



# Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

*"Serving Alameda and Contra Costa Counties"*

[www.HIVCCPC.org](http://www.HIVCCPC.org)

## COLLABORATIVE COMMUNITY PLANNING COUNCIL MEETING

**Date:** Wednesday August 23, 2017

**Time:** 11:00am-4:00pm

**Location:** Lafayette Library – Community Hall 3491 Mt. Diablo Blvd., Lafayette, CA 94549

### ATTENDANCE

#### Planning Council Members

Raymond Brickhouse	Phoenix Smith
Monica Cross	Betty Ubiles
Barbara Green-Ajufo	Keisha Willard
Eric McCann	Trina Walker
Jessica Osorio	

#### Absent Members

Lois Lindsey Bailey (Excused)  
 Marjorie Katz (Excused)  
 Freddie Smith (Excused)  
 Carla Wright

#### Planning Council Staff (PCS)

Akilah Cadet  
 Lianne Hope  
 Patty Zevallos

#### Community Members

Nga Lee	Erma Donaldson
Natalie Treacy	Terry Leichenger
Roberto Montez	Karen Schleck
Vivian Egar	A. Mateo
Betty Blackmore-Gee	R. Ricks
Natália Tocino	Floyd S.L
Calvin Carter	Toni Philbrick
Juile Haining	Katrina Bill
Candido Fombona	Anna Freeman
Ellen Gill	Dot Theadore
Derail Hell	Alvan Quamina

## MINUTES

Topic:	Discussion:	Action:
Opening/Call to order	Meeting was <b>called to order</b> by the co-chair Monica at: 11:16am with a quorum. <b>Table introductions</b> took place. A <b>moment of silence</b> was observed for those living and lost to HIV/AIDS and for those that are suffering from social injustices. Raymond Brickhouse read the mission statement. Eric McCann read the Group Norms & Values.	
Agenda Review and Approval	<b>Agenda was reviewed.</b> Motion: Barbara Green-Ajufo Second: Raymond Brickhouse	1709-CCPC-01



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	Result: Agenda approved. <b>1708-CCPC-01</b>	
Review and Approval of Meeting Minutes	<p><b>July 26, 2017 minutes were reviewed.</b></p> <p>Corrections: Page 2, correct Monica Cross’s name. Page 1, correct Nga Le’s name.</p> <p>Motion: Raymond Brickhouse with corrections.</p> <p>Second: Eric McCann</p> <p>Result: Minutes approved with corrections. <b>1708-CCPC-02</b></p>	<b>1708-CCPC-02</b>
Grantee Report and Mandated Category Reports	<p><b>Phoenix Smith, Alameda County Office of HIV Care</b></p> <ul style="list-style-type: none"> <li>• HRSA Site visit September 25<sup>th</sup>-29<sup>th</sup> save the date. Provided and overview of the purpose of the site visit. We are prepared and will do a good job.</li> <li>• We are still having the Fast Track getting to Zero meetings. We have developed a steering committee to look for funding to bring on board and coordinator. We are modeling off of San Francisco’s plan. San Jose, Santa Clara, Sacramento, have a plan, we are one of the few cities that does not have a plan and we want to have a plan. All meetings are open as we want to assure the community is there.</li> </ul> <p><b>Jessica Osorio, Contra Costa Health Department</b></p> <ul style="list-style-type: none"> <li>• So excited to have Contra Costa represented today. We have every team represented from every department. Thank you for coming.</li> <li>• Rainbow community Center opened a new location in El Cerrito, with a soft opening celebration on Aug 12. They are provided testing and other services there and will have a thrift shop opening soon. Exciting to have those services in West County.</li> <li>• Consortium members are in attendance to today’s meeting in place of our regular meeting. Monday Sept 11 will be the next meeting at West County Health Center.</li> <li>• Contract Updates: Started a new behavioral health contract in May. We had 5 clients in individual treatment for mental health and 4 intakes in August.</li> <li>• RFP updates will be emailed out to you. It is out for medical case management and I will be share information on when we do the Bidders conference and more. RFP for housing and medical nutrition therapy will come out later this month.</li> <li>• The naloxone grant (opioid overdose prevention) has gone through and we will be a 2 year contract with 1600 doses distributed to various organizations in the county.</li> <li>• New support group as the subcommittee of the consortium will start on the</li> </ul>	



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15<sup>th</sup> of Sept at Life Long Medical Center and flyers are at the welcome table. This is being developed in part of feedback from the client satisfaction survey needed in West County.

- I have early intervention data is included in the report.
- Medical case management supervisor is leaving the program and joining communicable diseases program and recruiting for her...it's going to be a big loss. Senior clerk who works in the front will be joining whole person care. Still recruiting for community health worker project position.

### **Marjorie Katz, California Department of Public Health**

- Out of office. You can always email Marjorie Katz with any questions. Her email is on the report.

### **Alvan Quamina, City of Berkeley Public Health Department**

- Total HIV Budget is under \$100,000 and that is with a public health budget of \$8 million dollars. We are a great city committed to health and one of few cities with a health department.
- We do HIV surveillance, not the best, but are required to.
- We do HIV and Hepatitis screening and linkage to care. That service extends beyond the 100K budget. I would like to see if grow.
- We provide counseling solely to youth through our high school health centers.
- I will be joining these meetings and welcome any suggestions and partnership.

### **Questions/Comments:**

- When you said Oakland, do you mean Oakland TGA? Yes. Alameda and Contra Costa County.
- Can you help me with the acronyms UDC and UOS? UDC is a HRSA term that means unduplicated client and it is how they count people who come get services. You get counted once a year and our year starts March 1. A UOS is a unit of service for every 15 minutes of services provided.
- The new cases of diagnosis are they folks from outside of the area or move into the state? These are people diagnosed in Alameda County and this information is from lab results.
- How many people are living with HIV in the city (Berkeley)? I have requested the information from my team. I should have that for the next meeting.
- Where is the (Berkeley) testing done? At the public health clinic at 6<sup>th</sup> street in Berkeley and it is on demand, but we prefer people make an appointment.
- Do you (Berkeley) reach out to the homeless population for testing? We



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	<p>have not and we want to do more. The demographics have changed, more middle class, more white, those changes must have an impact on our resources are allocated.</p> <ul style="list-style-type: none"> <li>• UC Berkeley Students have a program called the Suitcase Clinic where they provide free HIV testing and hygiene supplies to the homeless population in Berkeley.</li> <li>• Does the Berkeley have a mobile unit? No we do not, but we started an approval process to get that going.</li> </ul>	
<p>Contra Costa County HIV Consortium Presentation</p>	<p><b>Executive Committee:</b> Discussed CCPC’s annual workplan and meeting timeline. Discussed FY18 Resource Allocations process. Discussed merging of PLWHA and Membership Committees.</p> <p><b>Membership:</b> Reviewed attendance and committee participation. Reviewed new CCPC application. Interview with new applicant – to be rescheduled</p> <p><b>Quality Data:</b> Cancelled due to low attendance.</p> <p><b>PLWHA:</b> Postponed until September with the combined committee. Raymond Brickhouse shared that we do not have enough members to attend which I also think is due in part that as far as on the planning council that we are not up to were be need to be with people living with HIV. We need to recruit harder. Betty Ubiles reminded the council members that we all need to recruit as we need 33% membership of people living with HIV/AIDS on the council</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• We have been talking about this for a while. I think that when things are on paper they can get done. I am (Barbara Green-Ajufo) willing to put together a plan of action to see how we can recruit. Raymond Brickhouse and Betty Ubiles would like to help. Planning Council Staff will support them.</li> <li>• Please remember to come to the membership/PLWHA committee meeting as we just came up with a workplan. We are also working on one pagers and branding materials.</li> <li>• Reminder that we are combining the committees per the vote to use the power of both committees to work membership of the council.</li> <li>• There is a stagnation issue and we need to get the flow back. Alameda County has a list of agencies that provide psychosocial support groups and you can go to the meetings and ask if people want to join.</li> <li>• We will be combined for at least a year.</li> <li>• Due to the HRSA site visit we will need to have an action plan that explains why we combined the two committees.</li> </ul>	<p>Phoenix Smith and Barbara Green-Ajufo will work on an action plan. Planning Council Staff will support.</p>
<p>Contra Costa</p>	<p><b>Jessica Osorio</b> provided a presentation. See powerpoint.</p>	<p>1708-CCPC-03</p>



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<p>County HIV Consortium Presentation and VOTE</p> <p><b>Core and Support Part A for 2018-2019 Fiscal Year</b></p>	<p><b>Motion to approve to approve the Core and Support Part A for 2018-2019 Fiscal Year</b></p> <p>Motion: Keisha Willard  Second: Eric McCann  Roll Call Vote:  Raymond Yes  Monica Yes  Barbara Yes  Eric Yes  Jessica Abstention  Phoenix Yes  Betty Yes  Keisha Yes</p> <p>Result: Motion approved. <b>1708-CCPC-03</b></p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• Co-chairs Betty Blackmore-Gee and Teri Leichenger shared their roles and experience with the consortium.</li> <li>• When you say 2% transgender, are you changing your funds now that you are doubling? That will be in the How to Best Deliver Services conversations and a discussion on priority populations like we had here.</li> <li>• Is that doubling over a year period? It was the last two years. That was for people enrolled in county case management. It is still relatively small overall. We are certainly paying attention to it as people could have changed how they identify or we have new infections.</li> <li>• In terms of new infections were you able to capture any new transgender infection data? It is in the big packet, epi packet. It is one of the factors we look at. We have 100ish new infections every year and last year we had on person identify as transgender.</li> <li>• The changes in the counties for migration were you able to look at the racial data? From East County to West County...was there enough data to look at if there was a percentage in data by race? I am not sure if we have enough to look at that data. I'll make a note to bring it back to the council.</li> </ul>	
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<p>Community Town Hall Meeting</p>	<p>CCPC Chairs and Planning Council Staff facilitated a <b>town hall</b> conversation.</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• Anna Freeman Project Open Hand, Oakland: One of the huge barriers is the paperwork and you found that in the needs assessment. I am wondering council if there is any leeway in this? This is a huge issue for our homeless clients...any way to address? So you mean the Ryan White eligibility forms (Yes) okay. We can revisit these forms. We just need to look at the 4 or 5 key points that need to be documented. I agree with you that it does serve as a barrier. It would help me if you send your recommendations to me (Phoenix Smith).</li> <li>• I've heard it is difficult to go to Project Open Hand to do the forms. Do you have an outreach worker to go to their homes? We do not do that, but I can take it back and see. I do not think we have funding for that.</li> <li>• Is there funding from Alameda County to do that? Yes, you can do an innovative grant for outreach workers to go to their home and learn how they are cooking and what they need.</li> <li>• Contra Costa has a program where paperwork is completed in the home, easier way to find eligibility documents when you are in the home, and we reimburse mileage. All information is kept in AIREs.</li> <li>• Previously (Contra Costa) you talked about a food box project? Yes it provided by another provider that has the distribution sites in the county and for people who have a recommendation they can get a meal delivery service if they are homebound. We have one food provider, and one medical nutrition therapy provider, and one service for home delivered meals.</li> <li>• How we can improve our eligibility and screening for our clients...and the process we have in place in eligibility check every six months, but I recommend we do it once a year as it is hard for the clients. You should come to the HRSA site visit as they need to hear this. This is what they require.</li> <li>• In Alameda County are your providers service based? Do you do any home visits? No we do not. Linkage workers may do that. We do need to look at that for high needs clients. Our whole service delivery system needs a reboot to possibly eliminate these barriers. There is a lot of staff turnover for case management in Alameda county. The next thing we are moving forward in.</li> <li>• You just need to try things, you do not need approval from us (HIV Prevention). You just have to show how you will track that and enter the data into AIREs. The agencies should be coming up with the program design.</li> <li>• Can we compare the gap in care for Alameda vs Contra Costa for case</li> </ul>	
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management? I don't know, I guess we could. They are different counties and their structures are different and we Alameda contract all our services out so that would make it harder to assess. We are seeing a multitude of things which is high turnover from small to larger agencies so the community based model is now struggling due to the high cost of rents. People are not testing and I don't know why. But we have 3-500 people testing positive in Alameda county every year over the past 10 years; white males are getting PrEP, not people of color.; more elderly in care and young POC are getting diagnosed.

- To speak to the question of impact in Contra Costa County, we do really well in all those metrics and we have a viral suppression of 70%, we are second in the state for midsized counties. We seem function and achieve our metrics very well.
- We will do well too. What I want to see is zero infections in the county (Alameda). Cofactors are racism...structural issues. Our services delivery system has not changed, we need to. Services are convenient for staff. We need more weekend and evening hours and make it accessible for people to come.
- I have been thinking about ways to engage women as they may not share their status and carry it on their own. Women have a burden. I have an idea of an adherence support group since we have access to that medical information as community is a big part of that
- Would it possible to hold a meeting twice a year in Contra Costa. Yes! We can add that next year.
- I find it interesting that woman would not share their HIV status. Where do you get that data? The woman that I work with, they do not tell their status and I get that from them and they have not disclosed status to their family, children and parents (they do share that with their partners). Seeing what women focused agencies do in Alameda is so empowering and they need to feel the same in Contra Costa! I want that community in Contra Costa County. And yes out of the 9-5 time and we need to change that.
- Still persistent, women are less likely to disclose to their children their status due to the stigma for being a nasty woman or something is wrong with you. But we are really talking about safety around disclosure. It is also that do you need to disclose you are on PrEP or any STD.
- I have loved ones that are HIV positive/female and they did disclose to some, but some others they shut down often. It is something we need to do



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	<p>to talk about that. There is so much stigma behind that.</p> <ul style="list-style-type: none"> <li>• Could it also be cultural? I think about my Latina sisters who have come to meetings and talk about the machismo and fear of being beat.</li> <li>• I see the need for peer support service that will help people advocate for themselves and others. Some of my peers are afraid to be in public due to mental or physical health they isolate themselves. I would like the council to explore how to support this program. It is hard to develop community when you are not comfortable with yourself.</li> </ul>	
<p>VOTE Contra Costa County Reallocation Request</p>	<p><b>Jessica Osorio</b> shared: We had a previous request in July for a Reallocation for MAI dollars, the carryover, however Contra Costa is not using those carryover dollars so we would like to withdrawal that request. But we did have an increase in demand for more contact with case management so the need to put part of Part A money and MAI towards the community health worker position. It will be a \$20,434 change out of MAI so it will be a total of \$93,437 for MAI.</p> <p><b>Motion to approve Contra Costa’s Reallocation request for a total of \$93,437 for MAI.</b> Motion: Monica Cross Second: Raymond Brickhouse Result: Jessica Osorio abstained, others were in favor. Motion passed. <b>1708-CCPC-04</b></p> <p><b>Questions/Comments</b></p> <ul style="list-style-type: none"> <li>• How do you feel about moving the funds? Are you okay? We’re okay. We will work it out. The notice of award was adjusted so we will work it out.</li> </ul>	<p><b>1708-CCPC-04</b></p>
<p>Review Resource Allocation Process</p>	<p><b>Lianne Hope</b> presented an overview of the resource allocation process. See powerpoint. A discussion was held on the process.</p>	
<p>Presentation: Review Service Utilization Data</p>	<p><b>Phoenix Smith</b> presented on Alameda County’s service utilization. See powerpoint.</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• Where and how are you providing child support services? We have an agency that provides the service and that has been pretty consistent over the years.</li> <li>• Whose job is it to see if services are insufficient? It is our job.</li> <li>• For home health, I remember you were trying to get more than one agency? We have not done that and we will not RFP for that until 18-19.</li> </ul>	





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	<ul style="list-style-type: none"> <li>• Is there a way to have a cheat sheet of the agencies that are underfunded? Al will provide his fiscal report and you can see that dollars.</li> <li>• High demand of service does not always correlate to the units of service that clients are actually seeing.</li> <li>• Yes that is a good point and hope we can do a needs assessment on mental health services to see what is happening..</li> </ul>																																													
<p>Presentation: Ryan White Part A FY 16-17 Allocations &amp; Expenditures</p>	<p><b>Al Lugtu</b> provided an update on the current fiscal year spending. See handout. A discussion was held about the numbers.</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• These are the things I would like to see from the previous year. Consider for future processes. For the allocation process this year, that should be the basis.</li> <li>• We need to analyze reallocations better before we bring it to you.</li> <li>• If there underspent why are they asking for more money? Yes, we need to do a better job.</li> </ul>																																													
<p>VOTE FY18 Priority Setting Ranking Results</p>	<p><b>Lianne Hope</b> shared the results from the Priority Setting ranking.</p> <div data-bbox="285 1018 1211 1537" data-label="Figure"> <table border="1"> <thead> <tr> <th>Ranking</th> <th>Core Services</th> <th>Ranking</th> <th>Support Services</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Medical Case Management</td> <td>1</td> <td>Housing</td> </tr> <tr> <td>2</td> <td>Early Intervention Services, (EIS)</td> <td>2</td> <td>Emergency Financial Assistance (EFA)</td> </tr> <tr> <td>3</td> <td>Oral Health Care</td> <td>3</td> <td>Psychosocial Support Services</td> </tr> <tr> <td>4</td> <td>Outpatient/Ambulatory Health Services</td> <td>4</td> <td>Food Bank/Home-Delivered Meals</td> </tr> <tr> <td>5</td> <td>Mental Health Services</td> <td>5</td> <td>Medical Transportation</td> </tr> <tr> <td>6</td> <td>Home and Community Based Health Services</td> <td>6</td> <td>Legal Services</td> </tr> <tr> <td>7</td> <td>Substance Abuse Services- Outpatient</td> <td>7</td> <td>Outreach Services</td> </tr> <tr> <td>8</td> <td>Medical Nutrition Therapy</td> <td>8</td> <td>Non-Medical Case Management Services</td> </tr> <tr> <td></td> <td></td> <td>9</td> <td>Child Care Services</td> </tr> <tr> <td></td> <td></td> <td>10</td> <td>Linguistic Services</td> </tr> </tbody> </table> </div> <p><b>Motion to Approve: FY18 Priority Setting Ranking Results</b>            Motion: Betty Ubiles            Second: Monica Cross            Result: Six in favor, 1 opposed, 1 abstention. Motion passed.</p>	Ranking	Core Services	Ranking	Support Services	1	Medical Case Management	1	Housing	2	Early Intervention Services, (EIS)	2	Emergency Financial Assistance (EFA)	3	Oral Health Care	3	Psychosocial Support Services	4	Outpatient/Ambulatory Health Services	4	Food Bank/Home-Delivered Meals	5	Mental Health Services	5	Medical Transportation	6	Home and Community Based Health Services	6	Legal Services	7	Substance Abuse Services- Outpatient	7	Outreach Services	8	Medical Nutrition Therapy	8	Non-Medical Case Management Services			9	Child Care Services			10	Linguistic Services	<p>1708-CCPC-05</p>
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<p>and Motion to Approve: FY18 Resource Allocation</p>	<p>resource allocation process. A discussion was held as percentages and dollar amounts were reviewed for Support Services. Members allocated resources to support services and will continue the process next month.</p> <p><b>Questions/Comments:</b></p> <ul style="list-style-type: none"> <li>• Can we have fiscal year 16/17 included in this overview? Yes</li> <li>• Phoenix what do you think we need in order to make the decision? The recent reports you have had and presentations. What we just did with unexpended amounts.</li> <li>• Look at the amounts for FY2016 add to the table.</li> <li>• What does EFA provide? Emergency rent, bills.</li> <li>• I didn't see nonmedical case management? Yes, we fund two agencies and I think that is an error on our part, but included here it means case management at places that are not clinics.</li> </ul>	
<p>Announcements</p>	<ul style="list-style-type: none"> <li>• Phoenix Smith is the official Director of the HIV Care Office and we will have a celebration this Friday at 5pm.</li> <li>• Official thank you for Monica Cross for her service as Chair (last meeting as chair).</li> <li>• Thank you to Change Cadet and Lianne Hope for your work for this new fund allocation process.</li> <li>• Thank you to the community for staying!</li> </ul>	
<p>Evaluation and Adjourn</p>	<p><b>Motion to adjourn:</b> Betty Ubiles          Second: Keisha Willard          Result: Meeting was adjourned at 4:04pm. <b>1708-CCPC-06</b></p>	<p><b>1708-CCPC-06</b></p>