



Consortium Meeting Minutes
Monday, November 13, 2017 10am-12pm
County Facility: 2500 Bates Ave. Concord, CA

Present:	
Thandi Harris, WORLD/Positive Women's Network	S.L. Floyd, Community Resident
Ron Ricks, Community Resident	Nyokie Franklin, Contra Costa Interfaith Housing
Michele Castano, Food Bank Contra Costa & Solano	Angela Moore, Contra Costa Interfaith Housing
Teri Leichenger, Food Bank Contra Costa & Solano	Hanza Myint, Asian Health Services
Betty Blackmore Gee, Community Resident	Brian Kuennemeier, Wright Institute - IHPTP
Angel Mateo, LifeLong Medical Center	Nina Eisenberg, Wright Institute - IHPTP
Irma Donaldson, NHNR	Nicole LaPointe, HIV/AIDS & STD Program
Natalie Treacy, Planned Parenthood Northern CA	Nga Le, HIV/AIDS & STD Program
Vance Drouillard, Rainbow Community Center	Tracey Walker, HIV/AIDS & STD Program
Olivia Rold, Anka Behavioral Health, Inc.	Chris Farnitano, Contra Costa Health Services
Avi Around, Anka Behavioral Health, Inc.	
Call to Order & Icebreaker	<p>Betty Blackmore Gee, Community Resident & Co-chair, called the meeting to order at 10:05am. 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 along with an icebreaker question. Each person shared their story of what brought them to their current job or position.</p> <p>Teri Leichenger, Food Bank of Contra Costa & Solano & Co-chair, made the motion to approve the September minutes. Betty seconded the motion. Meeting minutes were approved.</p>
Calendar	<p>Nga Le, Senior Health Education Specialist, facilitated a discussion on planning Consortium meetings for 2018. Members were asked if they wanted to continue meeting on Monday mornings or if another day or time works better.</p> <p>Angel Mateo, LifeLong & Client Committee Co-chair, shared that moving the meetings to another day such as Tuesday will make meetings more accessible for clients. He also shared that Monday mornings are difficult for staff and there is currently a Monday morning clinic in West County.</p> <p>Ron Ricks, Community Resident & Client Committee Co-chair, shared that his medication regimen makes it difficult to get ready early in the morning. He stated that from the standpoint of clients, due to the medication, pushing the meeting back an hour allows people more time to wake up and get ready.</p>

	<p>Mateo shared that he would like to see more meetings held in West County to make it easier for clients in West County to attend and that LifeLong would like to host a meeting next year.</p> <p>Vance Drouillard, Rainbow Community Center, shared that he is unavailable on Tuesday and Wednesday afternoons due to existing programming. He is available Monday, Thursday, and Friday mornings.</p> <p>Teri recommended that staff send out a survey requesting everyone's preferred meeting times. Nga agreed to send out a survey to be completed by the Consortium within 1-2 weeks.</p>
Bylaws	<p>Nga shared recommendations made by the Executive Committee for three changes to the bylaws:</p> <ol style="list-style-type: none"> 1. Attendance at three Consortium meetings in the past year is required prior to submitting an application (to become a Consortium member). 2. New members will receive a New Member Orientation Package. 3. Members have a term limit of two years. PLWHA have a term limit of six years. Members shall remain in good standing until the member has not participated in the Consortium for three consecutive Consortium meetings. <p>There were no comments regarding the recommended changes. Betty made the motion to approve the changes to the bylaws. Teri seconded the motion.</p>
Presentations	<p>Nga presented an overview of the Ryan White System of Care.</p> <p>Key Points from the Ryan White System of Care Presentation:</p> <ul style="list-style-type: none"> • Federal funding for HIV/AIDS care in the U.S. for fiscal year 2016 had a total of \$19.7 billion: Medicare 51%, Medicaid 30%, Ryan White 12%, and other 8%. • Ryan White funding is broken into 5 parts with strict parameters. • Part A: Award funds to eligible metropolitan areas (EMAs) and transitional grant areas (TGAs). 2/3 of funds are distributed through formula awards. 1/3 of funds are distributed through supplemental competitive grants based on need. A planning council meets to assess the needs, set service priorities, and direct purchases of medical and support services to determine how funds should be used. • Part B: Award funds to the states based on relative need. 4 components- base, supplemental, base AIDS Drug Assistance Program (ADAP), and supplemental ADAP. Majority of funding goes to ADAP. • Part C: Award funds to local community-based organizations to support outpatient HIV early intervention services and ambulatory

care. Competitive grant application process. 75% of funds must be used to provide core medical services.

- Part D: Award funds for family-centered care for women, infants, children, and youth with HIV/AIDS. Competitive grant application process.
- Part F: Award funds that support several research, technical assistance, and access-to-care programs. Competitive grant application process.
- Unallowable cost examples: cash payments to clients, clothing, property taxes, employment and employment readiness services, funeral and burial expenses, direct maintenance expenses, gym membership, social/recreational activities.

Dr. Chris Farnitano, Director of Process Redesign and System Integration with Contra Costa Health Services, presented on the Getting to Zero Initiative and Rapid ART.

Key Points from the Getting to Zero and Rapid ART Presentation:

- The ultimate goal of the HIV Care Continuum is to get clients to undetectable HIV viral load levels. When individuals test positive, they need to be linked to care and follow through with regular care which includes being prescribed ART. We lose people at each step along this care continuum, with the biggest drop-off in engagement in care.
- The World Health Organization (WHO) has adopted the 90-90-90 goal: 90% of people with HIV know their diagnosis, 90% of diagnosed HIV+ prescribed antivirals, 90% of HIV+ on meds virally suppressed. If we achieve the 90-90-90 goal, 72.9% will be virally suppressed. Compared with 80-80-80 which leads to only 52.2% virally suppressed.
- 2000 people living with HIV in Contra Costa in 2016, 87% are aware of their diagnosis and of those, 70% are virally suppressed.
- We are not making progress in terms of reducing new infections each year. We had 107 new infections in 2014, 92 in 2015, and 121 in 2016.
- Compared to Alameda County and the U.S., Contra Costa is doing similarly in terms of percentage of those diagnosed at 87%, better in linkage to care at 80%, and better in viral suppression at 62%.
- There is a lack of engagement in care for new diagnoses: 22% of new diagnoses in Contra Costa County do not have a T cell count or viral load within 30 days of diagnosis. The mean time to initiation of antivirals is several months and longer for time to viral suppression. Barriers to linkage to care include denial, stigma, mental health issues, substance use issues, and physicians not

treating new diagnoses as something urgent. The paradigm has shifted and physicians now need to get patients started on medication right away. The medication works very well now and there are fewer pills to take which makes adherence easier.

- San Francisco's Getting to Zero Initiative had a goal to reduce HIV deaths and new infections by 90% by 2020. The initiative included PrEP expansion, Rapid ART Program for HIV Diagnoses, and retention in care. Mean time from HIV diagnosis to initiation of ART at pilot SF sites was 37 days at baseline to 1 day in 2014. Mean time from HIV diagnosis to viral load suppression was 132 days at baseline to 56 days in 2014. Patients still taking ART 60 days after prescription given were 80% for traditional care and 99% for RAPID.
- Contra Costa Health Service's Rapid ART goal was to reduce the time from positive HIV antibody test to first dose of antivirals from months to fewer than 7 days. Discussions began in spring 2016 when we received buy-in from CCRMC clinicians. Linkage to Care Manager at the time was Karen Schlein, who was familiar with SF's RAPID model and helped reach out to SF Getting to Zero for leadership, trained HIV/AIDS staff and clinicians, and educated hospitalists and resident physicians.
- Key steps in the protocol:
 1. All newly diagnosed HIV+ individuals are navigated to Positive Health Clinics within 7 days of confirmed diagnosis. Activate linkage to care system by calling Contra Costa Public Health HIV/AIDS Program and speak with the "Social Worker of the Day" who processes the referral.
 2. Positive Health Providers start ARVs on the first visit.
 3. Order baseline labs before first dose of antivirals taken.
- Measuring success of RAPID Protocol at CCRMC:
 - Median days between HIV diagnosis and first ART prescription were 42 days from January-June 2016, 27 days from July-December 2016, and 13 days from January-May 2017.
 - Linkage to care (persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis): 94% in 2014, 95% in 2015, 91% in 2016.
 - Retention in care (persons who had at least one HIV lab or medical care visit in each 6 month period of the 24 month measurement period): 87% in 2014, 73% in 2015, 84.2% in 2016.
 - Rapid ART (persons who are prescribed ART no more than 29 days from date of diagnosis): 80.9% of all newly diagnosed West County residents.
 - Viral suppression (persons with a viral load <200 copies/mL

at last test in the 12-month measurement period): 78% in 2014, 81% in 2015, 77.3% in 2016.

Teri asked why physicians were trained not to be urgent with prescribing HIV medication when HIV was known to be a disease of concern in the 1980s. Dr. Farnitano explained that there was no data showing the long-term effects of the medicine. Physicians did not know if the toxicity levels of the medicine were safe and the early drugs caused problems such as nerve damage and kidney damage. They had to conduct studies over years to show that people were healthy after taking the medication and newer drugs were created that were less toxic. Now, there is reliable data showing that the sooner an individual starts HIV medication, the lower their risk of kidney disease, cardiovascular disease, cancer, etc. We can also make the public health argument that the medication not only helps the person living with HIV, but can also help to contain the epidemic.

Irma Donaldson, Neighborhood House of North Richmond, asked for the difference between base labs and labs conducted to diagnose. Dr. Farnitano explained that the test most commonly used is the 4th generation test which checks for antibodies and the p24 antigen to diagnose if someone is HIV positive. Once someone is HIV positive, doctors run labs to check for T cell count, viral load, genotype, and medication resistance test.

Thandi Harris, WORLD & Positive Women's Network, asked if starting ART early will affect the resistance testing. Dr. Farnitano explained that the new medications take longer to develop resistance so the strategy is to get the resistance test drawn but start the medication earlier. If results show that an individual is resistant to any of the three medications, adjustments can be made at that time.

Ron asked if your liver can regenerate. Dr. Farnitano responded that your liver can regenerate up to a certain point in the early stages. However, once someone gets a fair amount of cirrhosis, they may not be able to recover.

Michele Castano, Registered Dietician with Food Bank of Contra Costa and Solano, presented on the dietary guidelines.

Key Points from the Dietary Guidelines Presentation:

- The goal for a registered dietician is to meet people where they are nutritionally and to get better from there. In the 1980s, there were four food groups in a pyramid with carbs on the bottom. People with diabetes thought that the more carbs the better and so

	<p>they gained a lot of weight. The dietary guidelines have been updated.</p> <ul style="list-style-type: none"> • Recommended servings a day: 3-5 servings of vegetables, 2-4 servings of fruit, 2-3 servings of dairy, 2-3 servings of protein, 6 oz. of grains/starches and more if active daily. • Half the plate is fruit and vegetables because it has the most cancer and illness preventing ingredients such as vitamins and minerals. Dairy is no longer part of the plate because many people do not have dairy anymore. Protein is a small square. People who are ill need more protein. • About half a cup of any fruit or vegetable is a serving size. Anything that is bright will have lots of nutrients and antioxidants. Eating a little bit of vegetables and fruits a day makes a difference. Fruit juices are concentrated and it is the same as eating the fruit except you are missing the fibers. • If you want to eat junk food, eat your whole foods first and the junk food afterwards. That way, you are getting your nutrients first and not cutting anything out. • Foods that are frozen still have its nutrients as long as you don't cook it too long. If you have a choice, choose whole grain over white. If you eat meat and it looks like the animal that it came from then it is better for you. • Michele recommends a standard multivitamin for PLWHA. It is 2-3 cents per pill that can help you get the minimum vitamins you need. Multivitamins with minerals gives your body what it needs. When looking for multivitamins, look for 100% of recommended daily allowance (RDA). They cannot put minerals in the gummy vitamins so it is better to look for the caplet if you can.
<p>System of Care Update</p>	<p>Nga provided a budget update: We reallocated \$14,000 from Behavioral Health Services to Oral Health (\$10,000) and Home and Community Based Health Services (\$4,000). This was due to substance use and mental health funds being under-expended as the agency is able to secure Medi-Cal coverage. Oral care funds are expended and we anticipate a shortage in Home and Community Based Health Services dollars due to a change in the Medi-Cal reimbursement rates.</p> <p>Nga provided a staffing update: Our new Client Services Manager, Anjuli Clopper, started this week. Our new Linkage to Care Manager, Anuja Chand, will start next week. Our Director, Christine Leivermann, is retiring and her last day is November 22nd. Jessica will start as the Interim Director on November 27th. We are conducting final interviews for the Community Health Worker next week.</p>
<p>Committee Updates</p>	<p>Mateo provided updates from the Client Committee. The Client Committee/Support Group has met several times in West County on 1st</p>

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	<p>and 3rd Fridays. There has been between 6-12 clients at each meeting, with a total of 12-19 including staff and service providers. 1st Fridays are focused on having guest speakers and service providers and 3rd Fridays are for clients to connect and speakers are invited. The first meeting was used to gather concerns and feedback from clients. In response to client feedback, Angela and Nyokie from CCIH were invited to present on the housing application process and Medical Case Manager Andre Lindsey explained the referral process. At another meeting, Teri presented on the Extra Helpings Program and Medical Case Manager Jacqueline Taillant explained the referral process. The upcoming meeting will include a presentation from Michele on nutrition and medical nutrition therapy services. They are doing great and hope to grow the program to include clients from East and Central County. It takes a lot of work, the team is working together to increase client engagement and they are happy to see West County clients have a voice.</p> <p>Ron shared that ever since the Tranquillum Center closed, he has felt like the West County client voice was getting lower. He sees things are starting to come back up and it is getting better from the client perspective.</p> <p>Mateo thanked Mountain Mike's and Costco for donating food to support the meetings. Mateo shared that last year's client satisfaction survey included comments from clients saying they never hear from their social worker. Now that some Medical Case Managers are attending the meetings, clients can attend the meetings and connect with their Medical Case Manager.</p>
Services Discussion	None.
Public Comment	None.
Announcements	<p>Nicole LaPointe, Outreach Worker, started a Women's HIV Support Group with Rainbow Community Center that meets Thursdays 6-8pm. Members are encouraged to advertise the support group to their clients. The Rainbow Community Center website has flyers.</p> <p>Teri provided a handout containing the Holiday Assistance List. The list is composed of agencies throughout Contra Costa and Solano County that provide holiday basket with extra food, Thanksgiving, and Christmas meals. The list should not be shared publicly because agencies do not have enough food for people to shop around at each place. Members should use the handout as a resource for their clients. Call the Food Bank if you have any questions.</p>
Adjourned	Thandi made the motion to adjourn the meeting. Teri seconded the motion. The meeting adjourned at 12pm.
Next Meeting	TBD