



Consortium Meeting Minutes
Monday, May 14, 2018 10am-12pm
Food Bank of Contra Costa & Solano
4010 Nelson Ave. Concord, CA 94520

Present:	
Betty Blackmore-Gee, Community Resident	George Reynolds, Health Decision Technologies
Thandi Harris, WORLD	Phil Von Schulze, Community Resident
Michele Castano, Food Bank Contra Costa & Solano	S.L. Floyd, Community Resident
Teri Leichenger, Food Bank Contra Costa & Solano	Ron Ricks, Community Resident
Caitlin Sly, Food Bank Contra Costa & Solano	Vance Drouillard, Rainbow Community Center
Angela Moore, Contra Costa Interfaith Housing	Obiel Leyva, HIV/AIDS & STD Program
Nyokie Franklin, Contra Costa Interfaith Housing	Anjuli Clopper, HIV/AIDS & STD Program
Bill Jones, Contra Costa Interfaith Housing	Vivian Eger, HIV/AIDS & STD Program
Angel Mateo, LifeLong Medical Center	Nga Le, HIV/AIDS & STD Program
Brittany Cash-White, LifeLong Medical Center	Anuja Chand, HIV/AIDS & STD Program
Francesco Sergi, Planned Parenthood Northern CA	Dominic Aliano, Supervisor Federal Glover's office
Gabriela Quinoz, Planned Parenthood Northern CA	William Dudley, HEPPAC
Irma Donaldson, NHNR	Brian Kuennemeier, Wright Institute – IHPTP
Olivia Rold, Anka Behavioral Health, Inc.	Nina Eisenberg, Wright Institute – IHPTP
Call to Order & Icebreaker	<p>Teri Leichenger, Co-chair and Food Bank, called the meeting to order at 10:07am. 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 activity. People shared a word or phrase explaining why they chose to live or stay in the city, state, or country along with a movement. Some reasons people shared included opportunity, family, education, weather, survival, and love.</p> <p>Teri made the motion to approve the March minutes. Irma Donaldson, NHNR, seconded the motion. Meeting minutes were approved.</p>
Presentations	<p>Bill Jones, Contra Costa Interfaith Housing, presented on CCIH's Housing Advocacy Services.</p> <p>Key Points from the Housing Advocacy Services Presentation:</p> <ul style="list-style-type: none"> Services goals- serve 120 UDC's, collaborate with CCC Homeless programs and Housing Continuum, consult with MCMs, housing search, eviction prevention, assist clients with stability in new housing placements, communicate with landlords/property managers/owners, access resources in support of clients' housing needs, and provide housing readiness education

- Housing Advocates (HAs) assess clients' housing requests, provide education regarding market rate/"affordable" rents, complete searches with clients and independently, assist with vouchers in completing paperwork required by Housing Authority, and assist with housing waitlist applications
- HA assist with relationship-building with the landlord/property manager, assist with maintenance/repair issues, negotiations when rent is late or when rent increases are issued, and possible halting of evictions
- Emergency Rental Assistance Program: assistance limit is maximum of \$250/month or 30% of client rental cost for a maximum of 5 months, must have documentation of need for assistance, must not have accessed funds within past fiscal year, must have tried to meet rental assistance need from other sources of support
- Security Deposit Assistance: client may be required to contribute to security deposit if cost is high, must have documentation to show legal right to unit, security deposit to be returned to county
- Motel Assistance: maximum period of generally 7 days, must have placed name on waiting list for shelter bed and show proof of residency in Contra Costa County, exception to shelter waiting list requirement on case-by-case basis
- STRMU (short-term rental, mortgage and utility) Assistance: up to 5 consecutive months plus one week, can only be used to assist someone to maintain current housing, program offered only as funding is available and is not intended to be provided more than once in a lifetime
- Clients should contact their HAs ASAP if they receive a three day notice. If a client is given a three day notice and has not made any attempt to address the notice the landlord can start an eviction process. HA assist clients with completing the written documentation to be submitted to the court.
- HAs help clients build relationships with their landlords. Their duties include helping clients address maintenance repair issues, assert fair housing laws, refer to legal resources when needed, negotiate on behalf of clients when rent is late or rent increases, possible halting of evictions if they are involved early enough.
- HAs provide a lot of support and advice but are not legal representatives. They provide referrals for eviction prevention assistance to Bay Area Legal Aid, ECHO Fair Housing Pacific Community Services, and Eviction Defense Center.

Bill answered some questions from the Consortium. He explained that the three day notice is not the same as an unlawful detainer. The three

day notice comes first and the landlord can file an unlawful detainer at any time, which means the landlord is declaring the rental lease null because the tenant is not honoring the lease. The three day notice is asking the tenant to do something and if they do not, then the landlord can file an unlawful detainer.

Bill explained that landlord cannot increase the rent during the lease period if the tenant is in a lease for a period of time. If the tenant is not in a rental agreement, the landlord can increase the rent with a 30 day notice.

Bill explained that CCIH works with people who are living with HIV and may be homeless, housed, or seeking housing.

There is rent control in some cities such as Richmond, Berkeley, and San Francisco.

Bill explained that the HA will look at total rent cost and what the client is bringing to the table to determine how much must be contributed by a client who is living in shared housing. People who are not clients are not supposed to benefit from funding.

Key Points from the Client Panel:

What is important to you in your relationship with your medical case manager and your expectations of your medical case manager?

- Client expectations from a MCM are sufficient contact, accessibility, and knowledge. Attending support groups is also helpful.
- Building a rapport with the MCM is important. Easy to contact, accessible, willing to travel to client home to fill out paperwork and referral to other services are important.
- Expectations of the medical case manager include being there for the client, calling them, reaching out them, and listening to their needs.

What are the services that help you remain healthy, adhere to medication, and visit your doctor? What strategies do you use to remain healthy, adhere to medication, and visit your doctor?

- The medication makes it difficult to attend meetings and appointments in the morning. Seeing a medical provider that knows the client's history encourages the client to attend medical appointments. Family members are also the client's motivation to stay alive and be healthy.
- Using a pill box every day helps with adherence to medication.

Having a medical provider that listens to the client. Getting connected to other services such as dietician and support groups and frequent exercising helps the client remain healthy. Staying active and getting connected with different groups and people such as attending Consortium meetings, support groups at WORLD, and other Positive Women's Network activities contributes to the client's well-being. Staying informed about the HIV epidemic and the U=U message that undetectable equals untransmittable helps to remove the feeling of shame and stigma and empowers the client to take their medication as an everyday thing.

Clients shared that they experience HIV stigma when accessing services outside of the county's HIV providers and service providers. They expressed their gratitude to the service providers at the table.

Nga Le, Senior Health Education Specialist, presented on Client Satisfaction Survey Results.

Key Points from the Client Satisfaction Survey Presentation:

- The survey included 21 questions focused on medical case management, support services, and clinical care. It was available in English and Spanish, hard copy and SurveyMonkey, and accepted from December 2017-February 2018. Surveys were distributed by social workers, outreach workers, and service providers.
- 204 surveys were completed and 180 were unique responses. Those with multiple responses were merged into one entry for data analysis. The most recent rating was used for analysis and comments were merged.
- Demographics of respondents were similar to demographics of clients enrolled in medical case management.
Race/ethnicity: 30% Black, 33% White, 28% Hispanic/Latino
Primary Language: 81% English, 17% Spanish
Region: 42% East, 36% Central, 22% West
Gender: 79% male, 20% female, 2% transgender female
- Majority of respondents have been enrolled in medical case management for more than one year with 8% less than one year.
- Number of contacts, phone and in-person, with Medical Case Manager in the past six months has increased compared to last year with 53% reporting 3 or more contacts, 43% reporting 1-2 contacts, and 4% reporting no contact.
- 18% reported wanting their Medical Case Manager to contact them more often, 77% no change, and 5% less often.

Medical Case Management

- There was a slight improvement in case manager feedback compared to last year. 89% reported their case manager *always* understands their needs, 89% reported their case manager *always* calls back within 48 hours, 98% reported their case manager *always* treats them with respect, and 93% reported their case manager *always* helps them stay in medical care.
- There was a slight improvement in quality of medical case management services compared to last year. Respondents reported 70% excellent, 24% good, 4% fair, and 2% poor.

Comments on experience and contact with MCM:

- Contact the as much as needed (7)
- General praise (61)
- Calls returned promptly (14)
- Supportive/knowledgeable/resourceful (21)
- Not helpful/not understand (3)
- Not sufficient contact (5)
- Only contacted when MCM needs papers signed (4)

Comments on medical case management services:

- No change needed (8)
- General praise (13)
- MCM is helpful/understanding/professional/answers questions (20)
- Resourceful/referrals to services (5)
- Need to modernize and reduce paperwork (7)
- MCMs are overworked (7)
- Not helpful (4)
- More services (transportation vouchers, dental coverage, attendant hours, funding for care to LGBT low income and people with mental health issues) (5)
- Help w/ applications/clear instructions on how to access support services (2)
- Confidentiality to be protected (1)
- One stop shopping-overseen by case manager instead of referrals (1)

Support Services

- There was an improvement in rating of quality and services helpful to client staying healthy and going to the doctor in almost all support services compared to last year.
- Food boxes: 92% excellent/good (n=71), 90% very helpful (n=67)
- Medical nutrition therapy: 96% excellent/good (n=29), 82% very helpful (n=34)
- Mental health and substance use counseling: 85% excellent/good (n=39), 77% very helpful (n=39)
- Dental services: 75% excellent/good (n=51), 78% very helpful

(n=55)

- Financial assistance/vouchers: 75% excellent/good (n=48), 83% very helpful (n=47)
- Housing advocacy: 78% excellent/good (n=41), 78% very helpful (n=36)
- Support group-LifeLong: 88% excellent/good (n=16), 89% very helpful (n=19)
- Support group-Pittsburg: 100% excellent/good (n=5), 88% very helpful (n=8)
- Support group-RCC: 100% excellent/good (n=10), 77% very helpful (n=13)
- Outreach: 83% excellent/good (n=12), 69% very helpful (n=13)
- Medical transportation-Cabulance: 79% excellent/good (n=33), 79% very helpful (n=29)
- Medical transportation-CCHP: 76% excellent/good (n=21), 67% very helpful (n=21)

Clinical Care

- Among respondents seen at the Positive Health Clinics, there was a slight decrease in the rating of experience at clinic and experience with doctor/nurse/administrative staff compared to last year (same rating for doctor/nurse answers my questions)
- Easy to get an appointment: 63% always, 31% sometimes
- Short wait time in waiting room: 50% always, 49% sometimes
- Easy to do labs: 75% always, 22% sometimes
- Treated with respect by doctor/nurse, 94% always, 6% sometimes
- Treated with respect by administrative staff: 93% always, 6% sometimes
- Doctor/nurse explains medication well: 89% always, 11% sometimes
- Doctor/nurse answers my questions: 93% always, 6% sometimes

Medical care comments for clinicians

- General praise (excellent, outstanding, fantastic) (28)
- Clinician answers questions/listens/provides information (8)
- Hard to get appointment/doctor cancels (2)
- Medical staff are unhelpful/must wait a long time for a reply (2)
- Labs are expensive (1)
- Not treated with respect by provider (1)
- Provider slow at responding to emails and explanations are hard to understand/too technical (1)
- Provider does not consider clients' IEP (1)

Support Group

- Respondents showed interest in attending the support groups: LifeLong (17), RCC (22), Concord women's support group (12)

	<ul style="list-style-type: none"> • Respondents mentioned wanting a support group in Pittsburg, Antioch, Richmond/El Cerrito, Walnut Creek, and support groups that were for Spanish speakers or LGBTQ individuals.
<p style="text-align: center;">System of Care Update</p>	<p>Obiel Leyva, Community Education & Testing Manager, provided a budget update: Our department is operating on a partial award fund so we had agency contracts for March-June. When we receive the full reward, we will augment the contract. We hope to hear from the federal government soon and are assuming flat funding.</p> <p>Anjuli Clopper, Client Services Manager, provided a staffing update: Our Linkage to Care Manager, Anuja Chand, returned from leave. Jessica Osorio, Interim Director, will be returning from leave in July. Our Surveillance Technician retired in March and was replaced with a Senior Disease Intervention Technician. That position was replaced with the PrEP Navigator opening up the PrEP Navigator position. We hired a Community Health Worker that was on board for two weeks but decided to move on so we are not recruiting for that position and will hire soon. A Medical Case Manager is moving on at the beginning of June-July and we will be recruiting to fill that position.</p>
<p style="text-align: center;">Committee Updates</p>	<p>Client Committee Updates:</p> <p>Ron Ricks, Client Committee Co-chair, shared that the support group has a lot of energy and people are consistently attending the group. The group meets on 1st and 3rd Fridays from 1-2:30pm at LifeLong on 2600 MacDonald Ave. in Richmond. The first Fridays are dedicated to presenters and the third Fridays are dedicated to group discussions for members to share and talk about the issues that affect their daily lives.</p> <p>Betty shared that the group is called “Together We Rise” which gives them power and is a space for clients to share their experiences. We provide food and the clients have a space where they can vent with each other and the system. It also provides a chance for them to regularly see the case managers that attend and service providers. The clients have something they can say is theirs.</p> <p>Vance Drouillard, Rainbow Community Center, shared that he has resources on running HIV groups and videos that can be helpful.</p> <p>Angel Mateo, Client Committee Co-chair and LifeLong, said that he is continuing to promote the support group among his clients.</p> <p>Allocations Committee Updates:</p> <p>Teri explained the purpose of the allocations process which is for the Consortium to recommend how funding is used in the county. The</p>

	<p>Consortium works with the HIV/AIDS Program to decide which services should be funded. The Allocations Committee met twice since the last meeting. Vivian Eger, Data Manager, presented on the demographics of clients served and services utilized in the system of care. We had the client satisfaction survey results today. At the next meeting, the committee will participate in the ranking exercise to prepare for funding recommendations. The ranking helps us prioritize core and support services using data. The committee will rank the service categories and if reductions have to be made, the ranking is used as a guideline. The committee will share their recommendations to the Consortium, the active members of the Consortium will vote to approve the ranking, and the Consortium's recommendation will be brought to the Oakland TGA Planning Council for approval for fiscal year 2019-2020.</p>
<p>Services Discussion</p>	<p>Irma Donaldson, NHNR, described her role at NHNR as the Outreach Coordinator. She is the liaison between the client and the other agency representatives including doctors, mental health provider, case manager, and housing advocates. At times, if a client is in urgent need of transportation and Cabulance cannot provide transportation, the case manager will ask Irma to provide the ride to the client. Irma also picks up the food boxes for clients who are too ill to get to the Food Bank or clients with emergency situations. Irma listens to clients when they are upset with the case manager and paperwork and reassures them the importance of case management and paperwork. Irma reminds clients of their medical appointments and finds clients where they may be at to ensure they are well. Irma shared that she is doing the job because she genuinely cares about people and wants to make sure people who are left behind and mistreated for their status are taken care of. Irma shared that the service providers at the table do a tremendous job in serving the clients.</p> <p>Irma explained that she is the Outreach Worker for West County and there are two other Outreach Workers for East and Central County. There was a comment regarding the need to increase funding for more outreach workers.</p> <p>Francesco Sergi and Gabriela Quinoz, Planned Parenthood, described their role as Reproductive Health Specialists. They conduct counseling, educate about birth control options and pregnancy, conduct STI checks, and other procedures and services related to reproductive health and HIV services. Planned Parenthood serves people who are uninsured, has Medi-Cal, and some commercial insurances. HIV services include the Alere HIV test and PrEP/PEP services. They are creating a program where there is centralized knowledge for PrEP and patients can get case management. They are trying to make PrEP more accessible for clients and are creating a case management role at the Concord clinic and</p>

*Contra Costa HIV/AIDS Consortium
Meeting Minutes
May 14, 2018*

	<p>hoping to implement this same program at the other clinics. While they are waiting for a PrEP Navigator role to be established, they are training staff on PrEP. Planned Parenthood is also conducting opt-out HIV testing at every visit.</p> <p>Clients who are prescribed PrEP must come in for a follow up every three months to get a new prescription. PrEP is safe to take for many years, as long as the client is at risk for HIV exposure. PrEP is available depending on funding, and if the client is uninsured, then PrEP is covered.</p>
Public Comment	None.
Announcements	<p>Thandi Harris, WORLD, announced that they are hosting their 41st retreat from August 14-16, 2018 at the Saratoga Springs retreat center in Upper Lake, CA. There will be a cost to attend the retreat which will be listed on the application.</p> <p>Anjuli shared that the Oakland TGA Planning Council is holding a wellness day in Oakland on Wednesday.</p> <p>Thandi shared that there is discussion to start a Regional Bay Area Chapter of the Positive Women’s Network and she will inform the Consortium once an official meeting is set.</p> <p>Angela Moore, CCIH, shared that Eden Housing is having a grand opening on May 18th at 11:30am on 1121 Virginia Lane. Eden Housing is open to anybody that wants to look at the units and property and CCIH has a list of clients interested.</p>
Adjourned	Teri made the motion to adjourn the meeting. Thandi seconded the motion. The meeting adjourned at 12:05pm.
Next Meeting	<p>July 9, 2018, 10am-12pm Pittsburg Health Center – Cypress Room 2311 Loveridge Rd. Pittsburg 94565</p>