



**Consortium Meeting Minutes
 Monday, March 12, 2018 10am-12pm
 West County Health Center – Conference Room A/B
 San Pablo, CA**

Present:	
Betty Blackmore-Gee, Community Resident	George Reynolds, Health Decision Technologies
Thandi Harris, WORLD	Michelle, Community Resident
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
Angela Moore, Contra Costa Interfaith Housing	Obiel Leyva, HIV/AIDS & STD Program
Nyokie Franklin, Contra Costa Interfaith Housing	Anjuli Clopper, HIV/AIDS & STD Program
Angel Mateo, LifeLong Medical Center	Nga Le, HIV/AIDS & STD Program
Brittany Cash-White, LifeLong Medical Center	Toni Philbrick, HIV/AIDS & STD Program
Francesco Sergi, Planned Parenthood Northern CA	Roberto Montes, HIV/AIDS & STD Program
Irma Donaldson, NHNR	Martin Lynch, Epidemiology
Olivia Rold, Anka Behavioral Health, Inc.	Jessica Cunningham-Krahl, Epidemiology
Brian Kuennemeier, Wright Institute – IHPTP	Karly Sherwood, HIV/AIDS & STD Program
Nina Eisenberg, Wright Institute – IHPTP	Karen Schlein, Contra Costa Health Plan
Call to Order & Icebreaker	<p>Betty Blackmore-Gee, Co-chair and Community Resident, called the meeting to order at 10:03am. 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 what they were proud of at work or in their personal lives. People were proud of the work they did with the Food Bank, support group, trainings, starting new programs at their agency, Line List work, reports, updates to resources, positive client feedback, and self-care practices.</p> <p>Betty made the motion to approve the January minutes. Angel Mateo, LifeLong, seconded the motion. Meeting minutes were approved.</p>
Presentations	<p>Obiel Leyva, Community Education and Testing Manager and Allocations Committee Chair, provided an introduction to the Allocations Process and presentations. He explained the role of the Allocations Committee and how the committee will participate in the Tiers & Ranking exercise and provide recommendations on funding allocations to the Consortium.</p> <p>Teri Leichenger, Co-chair and Food Bank, emphasized the importance of the data presentations in addressing the needs of clients. She urged the Consortium members to pay close attention to the information presented during the Allocations Process.</p>

Martin Lynch, Epidemiology, presented on HIV Surveillance Data for Contra Costa County.

Key Points from the HIV Surveillance Data Presentation:

- Over the last six years, Contra Costa County has had an average of 100 newly diagnosed individuals each year. We will have more complete data for 2017 in July.
- From 2014-2016, there were higher numbers of people newly diagnosed with HIV residing in Richmond, Concord, and Antioch; which are also the largest cities. There are some disparities for cities such as San Pablo, which has half the population of Walnut Creek but similar numbers of people newly diagnosed residing there. Pittsburg is another city with a smaller population but higher numbers.
- People in their 20s comprise the largest age group of people newly diagnosed with HIV. The cascade decreases with people in their 30s and 40s. Over the five year period (2010-2014), people in their 20s had a rate that was three times the county rate at 24.11 compared to 8.60, per 100,000 population.
- Newly diagnosed by race/ethnicity shows disparities for African Americans and Latinos.
- Mode of exposure for persons newly diagnosed in 2016 was two thirds MSM and one quarter with risk not reported or identified.
- 80% of newly diagnosed in 2015 were linked to care within one month, 89% linked to care within three months, 91% linked to care within six months, and 96% linked to care within a year.
- Our data on people living with HIV (PLWH) shows higher rates in Richmond, Antioch, Pittsburg, El Cerrito, and Pinole.
- African Americans comprise of about one third of PLWH and Latinos comprise about 21%.
- Males comprise the majority of PLWH at 82%. Only 1% of PLWH identified as transgender although this may be underreported.
- African American males have the highest rate of PLWHA and African American females have the second highest rate.
- Due to antiretroviral therapy prolonging the lifespan of PLWHA, there has been an upward trend of people living longer lives with the majority of PLWH in their 40s, 50s, and 60s.
- Among PLWH, 80% are in HIV care, 59% are retained in HIV care, and 70% achieved viral suppression.
- Younger people are less likely to be virally suppressed. The older people are, the more likely they are to be virally suppressed.
- Viral suppression among African Americans and Latinos are the lowest and among Whites are the highest.

Martin answered some questions from the Consortium. He explained that the surveillance data captures personal addresses that are confidential and contained in a secure data system. The information is only used for surveillance purposes and individuals accessing the information must sign a confidentiality agreement. The information captured also includes individuals who are out-of-state. The system used is called EHARS and is managed by the state for local jurisdictions to conduct surveillance work. The purpose of surveillance is to gather accurate data to target prevention efforts, funding, and resources. The rate of HIV among the homeless population is not well captured. There is a field in the system to indicate if an individual is homeless but this does not include individuals who are unstably housed such as temporarily staying with friends or family. Housing status is recorded in Aries but it is a labor intensive process to look at individual data in Aries. We have only seen one or two cases of congenital HIV in the last few years.

Karen Schlein, Contra Costa Health Plan, presented on Services Funding Sources.

Key Points from the Services Funding Sources Presentation:

- Our program receives different funding sources from the Ryan White Care Act. Part A funding is awarded to the the Oakland Transitional Grant Area (TGA), which consists of Alameda and Contra Costa Counties, Part B funding is awarded to the state and then distributed to the county, and Part C is awarded to places that provide direct care. We use Part C money to fund some ambulatory care services provided at the Positive Health Clinics.
- Our Consortium's allocations process is focused on Part A funding.
- It is important to know that even if a service is not funded by Part A, it may still receive funding from other sources.
- Part A comprises the majority of the program's funding.
- A large amount of the award funds core services such as medical case management and ambulatory care. Other core services that are funded include home and community based health care, substance abuse, mental health, and medical nutrition therapy.
- Funding is also given to support services such as health education/risk reduction, early intervention services, food boxes, and medical transportation.
- Outreach and care coordination are funded by Part B and Part C.
- Housing is funded by HOPWA (Housing Opportunities for Persons with AIDS), which is a part of HUD. The HOPWA award funds the housing advocates and vouchers.

	<p>Anjuli Clopper, Client Services Manager, presented on Services Utilization.</p> <p>Key Points from the Services Utilization Presentation:</p> <ul style="list-style-type: none"> • For unduplicated clients by service category, there has been a downward trend of client utilization of some services. • There was a decrease in medical case management, outpatient ambulatory care, food boxes, medical transportation vouchers, health education/risk reduction, medical transportation, oral health care, mental health and substance abuse counseling, and home and community based health care. • There was an increase in outreach services, medical nutrition therapy, and housing. • Some reasons for significant changes include the fact that there are different contracts from year to year. There is not currently a legal services contractor. People are still using legal services but we no longer have a contract because the agency was already providing the same services to the community for free. There was a different contract provider for mental health and substance use counseling, which contributed to changes in client engagement trends, and service providers are billing Medi-Cal directly. Another reason for reduced utilization of Ryan White services is the addition of alternative services. Additional transportation resources through the Contra Costa Health Plan (CCHP) have reduced the demand for private transportation services. <p>Anjuli explained that the decrease in medical case management may be that clients are not ready to connect with Medical Case Managers on a regular basis and medical case management may be too intense a program for some clients. In addition, the Affordable Care Act has helped more people have health insurance so there are more ways for people to engage in care.</p>
<p style="text-align: center;">System of Care Update</p>	<p>Jessica Osorio, Interim Director, provided a budget update: Due to the budget situation at the federal level, there is a possibility that we will receive a reduced Part A award. We are working on a contingency plan with Public Health Admin and Finance if that happens, and those changes will be discussed at the Consortium once there is additional information. This demonstrates the importance of the allocations process, since we use ranks and tiers – along with personnel rules from the county – to make decisions about reductions in funding to service categories. We have to wait and see what the final award will be for Part A, and we are also waiting to hear what our Part C award will be.</p> <p>Jessica provided a staffing update: Anuja Chand, Linkage to Care Manager, is currently on leave until May.</p>

	<p>Karen Schlein is filling in for her. Obiel and Anjuli will cover for Jessica when she is on leave.</p> <p>A Community Health Worker has been hired and will start next week. She will be attending Consortium meetings in the future and will help implement the Peer Support Network. A new administration clerk, Michael Serrano, and student intern, Nancy Guardado, have also been hired to work with administration staff.</p> <p>Karly Sherwood, Intern with the HIV/AIDS Program, described her vision for the new Peer Support Network that she is currently working to put together. The idea is to link people up within the client network to provide additional support to each other in a “buddy” system. She explained the preliminary plan for individuals who are receiving a new diagnosis to be contacted by their Medical Case Manager and connected with a peer, who is someone that has been living with HIV and has volunteered for the Peer Support Network. Staff will work on connecting individuals who are in the same age group and share similar experiences. Karly conducted a focus group with the Client Committee/Together We Rise Support Group to collect feedback on the Peer Support Network. Karly will work on this project until the end of March and staff will report back to the Consortium at the next meeting.</p>
<p>Committee Updates</p>	<p>Client Committee Updates: Betty shared that the Together We Rise support group had a wonderful celebration for National Black HIV AIDS Awareness Day at Veterans Memorial Hall on 23rd Street in Richmond. There were great presentations, good food, and a number of people showed up who had a great time. She explained that the location on 23rd Street in Richmond is a place where there are many sex workers. This will provide an opportunity to outreach to sex workers regarding HIV testing and risk reduction education including PrEP.</p> <p>Mateo shared that the committee is keeping clients engaged every other Friday. He shares that the work is not easy, but they have had a lot of success. There is an average of 10-15 individuals at each meeting and presentations are on client services and other topics by invited agencies. The clients enjoyed the focus group and are excited for the Peer Support Network. Mateo shared the need to provide someone living with HIV emotional support from both a Medical Case Manager and a person who has been navigating the system. The group meets on 1st and 3rd Fridays from 1-2:30pm at LifeLong on 2600 MacDonald Ave. in Richmond.</p> <p>Allocations Committee Updates: Obiel shared that the committee met on March 6th to review the allocations packet materials. The Consortium was given the calendar for</p>

	<p>the allocations process presentations as well as the descriptions of the process in general. The committee will meet on April 3rd for a presentation on the demographics of people living with HIV served by Ryan White funding.</p>
<p>Services Discussion</p>	<p>Olivia Rold, Anka Behavioral Health, shared brochures and information on the mental health and substance abuse treatment services their agency provides. The Power Programs is a drug and alcohol outpatient treatment program in Concord and San Pablo. They will begin an intensive outpatient section of their Power Programs at their San Pablo location in April. Their program in Concord serves people who do not have insurance. Their Phoenix Center in Concord is an outpatient mental health clinic for adults with Medi-Cal. They have mental health clinicians who provide case management, conduct individual and group counseling, and all three sites conduct dual diagnosis for mental health and substance abuse treatment. For Power Programs, all referrals must go through the access line.</p> <p>Warm handoffs are encouraged and staff can call the Access Line with the client and have an intake completed immediately in order to get people connected to an appropriate level of services. They also have a crisis stabilization facility where clients can stay between two weeks to one month. There is a referral line that clients can call at any time to get connected. The access line goes to outpatient but there is a referral center that can screen to make sure clients are stable and ready to leave the hospital.</p> <p>Brian Kuennemeier and Nina Eisenberg, Integrated Health Psychology Training Program (IHPTP) through Wright Institute, is a training program for doctoral interns and postdoctoral residents. IHPTP started years ago in West County to provide behavioral health services for anyone accessing primary care. The program ensures there is someone on site with the doctors to refer their patients. The Health Coaching Department is staffed by licensed psychologists and trainees from IHPTP who provide 1) same-day behavioral health consultation and intervention; 2) brief, evidence-based individual psychotherapy (usually 6-8, 30-minute sessions); and 3) group psychotherapy.</p> <p>The Health Coaching Department also runs groups that are ongoing and open at the Martinez, Pittsburg, and West County Health Center. Brian will be doing his postdoctoral research with the specialty clinics which includes the Positive Health Clinics and Gender Clinic. His work with the IHPTP includes supporting clients with medication adherence, those struggling with homelessness, and connecting clients to services. Their program works with clients who have mild to moderate impairment. Individuals who have moderate to severe impairment will be referred to</p>

the access line.

Most of the people served have Medi-Cal but there are trainees and other staff who can serve people who are uninsured. Staff psychologists can see anyone within the Contra Costa health system, not necessarily with the Contra Costa Health Plan. The service is available at all of the Positive Health Clinics and primary care doctors can refer patients directly or other staff can send a referral through the in-basket. For individual therapy, there is a waitlist for most of the clinics which is generally four to eight weeks. However, there is rapid access for individuals in the Positive Health Clinics and they are not put in the same general queue for services. Individuals seen in the Positive Health Clinics are taken on immediately. Transgender clients can be connected with providers who specialize in transgender health.

Francesco Sergi, Planned Parenthood, shared that the agency is trying to secure funding for a PrEP and PEP Navigator and are looking into applying for funding through Gilead and Merck. Currently, they are training staff across the twenty clinics on PrEP.

Thandi Harris, WORLD, shared that they are beginning to provide case management for opioid use and PrEP services. WORLD provides a social network for women and offers testing for people who are HIV negative including offering gift card incentives. There are peer advocates who support women with medication adherence. In addition, WORLD is planning a retreat for their clients in August in Saratoga Springs. She encouraged Consortium members to outreach to women who may be interested in applying to attend the retreat.

Angela Moore, Contra Costa Interfaith Housing, shared that they are continuously looking for housing for clients. The City of Richmond recently had openings for housing for individuals who are 62 years or older. They have added their clients to the housing waitlist.

Nyokie Franklin, Contra Costa Interfaith Housing, shared that there are clients who are dealing with eviction and are not getting enough support. She asked the Consortium if they are aware of any agencies that can provide low-cost or free legal assistance besides Bay Area Legal Aid. Thandi shared that the AIDS Legal Referral Panel in San Francisco provides legal services for people living with HIV. Jessica responded that she can also share a list of low and no-cost legal providers in the East Bay.

Angela explained that that housing advocates can supply the documentation for court hearings and educate clients on how to prepare

*Contra Costa HIV/AIDS Consortium
Meeting Minutes
March 12, 2018*

	<p>for the hearings but cannot attend the court hearing with the clients. She shared the need to clarify this point with Medical Case Managers. Obiel responded that there is a training set up for housing advocates to talk with Medical Case Managers about their role as housing advocates scheduled for April.</p> <p>Obiel shared that the prevention team have multiple events they will attend in the Spring and early Summer including Pride in the Park, Juneteenth, and Cinco de Mayo. The prevention team will hand out PrEP resources, condoms and lubricant, and conduct HIV and Hepatitis C testing at these events.</p> <p>Obiel shared that the Needle Exchange organization HEPPAC recently developed a partnership with Healthcare for the Homeless to provide their services to the homeless community at some of the same locations.</p> <p>Betty shared that there used to be a benefits advocate to help clients with their social security issues, paperwork, and take them to their court hearings. She expressed that there is still a need for that service.</p> <p>Mateo shared that the Consortium should take into consideration the possibility of providing funding for legal support when clients need it. He explained that the need for legal services will continue among people that we serve.</p>
Public Comment	None.
Announcements	Nga Le, Senior Health Education Specialist, shared that the Positive Women’s Support Group Rise is continuing to meet on 1 st and 3 rd Thursdays from 7-8pm in Concord. The group has seen consistent participation from a small group of women and is looking for more women who want to join the support group.
Adjourned	Thandi made the motion to adjourn the meeting. Betty seconded the motion. The meeting adjourned at 11:57am.
Next Meeting	May 14, 2018, 10am-12pm Food Bank of Contra Costa & Solano 4010 Nelson Ave. Concord 94520