
- In Contra Costa County, Chlamydia cases have increased about 47% from 2005 to 2014. Gonorrhea and Syphilis cases have increased 14% from 2005 to 2014.
- From 2015 to 2016, reported cases of Chlamydia and Syphilis in Contra Costa County have increased 13% and reported cases of Gonorrhea have increased 17%.
- From 2015 to 2016, Gonorrhea cases among men have decreased 18% but cases among women have increased 39%.
- Distribution of race/ethnicity of HIV cases in 2016: 21% Black/African American, 19% White, 16% Latino/Hispanic, 5% Asian/Pacific Islander, <1% American/Indian/Alaska Native, 39% Other/Multi/Not Specified.
- Factors contributing to the increase in the number of STDs are changes in sexual behavior (declines in condom use, increased partners), barriers to access to care and testing, and improved public health services and reporting process (testing bias).

Obiel mentioned that Chlamydia and Gonorrhea are localized STDs and individuals should be tested at the site of possible infection (urethra, anus, and throat). Urine samples are not sufficient and we need to push for three-site testing that include the anus and throat.

Braunz Courtney, HEPPAC, asked if the introduction of PrEP factored into the decrease in condom use. Jessica answered that data from the state shows that condom use was declining before the introduction of PrEP and there are a lot of factors to consider, so we do not have that data yet.

Tracey Walker, PrEP Coordinator, presented on the Line List Strategy and PrEP Navigation Services.

Key points from the Line List & PrEP presentation:

- A Line List is generated using information pulled from database

surveillance systems such as CalREDIE and focusing on prioritized populations that have been infected with at least one of the four reportable STDs (HIV, Chlamydia, Gonorrhea, Syphilis).

- Prioritized populations include MSM with one or more STD, women of color with one or more STD, HIV+ co-infected with one or more STD, and newly identified HIV+ individuals.
- Trained staff reaches out via phone calls and provides wellness checks, risk reduction education, linkage to STD and HIV care, partner services, HIV and HCV testing, and PrEP navigation services.
- PrEP is pre-exposure prophylaxis and is a pill that is taken daily by HIV negative individuals to prevent HIV infection.
- Referrals for PrEP navigation services are generated by DITs via their line list calls, medical social workers when completing intake or at reassessment, and CBO partnerships.
- Three phases: Phase I is a one page intake, Phase II is removing barriers such as finding out insurance costs, and Phase III is are individuals who are taking PrEP and we monitor and check adherence. We currently have 59 individuals in our referral process.
- We have completed 3 line lists and have reached out to over 1,300 individuals. Of these individuals, 68% received some type of risk reduction services (which can include counselling, receiving condoms, lubricant, partner services, PrEP navigation, and testing).
- When reaching out to individuals, we leave up to 3 messages, and if we don't receive a call back, then we send a letter.
- If you are interested in learning more about PrEP, call our main line at (925) 313-6771.

Answers to PrEP FAQs:

- Cost of PrEP depends on the person's medical coverage and pharmaceutical structure. Medi-Cal pays for 100% of PrEP.
- Lab tests required include liver functioning test, kidney functioning test, and negative HIV test.
- People who have anal sex who start PrEP will be protected after seven days and people who have vaginal sex will be protected after 21 days.
- PrEP can be taken as long as the person is at risk and wants to prevent HIV. PrEP users must check in with their doctor every 90 days.
- Must use condoms to prevent other STDs.
- Side effects include nausea/stomach problems for no more than 30 days.

Vance Drouillard, RCC, presented on services that his agency provides. They outreach to young people through their website, FaceBook, and other sites. In their youth group, they provide sex education to groups of youth ages 14-18 and 18-25. They also provide home deliveries from the Food Bank to HIV+ individuals who are critically ill. They serve everybody regardless of sexual orientation or ethnicity. Their population is mostly Caucasian men so they are trying to outreach to other individuals to be more inclusive. Their El Cerrito site is up and running. They moved to El Cerrito to serve more people of color. They provide testing on Tuesdays 4-8pm in downtown Concord near Starbucks and first and third Wednesdays of the month at 6491 Portola Dr. in El Cerrito. They also provide testing at Club 1220 in Walnut Creek from 5:30-8pm on the last Wednesday of every month. They also provide outreach and hand out condom packets. There will be a drag show on Sunday, October 29th from 12-3pm at the Concord Senior Citizens Center. MOCHA, their men of color HIV/AIDS support group, was not well attended because it was during the day so it is currently on hold and may be brought back.

Jonathan Cook, RCC, shared that they are excited to expand to West County with their new site in El Cerrito. They are trying to reach the most at-risk community and hoping to reach more people through their outreach work.

Philip Baker, RCC, shared that he wants to bring in more people into the community because having a strong support system makes it easier for them to manage.

Braunz presented on the services that HEPPAC provides to the community. They run three syringe sites in Contra Costa County:
Mondays, 6-8pm, at 500 B St. Richmond, CA.
Tuesdays, 6-8pm, at 2586 Willow Pass Rd. Bay Point, CA
Wednesdays, 6-8pm, at 355 Central Ave. Pittsburg, CA.
He shared that certain parts of Richmond are undergoing gentrification, making it difficult to find IDUs. Tuesdays at Bay Point are the most populated and the demographics of people who attend are mostly Caucasian and Latino. He shared that they are funded to provide harm reduction kits in Alameda County. Contra Costa County has more repeat clients and a lot of secondary exchanges. They do one-for-one, where people can exchange one used needle for one clean needle. There was also discussion about new methadone clinics that will be opening in Contra Costa County.

Obiel shared that we present this work as a partnership with HEPPAC where we successfully collected 320,000 used needles. If the program is

	<p>not funded, there will be that many needles in the community.</p> <p>Braunz requested Consortium members let HEPPAC know if they see any emerging neighborhoods or new sites in the neighborhood that could benefit from becoming a syringe site.</p> <p>Alvaro Rivas, Medical Case Manager, asked if HEPPAC has any partnerships with homeless agencies. He shared that there are more encampments and it is more visible than before. For example, he sees an encampment in Concord near Chili's.</p> <p>Jessica responded that Healthcare for the Homeless provides services at that encampment. Healthcare for the Homeless now also provides rapid HIV testing to homeless populations.</p> <p>Nicole shared that potential cities that could become a syringe site are Antioch, Bethel Island, and Discovery Bay.</p> <p>Jonathan asked if the County is involved with the pilot of safer consumption sites proposed by AB 186. Jessica responded that our county was not offered to be one of the pilot sites proposed by AB 186. As the county, we cannot advocate or invite legislation. Obiel shared that we will keep an eye on the pilot project and other agencies should as well.</p>
<p style="text-align: center;">System of Care Update</p>	<p>Jessica provided a budget update: We finished the first quarter and agencies did a good job spending down the money allotted. We have anticipated flat funding for the 2018-2019 fiscal year. She hopes to provide a mid-year report on spending at the next Consortium meeting.</p> <p>Jessica provided a staffing update: Kristin Burnett, Client Services Manager, has left the program and Karen Schlein, Linkage to Care Manager, will be leaving the program. We are actively recruiting for both positions and have to hire from the established lists. One of our DITs is on extended medical leave so we are waiting to hear from personnel to see if we can hire someone into that position. This will be a full time testing counselor who will provide testing and conduct outreach to serve high-risk individuals. Our Program Director Christine Leivermann is retiring and will be leaving after Thanksgiving. It is a new era in many ways and there are new opportunities to grow.</p>
<p style="text-align: center;">Services Discussion</p>	<p>Karen Wise, Anka Behavioral Health Inc., shared brochures detailing their services. Their services include continuum of care for homeless, individual and group therapy through Power Program, medication services, and drug and alcohol outpatient treatment. They serve mostly Medi-Cal clients and mainly people with severe mental illness and co-</p>

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	<p>occurring mental illness and substance abuse. They do not provide medication assistance treatment but are looking to expand these services under the drug Medi-Cal waiver.</p> <p>Jessica shared that Anka Behavioral Health can now accept direct referrals from our program so our Medical Case Managers conduct a substance abuse and mental health assessment every six months.</p> <p>Karen shared that they also have two care centers as well as a warming center that is open overnight for the outreach team and law enforcement to bring people in overnight while they get them into shelters. They are working with people in encampments and stepping in when people need resources.</p> <p>Natalie Treacy, Planned Parenthood of Northern California, shared that they are experiencing a budget challenge due to reduced funding. They had to close three centers: central Richmond, Pittsburg, and Vacaville and have redirected clients to their other sites. These decisions were not made lightly and they made these decisions in order to stay open. She encouraged members to have conversations with people, make donations, and get involved.</p> <p>Teri reminded the Consortium to continue sending the Food Bank more clients. Michele Castano is working with Teri to provide nutrition information at the distribution sites and providing training. Alvaro shared that since Teri has taken over the program, clients have not complained about the quality of the food. He wanted to commend Teri on doing a wonderful job.</p>
Public Comment	None.
Announcements	<p>Jessica shared that we have three Request for Proposals (RFPs) that are out or will be going out. Every few years we have to put out the RFP for all of our funded service categories, including medical nutrition therapy, medical case management, transportation, food, housing advocacy, and mental health/substance abuse services. RFPs are requests for proposals from agencies seeking funding to provide services. These are services that are provided through community based organizations and it needs to be a competitive process.</p> <p>Angel Mateo, LifeLong, shared that the Positive Support Group is meeting this Friday, 1-3pm, at LifeLong in Richmond.</p>
Adjourned	Betty made the motion to adjourn the meeting. Jessica seconded the motion. The meeting adjourned at 12:01pm.
Next Meeting	Monday, November 13, 2017, 10am-12pm Yellowstone Training Room at 2500 Bates Ave. Concord, CA 94520