



Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

"Serving Alameda and Contra Costa Counties"

CCPC MEETING MINUTES

Wednesday, February 22, 2017

1:00 pm – 4:00 pm

Office of AIDS Administration (OAA)

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

Oakland, CA 94607

Liam Galbreth, Co-Chair

Monica Cross, Co-Chair

I. CALL TO ORDER

The meeting was called to order at 1:20 p.m. by Co-Chair Monica Cross, who asked the members and guests to introduce themselves. She then asked for a moment of silence in honor of those affected and impacted by HIV/AIDS. The Mission Statement was read by Raymond Brickhouse. Keisha Willard read the Group Norms and Values.

MEETING ATTENDANCE

PLANNING COUNCIL MEMBERS:

Jessica Osorio (Contra Costa County)
Monica Cross, Co-Chair
Betty Ubiles
Trina Walker
Keisha Willard
Freddie Smith

Carla Wright
Liam Galbreth, Co-Chair
Raymond Brickhouse
Eric McCann
Loren Jones

Absent Member(s):

Loris Mattox
Nydia Morales
Marjorie Katz (State OA)
Lois Bailey-Lindsey
Phoenix Smith (OAA/Grantee)

Council Support Staff:

Patricia Sweetwine
Kweli Gibson
Shirley Prothro

Community/Guests:

J. Murrwakkil	Barbara Green-Ajufo
Joe Hawkins	Jesse Brooks
Ramiro Montoya	Ivonne Quiroz
Nicholas Moss	Rama Franklin
Alvan Quamina	Odrin Castillo
Tamia Operario	O. Cuevas
V. Mohamed	Tony Sillemmon
G. Lee	Pamela Casey

II. AGENDA REVIEW AND APPROVAL

Pamela Casey asked to change the meeting Agenda for the 1:35pm presentation to reflect Rama Franklin (rather than Jameelah Murrwakkil) as her co-presenter. Freddie Smith motioned to approve

the Agenda for the February 22, 2017 CCPC meeting with the requested change. The motion was seconded by Raymond Brickhouse. The *Action*: **1702-CCPC-01** was approved.

III. REVIEW AND APPROVAL OF THE MEETING MINUTES

Betty Ubiles requested to correct item IX on page 6, by removing her name as a nominee for Co-Chair. Co-Chair Liam Galbreth motioned to approve the January 25, 2017 meeting Minutes with the requested change. Carla Wright seconded the motion. The *Action*: **1702-CCPC-02** was approved.

UNFINISHED BUSINESS (Refer to the Appendix for Motions)

IV. GRANTEE REPORT/UPDATE

(In the absence of Phoenix Smith, OAA Acting Director, Pamela Casey and Rama Franklin presented brief highlights from her written report.)

- Our HRSA Project Officer, Lenny Green, will be here to conduct a site visit during the week of March 13-17.
- The State Office of AIDS conducted a site visit for Ryan White Part B funding in early February. There were some inconsistencies noted regarding data reported in the ARIES system. OAA is working to improve the situation.
- The new contract year begins March 1, 2017 and the office is working madly toward getting all contract documents in, corrected, and approved by OAA management and our Fiscal Manager.
- Our MAI contract was extended for another year, so the same service provider will be used for this year. A new RFP will be released in FY2017-2018. The current contract serves priority populations – Women of color and young men who have sex with men of color.

- There is a written statement from the last HRSA site visit (March 2013) that listed some findings related to the CCPC. Phoenix has recommended that the Council prepare a written statement addressing those findings.
- A Regional Quality Meeting will be hosted here in Oakland on February 27, 2017. Our State Rep., Christine Kibui, RN will be at that meeting, as well as representatives from San Francisco and Central Valley (Part A and Part B) organizations.
- There is a Linkage and Retention Network Group meeting that will be held on March 23, 2017. Dr. Sophy Wong is the group facilitator.
- Dr. Neva Chauppette conducted a well attended provider training on February 15 and 16, 2017. There were providers from both the Oakland and San Francisco areas in attendance.
- Matt Wong, the IT Specialist at OAA, is providing ARIES training and support to our providers around improving data input into our ARIES data base and to also help prepare them for completing the RSR Report that is submitted to HRSA.

[Rama Franklin took over the presentation, at this point with a brief PrEP update.]

Basically, the Alameda County Health Dept., HIV/STD Section met with the BRIDGE Program in San Francisco recently to develop an MOU concerning a shared understanding in serving communities on both sides of the Bay Area.

[Dr. Nicholas "Nick" Moss, Director, Alameda County HIV/STD Section at Alameda County Health Dept. was introduced by Rama Franklin, OAA Program Manager.]

I just wanted to take this opportunity to acknowledge the great work, done over the past 10 years, on behalf of the Council and the Oakland TGA by Patricia Sweetwine and her team at Sweetwine Consulting Service. On behalf of all of us at OAA, we sincerely appreciate your service to the community at large.

[There were other personal thanks and acknowledgements from various community leaders, members, and other guests on behalf of the excellent service to the CCPC by the Sweetwine Consulting Service team.]

V. REPORTS: STANDING COMMITTEE CO-CHAIRS AND MANDATED CATEGORY REPRESENTATIVES (Action Items Only)

MEMBERSHIP – Betty Ubiles briefly reported on the recent filming of the movie “Wilhelmina” which was a collaborative event with several local community agencies. Jesse Brooks also gave a brief history on the HIV-themed film and noted that efforts are being made to get another showing scheduled in the Bay Area. It was reported that the Committee has four (4) new applicants and that they are also currently awaiting the final approval for one person to be seated.

QUALITY DATA – (No Action Items)

PLWHA – Loren Jones reported on updates regarding the scheduled educational luncheon series for the upcoming year; currently planned to begin in April. She also announced that the new Committee Chair, Raymond Brickhouse, will be taking over next month. An update on Senate Bill 239 was provided. There was a brief discussion about the importance of the Comprehensive Plan and the Committee’s particular responsibility.

PREVENTION – Shelley Stinson announced that three (3) interns have been working with her in efforts around the Committee’s objectives. In response to a previous question, she stated that there are currently nine (9) agencies contracted with OAA to provide HIV prevention and testing services in Alameda County. They cover East and West Oakland, Fremont, Livermore, and Hayward. She also noted the individual and group interventions that are being provided. She also shared statistical data (from 2014 to date) on State reported testing results.

Were there any factors on why there was a decline in testing in Alameda County?

We are exploring those factors and trying to determine a rational answer. I will ask Lorenzo to come with me at the next meeting. He would have better information to report on the testing outcomes and findings.

The trend appears to be that, of those testing, there are fewer (HIV) positives?

True...confirmed positives. That means there could be more that were not confirmed. Our fear is that, if this is the case, how do we mitigate it.

Do you think that the decline has anything to do with the 4th generation testing?

Shelley is referring to the counseling and testing programs that OAA funds. We fund other types of testing programs, as well. So that's not captured by this. With more people being testing at their Doctor's office now, they are not going to community testing sites. We don't have good information on that specifically, but we know that there are a lot of tests being done in this manner. The number of new HIV diagnoses in the County has remained pretty flat. So people are still getting diagnosed with HIV, but just not all of them are in our system for some reason.

What is 4th generation testing?

This means that over time the HIV tests we now have have gotten better. It used to be that it could take three (3) to six (6) months before you really make sure that someone was testing positive. Now with this latest process, that window is more like two (2) to three (3) weeks after the first time the virus gets into the body. And, more specifically, it detects both the virus itself and the body's response to the virus. The State issues our test kits and they haven't decided that this newer process is the way to go yet.

Is there a step between a positive test and a confirmed positive test?

The first test provided is a screening test (saliva), and if it shows a positive reactive result, then we have to make sure that it is a true result. So the second (confirmatory) test is done with blood.

There will be an HIV Prevention Contractors meeting on March 3, 2017, from 8:30am – 12:30pm, here in Suite 310. We will be asking agencies to elect a staff person to sit on our HIV Prevention Planning Committee. The next HIV Prevention Planning Committee meeting will be held on March 13, 2017, from 1:30 – 3:00pm, also here in Suite 310, 3rd floor. We are currently compiling the data we received around the PrEP Awareness Radio Campaign that we did during the last three (3) months of 2016. I would like to come back and report on that if the Council is interested in the information.

So do you have any early data on the effectiveness of PrEP?

The only data we have is from the research that has been done, initially. As far as Alameda County, we don't have that data right now.

CONTRA COSTA COUNTY – Jessica Osorio began by reporting on some of the key points from her written report.

- We are still seeing some retroactive Medi-Cal coverage for previously uninsured/undocumented clients that are covered by Ryan White MAI funds. So as a result, the County will likely be returning some of our projected MAI dollars for the new fiscal cycle, in addition to the current fiscal cycle. I will have more information as we are closing out this year.
- We started a Data to Care Program in December which consists of a lot of the interventions that Shelley mentioned in her Prevention update. We've used data hot spots to identify our target populations to do smarter testing. In the last three (3) months we have enrolled three (3) individuals into the PrEP navigation program, and we've also diagnosed and linked to care two (2) new HIV positive individuals. We are still working on developing best practices and hiring additional professional staff to assist with this project.
- We are experiencing under-expenditures in several service categories: Medical Transportation, Food, and Health Education. We will be forwarding the totals to OAA.
- We have been looking closely at the Integrated Plan and working with our management teams and our contractors to update our scopes of work. We are trying to be more responsive and adapt to

the Plan to make sure that the measures, activities, and objectives are reflective of the work we are doing on the ground.

- Our next Consortium meeting is Monday, March 13, 2017, at our Food Bank, which is in response to clients and community organizations wanting a community location; so that we are away from
- We are in the last week of our 2016-2017 client satisfaction surveys on all of our medical case management and medical services in the County. As of this morning we had 199 (my original goal was 100). About 30% of all of our clients and up to 50% of our case managers' case loads have responded. Once we have all the data processed, I will report back.
- I previously noted that no one responded to our RFP for Behavioral Health and we are losing that service through the YWCA. So we are in talks with other local resources to make that we have a good referral pathway for clients needing this service. I will have more to report by the next meeting.

Why do you think nobody answered the RFP for Behavioral Health?

Because most of our clients are on Medi-Cal and agencies can bill directly for the service; as opposed to dealing with the administrative requirements of a County contract. We are most concerned about our undocumented and uninsured clients.

Regarding the attendance at your meetings, have you noted a significant difference in changing the meeting sites?

We will see. The next meeting is our first at a community location. In the client satisfaction surveys there were about twenty-five (25) persons that expressed interest in learning more about providing feedback and about funding going to agencies in the community.

The money that was allotted for the Behavioral Health contract, how much was it and how much will be going back?

Nothing is going back, it is being redistributed.

- **STATE OFFICE OF AIDS** – (Written report in meeting packets)

VI. RESULTS OF THE ADMINISTRATIVE MECHANISM

Patricia Sweetwine gave an historical background on the requirements and data related to the process and highlighted the current results. Pamela Casey explained what is happening at the County level to assist service providers with their responses. Overall, the survey responses from local service providers concluded that OAA had exceeded or met their expectations. The ARIES data entry process was an area of contention, however OAA has already reported that they are working to improve challenges in this area.

What happens after this survey? What are the next steps?

Well the completed report will go back to the CCPC Executive Committee for further recommendations on improvements in the areas identified as needing them. The CCPC will then give directives to OAA based on their findings.

There was minimal participation on the part of CCPC Board members. This has been previously indicated to CCPC members as an area that needs much improvement; leading to 100% participation by CCPC members.

VII. UPDATE ON CCPC CITED CONCERNS BY HRSA

Co-Chair Liam Galbreth briefly reviewed the background leading to the draw-down status and the CCPC's involvement in this issue. He reviewed the primary concerns that were indicated in the final report. However, the CCPC has made necessary improvements by preparing data (binders) to support some of the Council's actions toward compliance with this objective, which can be shared during the HRSA Project Officer's visit. Dr. Moss added that he was aware of some of the steps the CCPC has

made toward compliance and improvement and that, he felt confident the results would be met with approval from HRSA.

In looking at the cited concerns, it seems there are 4 and, really, only 1 deals with the CCPC...is that correct? And when it refers to “conflict with legislation,” where has the CCPC been told about these conflicts and the corrective action we have put into place to remedy it? What specifically were we in conflict with?

From the way I understood it...and Dr. Moss you may be able to speak to this better...but there were decisions being made around allocations that were not driven by the data – according to the legislation – that we should have been focusing on and making our decisions. Dr. Moss indicated that there are also additional data expectations on the part of the CCPC, as well, and the manner in which that was happening prior to the previous site visit (at that time), just wasn't happening in HRSA's opinion.

My concern is that the letter was received on April 11, 2016, and I feel the CCPC should have been informed by May that these were issues our Project Officer had concerns with. Then we should have been able to have discussion, training, etc., in order to develop a plan of action address this appropriately.

Dr. Moss indicated that OAA received the findings in early 2013, after the site visit in 2012. I don't remember if the CCPC was actually given a copy, at that time. However, there were consultants brought in and technical assistance to assist with the issue. However, there was a response indicating that the CCPC was somewhat involved in the corrective process. I also think we have had some challenges in communication (historically), that could be improved in terms of what's being communicated to OAA (from HRSA) and not passed down to the CCPC.

[Rama Franklin spoke about the internal transitions within OAA and the challenges in their office with consistency in information, data, etc. However, there have been significant improvements made and more can be expected in the future.]

Dr. Moss concluded that the Council should be mindful that there were other issues that HRSA also required OAA to address – some with much more urgency. Nonetheless, this matter was given the office's attention and support, as well.

Freddie Smith motioned to have updates from HRSA – and specifically those that relate to the CCPC – become a permanent part of the Grantee's Report. Keisha Willard seconded the motion. The Action: **1702-CCPC-03** was approved.

VIII. EXECUTIVE COMMITTEE RECOMMENDATIONS TO CHANGE THE MISSION STATEMENT

Co-Chair Liam Galbreth explained the background and discussions leading up to the recommended change. Due to the outdated nature of the term “AIDS” and the (ongoing) associated stigma, it is being recommended by the Executive Committee to change the CCPC Mission Statement to read:

“The Collaborative Community Planning Council will provide comprehensive planning, prioritization, and education regarding HIV services in Alameda and Contra Costa Counties that is inclusive, equitable, compassionate, and respectful of human rights.”

So, the Executive Committee is bringing this matter forward (to the CCPC) for discussion.

Given the difference between an AIDS diagnosis and HIV as far as services, could this have a negative impact on how people get services if we remove the wording from our Mission Statement?

At times, service providers have used eligibility criteria that included disease status. However, I don't think there is any reason, from a policy or program stand point that changing the Mission Statement would result in people no longer being eligible for services. The services that are funded through Ryan White are not, and should not, be limited to persons who have advanced staged disease.

Is the letter of diagnosis a standard document or is it different from agency to agency?

Medical Case Managers, as well as Nurses and Social Workers complete those. Generally, Doctors have been known to (recently) toggle from AIDS to HIV dependent on the CD4 count. That has not always been the case – it was once based on opportunistic infections and whether the CD4 count was below 200. So, maybe we do need to have more conversation before this change happens.

[There was more discussion about this matter, after a consumer stated that his status had changed – improved – from an AIDS status to HIV (now considered a disability).

The Committee members took a vote on either changing the wording of the Mission Statement (removing “AIDS”) or, not. There was a majority vote to keep the wording as it is.

NEW BUSINESS

IX. THIRD QUARTER FISCAL REPORT – FY2016

Elena Deleon, OAA Fiscal Officer, presented and reviewed the latest financial report data with the members. She indicated that at the current unexpended amount of funding (as of November), the County budget shows 35.13% of expenditures – which is below the ideal equivalent of 25%.

A couple months ago when clients were asking for EFA, they were told there were no more funds. So, if there is now unspent funds in this category, why were clients being turned away for assistance?

The Program Manager who handles this category is unavailable. So, we need to investigate this further and get back to you.

I am concerned about how agencies might be marketing services to clients, in terms of making them aware that these funds are available in an effective manner. Do we know how well the agencies are doing this?

There was only one service provider that administered these funds. However, HRSA is very strict in the guidance around these dollars and there is certain eligibility criteria that must be met. We don't know what happened exactly, but need to follow up to determine the circumstances.

[In response to an expressed concern by a consumer, it was noted that funding for housing assistance had been significantly increased during the past fiscal year period.]

I am extremely concerned that given the critical state of our housing issue in the Bay Area, how can we have unspent dollars (in this amount) in this service category?

Actually, if you look at the figures as of November and given the reallocation amount, this is a negative amount in the housing category.

[Co-Chair Liam Galbreth noted that the members should pay attention to the funding details in the Psychosocial Support category, since there was a reallocation that now has resulted in significant unspent dollars.]

X. FY2017-2018 CCPC CO-CHAIR ELECTIONS – NOMINEE STATEMENTS & (BALLOT) VOTING

Patricia Sweetwine announced that candidates would be given 2 minutes to make their statements. They were introduced and made their comments as follows:

- Raymond Brickhouse
- (Current Co-Chair) Monica Cross
- Eric McCann
- Carla Wright

Following the presentations, the Ballots were collected by the Support Staff who reminded members to make selections of two (2) candidates to serve the initial term of one year. Co-Chairs Liam Galbreth and Monica Cross were acknowledged for their great work in leading the CCPC, thus far.

Again, Patricia Sweetwine and her team at Sweetwine Consulting Service were also acknowledged for their hard work in moving the Council forward and providing guidance and assistance to members.

XI. COMMUNITY/PUBLIC COMMENTS

Ivy – W.O.R.L.D. - announced that flyers have been distributed concerning their March 8, 2017 event at the Scottish Rights Temple for Women’s and Girl’s Day. This is a free community event with entertainment, raffles, food and educational discussions. More flyers are available upon request.

Ramiro - expressed his concerns about not seeing any TV ads concerning HIV/AIDS and perhaps agencies can consider this in the future.

Co-Chair Monica Cross - read a written statement sent from Sharyn Grayson in Dallas, TX.

Patricia Sweetwine - introduced and acknowledged the previous CCPC Co-Chairs seated in the audience: Dr. Alvan Quamina, Dr. Gwen Sykes, Dr. Tony Sillemmon, and Joe Hawkins.

Betty Ubiles - also acknowledged the previous Co-Chairs of the CCPC and the Sweetwine Consulting team.

XII. ANNOUNCEMENTS

- The new Co-Chairs for FY2017-2018 are Raymond Brickhouse and Eric McCann.
- The Brotherhood of St. Augustine Episcopal Church, 29th at Telegraph in Oakland is presenting an all-you-can-eat Crab Feed on March 4, 2017 beginning at 6pm. Tickets are \$45 with proceeds benefiting the St. Augustine Youth Scholarship Fund.

XIII. ADJOURNMENT

The Sweetwine Consulting Service team members (Patricia, Kweli, and Shirley) were asked to briefly update the CCPC on their individual plans for the future. Raymond Brickhouse motioned to adjourn the meeting. The motion was seconded by Eric McCann. The *Action*: **1702-CCPC-04** was approved.

MOTION APPENDIX

- **1702-CCPC-01: Motion Adopted**

Freddie Smith motioned to approve the Agenda for the February 22, 2017 CCPC meeting. Raymond Brickhouse seconded the motion.

- **1702-CCPC-02: Motion Adopted**

Co-Chair Liam Galbreth motioned to approve the Minutes for the January 25, 2017 CCPC meeting. Carla Wright seconded the motion.

- **1702-CCPC-03: Motion Adopted**

Freddie Smith motioned to have updates from HRSA - particularly those that pertain to CCPC actions and/or activities - become a permanent part of the Grantee's Report moving forward. Keisha Willard seconded the motion.

- **1702-CCPC-04: Motion Adopted**

Raymond Brickhouse motioned to adjourn the meeting. Eric McCann seconded the motion.