



**Minutes Consortium Meeting
Monday, July 11, 2016 10:00-12:00 noon
Center for Health, North Richmond
1501 Fred Jackson Way
Richmond, CA**

Present:	
Betty Blackmore Gee- Community Resident	Christine Leivermann- HIV/AIDS & STD Program
Don Grant-Community Resident	Christina Amador- HIV/AIDS & STD Program
Bob Capistrano – Bay Area Legal Aid	Obiel Leyva – HIV/AIDS & STD Program
Cameron McCaugherty – Planned Parenthood	Angel Mateo-Lifelong Medical
Irma Donaldson-NHNR	Angela Moore-CCIH
Vance Drouillard- RCC	Courtney Cummins-NAHC
Shawny Flores-CCIH	

	Discussion
Call to Order	<p>Betty Blackmore Gee called the meeting to order at 10:07 a.m. The meeting began with a moment of silence to remember those individuals that we have lost to HIV/AIDS. Next, introductions were made and the agenda was reviewed. There was no quorum as there were only two voting Consortium member present. Consortium bylaws require that voting members attend meetings regularly and complete a Form 700 Statement of Economic Interests. Since it is unclear if these steps have been followed, the individuals present can be categorized as having an “Affiliate Membership.” Affiliate membership allows for discussion of Consortium matters and voting on recommendations, however, the vote is non-binding. At this meeting, we will discuss allocations and make a recommendation to the full Planning Council.</p>
FY 2017-18 Allocations Process	<p>At the May Consortium meeting, Karen Schlein provided a report on the Outcome Indicators for Ryan White Part A Funded Services in FY 2015-16 and a data update (please refer to May minutes for full details). At today’s meeting, Christine began the discussion with a quick review of the data and then presented the recommendations from the Allocations Committee for FY 2017-2018. The goal is to make recommendations to fund services that improve medical/treatment adherence for clients. Key discussion points included:</p> <ol style="list-style-type: none"> 1. Overall, the Contra Costa percentage of Part A funds was reduced from approximately 27% to 25% due to shifts in regional distribution of caseload between Alameda and Contra Costa. 2. Medical Case Management continues to be the flagship of our core services; MCM services support retention in care, treatment adherence, and clinical provider treatment plans. Referrals are generated to access other services. These services are now fully staffed. Recommendation: Keep flat funded at 78%. 3. Mental Health and Substance Abuse Services are important core services and, in many cases, can be funded by MediCal. We have seen a reduction in utilization of RW services but these services remain an important component of the delivery system. Recommendation: keep flat funded at 1% each.

4. Medical Nutrition Therapy continues to be well received by clients. While Medi-Cal does pay for these services, the wait can be long and RW continues to fill the gap. **Recommendation: keep flat funded at 3%.**
5. Early Intervention Services (EIS) were added this year (2016-2017) to the list of core services to promote early identification of individuals with HIV and AIDS and link them to care. **Recommendation: fund at 2%.**
6. Transportation services include car transport, bus/BART passes, and gas cards with a priority to get to HIV related medical appointments. We have limited access to CCHP transportation services for those enrolled in the health plan. **Recommendation: keep flat funded at 4%.**
7. Health Education/Risk Reduction services are currently being funded in Central and East County. **Recommendation: keep flat funded at 2%.**
8. Food services are no longer sustainable under the home-delivery model. The food bank continues to offer food boxes for pick-up to eligible clients. Consumers with difficulty accessing a food box drop site can offer suggestions for other pick-up sites for the Food Bank to consider. **Recommendation: keep flat funded at 7%.**
9. Legal Services are important to assist clients to appeal benefits denials and maintain housing. The utilization has decreased this past year partly due to a change in the provider but the service remains important for consumers. **Recommendation: keep flat funded at 2%.**
10. Minority AIDS Initiative funds ambulatory care for individuals who are not eligible for coverage through Medi-Cal or Covered CA.
11. HOPWA funds Housing Advocacy Services for clients who meet program criteria.

The recommendation was made to keep most services at flat funding (see attached table), reducing legal services and food bank services marginally. The group discussed the recommendation and by unanimous vote, agreed to accept the recommendation.

The next step in the allocation process is to present the final allocations recommendation to the TGA Executive Committee and Planning Council in August.

*Contra Costa HIV/AIDS Consortium
Meeting Minutes
July 11, 2016*

Services Discussion	<p>Obiel facilitated a discussion on “How to Best Deliver Services.” He started by asking two simple questions: What is working well in our system of care? What needs to be improved? The discussion that followed centered on three items: the reassessment process for Medical Case Management Services, consumer involvement in the monthly Continues Quality Improvement (CQI) phone calls, and the location for Consortium meetings.</p> <ol style="list-style-type: none"> 1. Six Month Reassessment Process: Some members expressed concerned over the amount of “red tape” that exists to access services in our system of care. Namely, why do medical case managers need to reassess clients every six months? Christine explained that this is a requirement by our funder and we have to document income, residency, and health insurance status every six months. One member asked, “If there is no change at the six month reassessment, can clients submit a one page document to verify this instead of having to meet in person with their medical case manager?” This would make it easier on the client and the medical case manager. The HIV/AIDS and STD Staff will look at the possibility of doing this. 2. Monthly CQI phone calls: Christine explained that the monthly CQI calls are with HIV clinical providers and they are used to improve the clinical care system for clients. Participants expressed some interest in taking part in these calls to help to improve the system. Information on the monthly CQI calls will be sent out to Consortium members. 3. Location of Consortium meetings: Members expressed an interest in selecting one central location for the Consortium meetings as opposed to a different location each time. It was pointed out that we received the opposite recommendations about five or six years ago. However, Christine suggested that program staff send out a survey to Consortium members and consumers to ask about this issue and elicit recommendations for a central meeting location. It was made clear that the Consortium must meet at least once a year for the Allocations process. Members like meeting every other month but requested presentations on topics important to consumers like: HIV clinical update, housing issues, risk reduction information, etc. at meetings when Allocations are not discussed. The HIV/AIDS and STD staff will look into this and propose a schedule of presentations.
Public Comment	None.
Announcements	<p>CCIH is hosting workshops on housing issues next month. They will include how to read a lease and rental agreement information as well as tips on how to talk with landlords.</p> <p>Planned Parenthood is starting nPEP (non-occupational post-exposure prophylaxis) at all of their eight clinic sites. Their PrEP Program is going well. At their El Cerrito Plaza clinic site, they have begun hormone therapy for Transgender clients.</p> <p>RCC is continuing to provide HE/RR support groups in Concord and Pittsburg.</p>
Adjourned	Meeting adjourned at 11:56
Next Meeting	Monday, September 12, 2016 from 10-11:30 at the Rainbow Community Center in Concord.