



Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

"Serving Alameda and Contra Costa Counties"

CCPC MEETING MINUTES

Wednesday, June 28, 2017

1:00 pm – 4:00 pm

Office of AIDS Administration (OAA)

1000 Broadway St., 5th Floor - Room 5000A

Oakland, CA 94607

Monica Cross, Co-Chair

Eric McCann, Co-Chair

I. CALL TO ORDER

The meeting was called to order by Co-Chair Eric McCann at 1:00p.m. who asked the members and guests to introduce themselves. Then a moment of silence was held in honor of those affected and impacted by HIV/AIDS. The Mission Statement was read by Monica Cross and Group Norms and Values were read by Trina Walker.

MEETING ATTENDANCE

Planning Council Members:

Lois Bailey Lindsey	Jessica Osorio (Contra Costa)
Raymond Brickhouse, Co-Chair	Freddie Smith
Monica Cross	Phoenix Smith (Grantee, Alameda)
Liam Galbreth	Trina Walker
Barbara Green Ajugo	Keisha Willard
Marjorie Katz	Carla Wright
Eric McCann, Co-Chair	

Absent Planning Council Members:

Loris Mattox
Betty Ubiles

Staff:

Akilah Cadet
Lianne Hope

Community Members/Guests:

Sophy Wong	Tony Sillemon
Patty Zevallos	Vernell Shaw III
Nga Le	Victor Washington
Neena Murgai	Julian de la Cruz
Jameelah Muwwakkil	

II. AGENDA REVIEW AND APPROVAL

Freddie Smith motioned to approve the Agenda for the June 28, 2017 CCPC meeting. The motion was seconded by Raymond Brickhouse. The *Action: 1706-CCPC-01* was approved.

III. REVIEW AND APPROVAL OF THE MEETING MINUTES

Phoenix Smith noted a typo on page 6 to virus, not violence. Jessica Osorio noted a typo on page 5 to reallocate 24K from, not for. Monica Cross motioned to approve the May 24, 2017 meeting minutes with corrections. Jessica Osorio seconded the motion. The *Action: 1706-CCPC-02* was approved.

UNFINISHED BUSINESS (Refer to the Appendix for Motions)

IV. GRANTEE REPORT AND MANDATED CATEGORY REPRESENTATIVES REPORT/UPDATE

(please review reports)

OAA/ALAMEDA COUNTY, Phoenix Smith (see written report)

- HRSA Visit
 - Canceled and will be rescheduled in the Fall, possibly the last week in September.
- Fast Track Meetings/Getting to Zero
 - A lot of meetings, moving fast
 - There was a Black Church and HIV Sponsored by Gilead and NAACP Sponsored event: Not a lot of people attended from the church: Phoenix participated and presented; Mayor attended; The city of Oakland and San Francisco may collaborate on an application for the International AIDS Conference in 2020.

Is the city thinking about providing funds? Has that changed at all?

I have not heard of anything. Not that I know of but I do want to have a meeting to discuss. I will ask some of the chairs to meet about that to meet with city official to see if they can provide some resources. An SF Department of Public Health person is interested in finding the funding to get a coordinator for the efforts in Oakland. The city has been at every meeting.

Can we get some feedback from action items, since I thought some great items came out of that meeting?

Okay.

Last night a group of Black MSMs met to provide a safe place to talk about PrEP so it was interesting. Two things that came up was mental health and the role of the church. It was organized by Allan Quarmanon and I will share a name of a pastor that can come and speak.

Thank you!

CONTRA COSTA, Jessica Osorio (see written report)

- Provided copies of the executive summary about the focus groups the county ran with medical case management programs. Please review and email me with any questions.
- Staffing update: Senior Health Education Specialist Nga Lee, was introduced.
- **CDPH, Marjorie Katz and Sharisse Kemp** (see written report)
- Current budget there was some change to the language around the PrEP assistance program has been expanded a little and hope to have it started in January 2018.
- The Dr. Juliana Grant, Chief of the Surveillance branch, is leaving OA and her last day will be next Friday.
- Sharisse Kemp did not have any updates outside of the report.

Around the PrEP assistance program, do you have any details with how they () will help with at the local level?

We are looking to leverage the local ADAP infrastructure. The ADAP branch is taking a lead as we are using State Rebate funds and will use the ADAP infrastructure to roll this out. More to come...there is also strong strategic planning with this process.

What are Rebate Funds?

ADAP gets Rebate Funds for purchasing medication as a 340 B programs and we get refunds from drug manufacturers. Some are from Ryan White funds so they can only be spent on Ryan White activities. Other rebates are for the general fund.

As far as the expanded PrEP, which I think is great, are you doing any specific outreach to the most at risk populations, specifically African American MSMs?

Obviously the data has shown that PrEP use has increased but it is mostly with white MSMs so I know that has been part of the discussion to make sure we have a good outreach plan to ensure communities not taking advantage of PrEP get that communication out to them. I don't have any detailed plans but we are very aware.

Will you be able to give us any specific updates of those outreach programs?

Absolutely as the program starts to come together more those updates will be in the monthly report. As things come closer to going live we would be happy to have someone from the ADAP team do a short presentation for the council if that would be helpful.

Yes that would be helpful thank you!

It is a little bit down the line, so probably like six months.

Thank you!

V. REPORTS: STANDING COMMITTEE CO-CHAIRS (Action Items Only)

Executive: Raymond Brickhouse shared that they did not have anything to report.

PLWHA: Raymond Brickhouse shared that they did not have anything to report.

Membership: Monica Cross welcomed new member Dr. Green Ajufu to the council.

Quality Data: Monica Cross shared there were no action items.

NEW BUSINESS

VI. EPIDEMIOLOGY PRESENTATION, Dr. Murgai

In the first slide where you say presumed heterosexual verses unknown, what's the difference?

This is something we decided to do this year because we have seen over the years that there is a very high proportion of unknown risks of women reported in our survey data and that has to do with the availability of risk information and medical records for women. We find that for HIV positive cases there's possibly, as a result of how this information is elicited, it's largely missing so we decided to do an adjustment to the data. This a methodology adopted from the CDC so that we can say with greater confidence they are most likely heterosexual.

On your two slides about the rates for African Americans declined, can you discuss why those rates went back up...can you discuss why they are going back up instead of continuing to decline?

We did see in the most recent year, 2015, we saw an uptake in the count of the cases but when we did a more detailed analysis, looked at the trends and the rates and counts go up and down each year. We did statistical test to determine what the changes mean to say if these were in fact true differences in rate. So what appears to be an increase but it is not significant when you look at more years of data. We do not believe the rates are going up. Overall there has been a decline in the county for all African Americans.

Does that include African American women?

It is larger bases of off the decline in women, gone down more than half. In men, it is more a subtle decline.

Is it the same over the last ten years for African American MSMs?

There has been a decline. We data have all African Americans which MSM is a large portion.

You said 1/3 or the cases were new diagnosis, or new transmissions, is that an increase or a decrease?

You are referring to late diagnosis, about 38% are late diagnosis, and there is a decline. In the last five years we had seen just more pronounced disparities by race, and those are not apparent in our current data. We see more late diagnosis for Latinos but not a profound difference, but overall it has gone down in the county, but continues to be really high.

You also said 64% were virally suppressed...is that CDC?

Yes.

When folks transfer in and come for other states or regions...how is that counted?

So, if they are new to our state then count as a new case. If someone is known within the state and moves to different counties, they get counted in the PLHIV Count, but they always get counted as part of a new case in the county in which they lived where diagnosed.

Is there a database for this?

Yes. So the data we use is part of the National Enhanced HIV Reporting System. And we get that in a data set and it includes those who were diagnosed and currently live in our county.

VII. MAI PRESENTATION, Dr. Sillemon and Team

Around the mental health numbers, I think it was 1, are any of those men?

Yes. Half are men.

I am glad to hear you mention that adverse childhood experiences that we do not really look into and how that trauma impacts adult function. There was a study from the American Association of Black Psychologists referenced a story about black men and mental health and social media companies to start a conversation around mental health and awareness...same with a barbershop. Can we incorporate those things?

Right, going where they are at. We have to be break down how this is normally done and think outside of the box and be willing to have those conversations. I literally just came from the barber shop to come here.

Thank you Dr. Sillemon for leading your work, we just want to commend you for that.

There is a program in Sacramento that uses mental health app called ginger.io. It is a great program working with mental health providers.

Thank you.

I heard you refer people to Cardea and I want to make sure you know about this program for housed

Thank you!

For the allocation process what you feel is most important or most critical?

With ambulatory care we just don't know right now...with current politics, we just don't know if we will need it. Right now case management, psychosocial, mental health, and substance...we cannot just have 12 steps...all of these are really needed. Please keep money into mental health...that's huge.

Do you have any data on how many of the men are employed and how many of them have graduated from high school?

So we do have data, we just have to pull it. Everyone who comes in we ask these questions and I can get that for you.

VIII. LINKAGES PRESENTATION, Dr. Sophy Wong

Did the survey address what people would like to see in mental health and substance abuse? We are seeing a reduced number of unduplicated clients...we keep hearing that they need more services.

The survey did not address that but I can tell you about the conversations I have had around this. There are mental health and substance abuse providers, they are really hard to access. They are in different locations, they are not meeting clients where they are at. We need them right there when folks come in and they are not. The clients they never get there. We don't really know where these places are. From whom I've referred 1 out of 20 make it to their appointment.

I know a clinic use to have services does it still have them?

There are three. We have LCSW at all of our community health centers but it is a very limited model where they can only have 6 visits. They are also not HIV trained.

Where do you get your denominator?

This comes from the Integrated Plan.

It is a living document so we can change it. We need to change it.

Health centers are having a hard time retaining LCSW. We need to address pay, training, and reducing stigma.

Some MSW programs pay for students to work with Maternal Child Health. Is there a way to do something similar for those to work in HIV/AIDS? We have to have skilled MSWs and LCSWs.

We need to do a needs assessment on mental health. What I see from AIRES data, clients are not seeking services. We need more analysis and I think it is around our system for access and some clinicians are not using culturally competent care.

IX. FISCAL REPORT PRESENTATION, Elen Deleon

Elen shared the fiscal report for 2016-2017

Is it too late to request that some of the unspent dollars be allocated to some one time projects.

The amount we can carry over to spend on one time projects for 17-18 March 1. Phoenix Smith will need to submit her recommendation to the council.

That may be used for the rapid ART program and MAI. But once approved they have to spend the money within 4 months. Last year we were able to get a van for one of the programs.

I am remembering that we increased psychosocial support for 16-17 but I am wondering if we need to do it now for 17-18?

We have not received our full award, so I do not know if it will be fully awarded. If we receive full funding we will need to reallocate.

Still unclear of what is happening with those funds, so I need more analysis, but we are not requesting a waiver this year because of that. It is so complex, but we have improved our unexpended amounts.

X. VOTE BYLAWS & CARRY OVER QUESTION

- Carry Over Request for Contra Costa County. For the \$29,305 for carry over approval was requested based on the client satisfaction surveys and focus groups (in executive summary provided) it to create a project position community health worker position to act primarily as a medical case management aide and assist to link to referrals for mental health, substance abuse and other treatment categories where they are not linking. This person would be Spanish speaking to link to care. Keisha Willard made a motioned to approve the carry over request of \$29,305 for a community health worker position for Contra Costa County. The motion was seconded by Carla Wright. All approved. The **Action: 1706-CCPC-03** was approved.

What's an aide?

Traditionally they are housed in administrative tasks and duties, but we want someone to be the warm handoff where case managers are unable to.

So this is an case management assistant who will assist with case manager?

They are not assisting the case manager; they will be assisting the clients with services. It will pay for part of the salary and we will reevaluate it from there.

So this is only 0.5 percent of the salary?

Yes.

Although you are putting a Spanish speaking person are you going to do anything for addressing the Black community for getting into care and staying in care?

So we have another set of programs that reach African Americans and MSM populations under MAI. This person is entirely different.

Will this person be doing things out of the box to reach those in high need?

I've talked in the past about the line list data...those populations (MSM, WOC, African Americans)...outreach team that works with them on their level (go to houses, clinics) and that is the most innovated program we have happening right now.

This is a Spanish speaking position?

Per the county it is a Spanish flagged position per the union/county classification. So the person who is hired must be bilingual.

So not just for the Spanish community, it is to link those to mental health and substance abuse?

Exactly. This person will be there to provide additional services for any client, not just Spanish speaking.

This person would not go into a community?

Yes they would.

So basically in an effort to fill in those gaps of services you are asking funds for a case management assistant, basically?

Yes.

I would like to commend you as that is where we lose clients.

- Bylaws
 - Dr. Cadet gave a summary for the updated bylaws discussed at the Executive Committee. Liam Galbreth made a motioned to add the roll call vote and designee definition. The motion was seconded by Keisha Willard. The motion was approve unanimously. The **Action: 1706-CCPC-04** was approved.

Is this required by Brown?

No.

Is there a reason why we want to limit it to monetary items?

Timing...it takes additional time to do a roll call vote. The meeting is very long and people have already left. In the parliamentary consulted recommended it be as needed.

I think in the sake of transparency that people should be allowed to vote outside of monetary items too.

We can change it to a roll call vote for any item up for a vote presented on the agenda.

This is a little vague for me...do you not want to put the director?

I am following the language of the CEO definition. If they change their whole leadership structure we now need to go back and change our bylaws. The way it is now whoever is the lead will have the role regardless of the title and it allows room for any change they may have.

XI. CONFLICT OF INTEREST FORM

Reminder to sign the COI form in preparation for voting and to turn in at the end of the day. A discussion was held on the updated form.

XII. ANNOUNCEMENTS

- Evaluation Form: New form at every meeting, please share your feedback.
- Comment Card Form: On each chair for the community they will have an overview of comments and can leave comments on the form.

XIII. COMMUNITY/PUBLIC COMMENTS

- Thank you to Liam for his very last meeting. He was thanked for his term and presented with a gift!
- Raymond Brickhouse is now a member of the housing committee of the State Planning Council.

XIII. ADJOURNMENT

Liam Galbreth made a motioned to adjourn the meeting. The motion was seconded by Lois Bailey Lindsey. The Action: **1706-CCPC-05** was approved.

MOTION APPENDIX

- **1706-CCPC-01: Motion Adopted**
Freddie Smith motioned to approve the Agenda for the June 28, 2017 CCPC meeting Raymond Brickhouse seconded the motion.
- **1706-CCPC-02: Motion Adopted**
Monica Cross motioned to approve the Minutes with corrections for the May 24, 2017 CCPC meeting. Jessica Osorio seconded the motion.
- **1706-CCPC-03: Motion Adopted**
Keisha Willard made a motioned to approve the carry over request of \$29,305 for a community health worker position for Contra Costa County. The motion was seconded by Carla Wright and the motion was approved unanimously.
- **1706-CCPC-04: Motion Adopted**
- Liam Galbreth made a motioned to add the roll call vote and designee definition. The motion was seconded by Keisha Willard. The motion was approve unanimously.
- **1706-CCPC-05: Motion Adopted**
Liam Galbreth motioned to adjourn the meeting. Lois Bailey Lindsey seconded the motion.