



**Consortium Meeting Minutes
 Monday, January 8, 2018 10am-12pm
 Pittsburg Health Center – Cypress Room
 Pittsburg, CA**

Present:	
Betty Blackmore-Gee, Community Resident	Brian Kuennemeier, Wright Institute - IHPTP
Thandi Harris, WORLD	Brittany Ashlock, Kaiser Permanente
Michele Castano, Food Bank Contra Costa & Solano	Vivian Eger, HIV/AIDS & STD Program
Teri Leichenger, Food Bank Contra Costa & Solano	Jessica Osorio, HIV/AIDS & STD Program
Caitlin Sly, Food Bank Contra Costa & Solano	Obiel Leyva, HIV/AIDS & STD Program
Nyokie Franklin, Contra Costa Interfaith Housing	Anjuli Clopper, HIV/AIDS & STD Program
Angel Mateo, LifeLong Medical Center	Anuja Chand, HIV/AIDS & STD Program
Irma Donaldson, NHNR	Nicole LaPointe, HIV/AIDS & STD Program
Francesco Sergi, Planned Parenthood Northern CA	Nga Le, HIV/AIDS & STD Program
Vance Drouillard, Rainbow Community Center	Toni Philbrick, HIV/AIDS & STD Program
Jonathan Cook, Rainbow Community Center	

Call to Order & Icebreaker	<p>Teri Leichenger, Food Bank of Contra Costa & Solano & 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.</p> <p>Next, introductions were made along with an icebreaker question. People shared their ideas for speakers and presentation topics they would like to see at future Consortium meetings. The suggestions included presentations on the importance of medication adherence, speakers from Gilead, linkage to care data, Office of AIDS to share their 5 year goal and direction for the Consortium, trauma-informed care, housing resources, socialized isolation among long-term survivors, purpose and responsibilities of the Consortium, resources available to people living with HIV, systemic challenges for physicians, client testimonials on medication adherence and how they navigate services, prevention basics, and HIV policy.</p> <p>Teri made the motion to approve the November minutes. Betty Blackmore-Gee, Co-chair, seconded the motion. Meeting minutes were approved.</p> <p>All the voting members voted yes to approve Ron Ricks and Nyokie Franklin into the Consortium.</p>
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Presentations

Nga Le, Senior Health Education Specialist, presented an overview of the Allocations Process.

Key Points from the Allocations Process Presentation:

- The Consortium recommends how HIV/AIDS funding should be used in this county. The Consortium works in partnership with the county's HIV/AIDS & STD Program to decide which services should be funded and/or reduced when necessary during a process called Allocations.
- When federal and state CARE Act funding is granted to Contra Costa, it is first directed to Contra Costa Health Services. Some federal funding, called Ryan White Part A funding, comes to Contra Costa through the regional Planning Council of the Transitional Grant Area (TGA). A portion of the funding remains within the HSD, supporting HIV services overseen by the HIV/AIDS Program (like medical case management). The remaining funds are "contracted out" to community-based organizations (CBOs) to provide other HIV/AIDS related services.
- Consortium members and staff collect information on the needs of community members living with HIV by evaluating local and regional statistics, reviewing how widely services were used in the past year, gathering consumer input from individuals living with HIV and their families through surveys, focus groups, and needs assessments; and gathering input from service providers.
- During the allocations process, some of the data that will be reviewed includes the 2017-18 client needs assessment results (client satisfaction survey), 2018 client focus groups, HIV/AIDS surveillance data – demographics of PLWHA in Contra Costa County, and demographics of clients served through Ryan White funding in Contra Costa County (ARIES data).
- After all the data are reviewed, the Consortium determines which types of services are most needed by the community, what other resources for services currently exist, and what percentages of Part A funding should be allocated to the service categories.
- The Allocations Committee participates in a Tiers and Ranking Exercise. Tiers: Services are placed in one of five tiers to indicate how important the service is to assisting clients with accessing and remaining in care. Ranking: Service by importance from 1 to 10. If reductions have to be made (in the event of funding cuts), rankings serve as a guideline on how to reduce funding (cuts made first to lower-ranked and support services).
- The Consortium makes funding recommendations for service categories. The Consortium does NOT decide which CBOs are granted funding; this happens through a competitive RFP process.
- Only active members in good standing can vote.

- Each agency is allowed one vote by a member in good standing.
- Conflict of Interest must be verbally stated before advocating for a service.
- Recommendations are given to the Oakland Transitional Grant Area (TGA) Collaborative Community Planning Council (CCPC) for approval during the Planning Council Meeting / Contra Costa Town Hall in Summer 2018.
- The Allocations Committee meets to summarize the data and other information, participates in the tiers and ranking exercise and suggests allocating percentages to the service categories, and makes recommendations to the Consortium.
- The Consortium is looking for ~5 members to join the Allocations Committee.

Jonathan Cook, Rainbow Community Center, presented on the Modernization of California's HIV Laws.

Key Points from the Modernizing California's HIV Laws Presentation:

- The Coalition for HIV Reform includes community-based agencies such as Rainbow Community Center.
- There are five statutes under which a person can be charged. The five HIV statutes included: solicitation while HIV+, exposure to HIV with intention to transmit, nonconsensual sex while HIV+, blood/tissue donation while HIV+, and willful exposure to communicable disease.
- In all five of the statutes there is no requirement of transmission of HIV to charge an individual. Simply being HIV+ put individuals in danger of felony prosecution.
- SB 239 was designed to modernize our laws regarding public health/HIV; treat HIV the same as other serious, communicable diseases; promote public health by reducing stigma, acknowledging shared responsibility for health, and eliminating barriers to testing and care; and modernizes laws to reflect scientific, medical advances in HIV prevention and treatment.
- SB 239 repealed felony exposure with intent to transmit, felony solicitation while HIV+, and felony blood, organ, and tissue donation while HIV+.
- Between 1988 and 2014, 800 people were charged under these statutes with the vast majority being women, sex workers, and people of color.
- More than half of enforcement was in Los Angeles County followed by Sacramento County. Alameda County had the highest Bay Area enforcement numbers.
- 100% of people charged were convicted, 98% of convictions did

not require proof of intent to transmit, 95% of incidents were based on solicitation or suspected solicitation, and 93% of convictions did not require proof of any conduct likely to result in transmission of HIV.

- There was disparate enforcement against people of color, women, and other vulnerable communities.
- Governor Jerry Brown signed SB 239 into law on October 6, 2017 and state law will no longer discourage Californians from getting tested for HIV.

Nga presented on the Naloxone Grant.

Key Points from the Naloxone Grant Presentation:

- Senate Bill 833 established a Naloxone Grant Program within CDPH with the goal of reducing the number of fatal overdoses in CA from opioid drugs, including prescription opioids and heroin, by increasing access to the life-saving drug naloxone.
- A total of \$3 million was allocated on a one-time basis to support this program through June 2019.
- CDPH Safe & Active Communities Branch offered grants of naloxone product (Narcan nasal spray) and funding to all 61 local health departments (LHDs) to conduct Naloxone Distribution Projects.
- LHDs will provide naloxone product to local programs, agencies, and CBOs within their jurisdictions that have naloxone distribution systems and are in the best position to save lives from opioid overdose.
- The definition of a Naloxone Distribution System includes work under a standing order from a licensed clinician/medical director; Have staff that are trained (or are trained to provide education to others) on Naloxone storage and administration, overdose prevention techniques, how to recognize an opioid overdose (signs and symptoms), how to respond by calling 911 and provide rescue breathing and post-overdose care; dispense naloxone product; and document distribution efforts.
- Distribution agencies include Contra Costa Health Care for the Homeless, HIV Education & Prevention Project of Alameda County (HEPPAC), New Leaf Recovery Foundation, LifeLong Medical Care Medication Assisted Treatment (MAT) facilities, Detention Health Services.
- For the first year, we were given 413 kits total (2 doses each kit).
- Drug overdoses frequently occur in the presence of witnesses. Among drug users who have had an overdose, as many as 85% report that at least one person was present at the time of their last

	<p>overdose. Witnesses at an overdose are able to intervene and reduce the risk of fatality through actions such as calling for medical help and providing first aid, and research indicates that overdose witnesses frequently do attempt to intervene. Drug users report barriers to seeking medical help when witnessing an overdose, such as fear of legal consequences and the belief that it could be handled without medical help.</p> <ul style="list-style-type: none"> • Some information on Naloxone (Narcan ®): Opioid antagonist (“blocker”) which reverses opioid overdose; can be administered intravenously, intramuscularly, subcutaneously, or intranasally; only works for about 20-90 minutes; causes sudden withdrawal in the opioid dependent person – an unpleasant experience; doesn’t get a person “high” and is not addictive; and has no effect if an opioid is not present. • Naloxone distribution calendar: Contra Costa Health Care for the Homeless distributes on Mondays 8:30-3:30pm at Bay Area Rescue Mission – Richmond, Thursdays 8-12pm during street outreach, Wednesdays 8:30-12pm at Ambrose Center Bay Point, and starting March/April on Tuesdays 8-12pm during street outreach. HEPPAC distributes on first and third Mondays, 9:30-2pm in Richmond: 224 MacDonald Ave., second and fourth Mondays 9:30-11:30am in Richmond: 224 MacDonald Ave., second and fourth Mondays 1-3pm in San Pablo: 1515 Market Ave., Mondays 6-8pm in Richmond (call 510-377-9448 for site of the day), Tuesdays 6-8pm in Bay Point: 2586 Willow Pass Road, and Wednesdays 6-8pm in Pittsburg: 305 Central Ave. LifeLong, Detention Health Services, and New Leaf Recovery Foundation will distribute to their patients during regular business hours.
<p>System of Care Update</p>	<p>Jessica Osorio, Interim Director, provided a staffing update: The HIV/AIDS & STD Department currently has three open positions: student intern, Community Health Worker (CHW), and Clerk. The CHW will aid the Medical Case Managers (MCMs), support clients during referral process to services, assist health educators, and conduct work in both the field and administration in the office. The Clerk stays in the office and supports clerical work such as answering the phone and reviewing timesheets. About 30% of our clients are Spanish-speaking so individuals in these positions must be fluent in Spanish.</p> <p>We interviewed people on the list but were not successful in finding someone for the positions. Both the CHW and Clerk positions are flagged for Spanish speaker, and when the job is flagged in the county for a language or specific skill, then the individual has to pass a test before going into the position. We found strong candidates but they did not pass the county Spanish language test. Now we are recruiting outside of the list for the CHW and Clerk. The positions are posted on</p>

Craigslist and members are encouraged to outreach. We are hoping to get new recruits for a student intern in the next few weeks.

Jessica introduced the two new managers in the program. Anuli Clopper is the new manager for the MCMs and the Medi-Cal Waiver Program. Anuja Chand is the new Outreach and Linkage to Care Manager and works with the outreach workers, individuals who are newly diagnosed, and individuals who have fallen out of care.

Obiel's team is now fully staffed. The DIT who was on leave has returned, passed all of his proficiency exams, and is being trained on the data to care Line List intervention.

Christine Leivermann, Director for over 20 years, has retired and Jessica has taken over as the Interim Director. The open recruitment for the Director position will be posted soon.

Jessica provided a budget update:

Jessica clarified that the Allocations Process is for Part A funding only. This includes ambulatory care for people who are not able to pay for services and do not have insurance, medical case management, oral care, home and community-based services, mental health and substance use, early intervention services such as outreach, medical nutrition therapy, health education, and transportation. The Consortium recommends the percentage breakdown of how we fund these categories and we reallocate funding throughout the year depending on how the funding is being spent down.

Jessica conducted reallocation of funds depending on who is not spending their funding. Oral care received an increase in funding because there were individuals who needed additional dental work and more people using the dental service. Home and community-based services received an increase in funding because the Medi-Cal rate has increased and since providers are receiving more money per hour, we coordinate our funding with those rates. Mental health, substance use, and transportation were reduced because of Medi-Cal reimbursement. The majority of clients who receive services from our contractors can bill Medi-Cal, so we do not have to use Ryan White funding. We increased funding for food and medical nutrition therapy.

Jessica explained that ambulatory care is for people who are uninsured or who have bills outside of what they are able to pay. This funds the interdepartmental coverage program for people who cannot have regular insurance and sets up a copay system based on income level. Some people have lost their Medi-Cal due to immigration status so we

	<p>anticipate possible changes in the next year. Recommendations for this year's funding were completed last year. Jessica clarified that allocations are not final and funding can be reallocated as necessary.</p> <p>Someone asked why there was a greater utilization of dental services. Vance Drouillard, Rainbow Community Center, responded that it started in 2017 so people are starting to hear about the service. Jessica explained that services offered through Denti-Cal or Medi-Cal are minimal. Only a small portion is covered and clients have nowhere to go for dental services after that. Our program does not have a formal contract for dental care so clients are responsible for finding their own Denti-Cal/Medi-Cal provider. We have a list of Medi-Cal providers for dental that can be shared with clients.</p> <p>Obiel Leyva, Community Education and Testing Manager, shared that the prevention and testing budget for this year is the same as last year. 2018 is the transitional year for the prevention and testing team. The CDC is requiring the program to focus testing on extremely high-risk individuals and to promote PrEP access and education starting in 2019. This is something our program began two years ago including the data to care Line List intervention. Obiel and Jessica presented at the statewide conference and received positive feedback regarding the program line list intervention work. They plan on incorporating new ideas on how to use surveillance data to connect clients to services.</p>
<p>Committee Updates</p>	<p>Client Committee Updates: Betty shared that the support group, named Together We Rise, meets on 1st and 3rd Fridays at LifeLong in Richmond. Usually, 1st Fridays include presentations by service providers such as Food Bank, CCIH, and Gilead and 3rd Fridays include more motivational speakers and a space for clients to interact and support one another. Jesse Brooks attended the last meeting and shared his experience with the group after watching the documentary "Endgame: AIDS in Black America." Clients were able to share their experiences and challenges with the group. Betty plans on inviting more motivational speakers to the group. Betty is planning an event in February to commemorate National Black HIV/AIDS Awareness Day and will share the event once it is finalized.</p> <p>Angel Mateo, LifeLong, shared that the support group has a strong energy and clients have begun bonding with one another and with the facilitators. The group feels like a family and there have been a consistent number of clients that show up to each meeting. The group organized a gift exchange in December and has started to celebrate birthdays. Mateo explained that the group is missing participation from East and Central county. Mateo shared his vision of having support groups in each region of the county so that the three bodies can work</p>

	<p>together and grow. He hopes to see a support group/client committee begin in both East and Central county and will work with MCMs to gather more participation from other regions of the county.</p> <p>Nicole LaPointe, Outreach Worker, shared that she is starting a co-ed support group on Wednesday evenings at the Brentwood Health Center. Nicole shared her experience attending the West County Support Group/Client Committee and how amazing the group is and how important it is to build community among people living with HIV. She commended the co-chairs and facilitators in doing an wonderful job.</p>
<p>Services Discussion</p>	<p>Vance shared that their Executive Director has retired and the Interim Director has been hired. RCC’s El Cerrito site has begun holding HIV testing at the location. RCC also runs a thrift store in which the proceeds will fund facility costs.</p> <p>Teri shared that they are conducting Client Satisfaction Surveys and clients have been completing the surveys. More clients are participating in the Extra Helpings Programs and the Food Bank will open El Cerrito as a new site for food box distribution if there are enough clients interested. There are not enough clients currently who live near El Cerrito. The Food Bank gave out hams for the holidays and is working on changing the food so clients do not receive the same thing every time.</p> <p>Nyokie Franklin, Contra Costa Interfaith Housing, shared that a senior living place opened up in Antioch and project-based vouchers are opening January 17, 2018. In Concord there are ten units available in Section 8 Housing and they have filled four of the ten units. Unfortunately, the applications have expired so they have to complete them again to get the next six units filled.</p> <p>Francesco Sergi, Planned Parenthood, shared that their agency is interested in creating a PrEP Navigator position. The task is currently placed on the Medical Assistants and they would like to have a centralized person conduct trainings and support clients to financially access PrEP. Unfortunately, they do not have funding for this position and would like to connect with our staff to learn about our PrEP Navigation.</p> <p>Nyokie asked if there is funding for people who may need to go into a Substance Use Program for help with transitional housing. Jessica explained that Ryan White only pays for Outpatient Mental Health and Substance Use. Obiel suggested referring the client to their MCM to investigate options for the client.</p>
<p>Public Comment</p>	<p>None.</p>
<p>Announcements</p>	<p>Obiel shared that our program celebrates five HIV/AIDS Awareness Days</p>

*Contra Costa HIV/AIDS Consortium
Meeting Minutes
January 8, 2018*

	throughout the year: National Black HIV/AIDS Awareness Day on February 7th, National Native HIV/AIDS Awareness Day on March 20th, National HIV Testing Day on June 27th, National Latinx HIV/AIDS Awareness Day on October 15th, and World AIDS Day on December 1st. We have additional testing sites and education services on these dates. We send announcements out to all of our community partners.
Adjourned	Betty made the motion to adjourn the meeting. Teri seconded the motion. The meeting adjourned at 11:57am.
Next Meeting	March 12, 2018 West County Health Center – Conference Room A/B 13601 San Pablo Ave. San Pablo 94806