



Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

"Serving Alameda and Contra Costa Counties"

Executive Committee Meeting MINUTES

Office of AIDS Administration,
1000 Broadway, 3rd floor, Oakland, CA 94607
Wednesday, March 9, 2016

Liam Galbreth, Co-Chair

Monica Cross, Co-Chair

I. CALL TO ORDER

The meeting was called to order by Co-Chair Monica Cross, with introductions of the Committee members (and guest) present, followed by a moment of silence observed in honor of persons infected with and/or impacted by HIV/AIDS.

II. MEETING ATTENDANCE

COMMITTEE MEMBERS:

Phoenix Smith (Grantee Representative)
Loren Jones
Carla Goad
Monica Cross (Co-Chair)
Lois Bailey-Lindsey
Liam Galbreth (Co-Chair)
Betty Ubiles

COMMITTEE MEMBERS ABSENT:

Nilda Rodriguez
Cynthia Carey-Grant

Facilitation/Support Staff:

Shirley Prothro
Patricia Sweetwine

III. AGENDA REVIEW AND APPROVAL:

Carla Goad moved to approve the Agenda for the March 9, 2016 meeting. Loren Jones seconded the motion. The *Action: 1603-EXEC-01* was approved.

IV. MINUTES REVIEW AND APPROVAL:

Loren Jones moved to approve the February 10, 2016 Executive Committee Meeting Minutes. Phoenix Smith seconded the motion. The *Action: 1603-EXEC-02* was approved with two abstentions.

UNFINISHED BUSINESS:



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V. GRANTEE REPORT

(Grantee Representative - Phoenix Smith, MPH, presented brief highlights from her written report):

Highlights:

- The OAA received a notice of award letter from the State for approximately \$2 million over the next 3 years for Prep. The target populations are MSM and the Transgender community. It is expected to take about a year to staff and facilitate the process of service initiation.

[Two members expressed their concerns about women and Heterosexual men being excluded from the target population. It was suggested that these inquiries and discussion should be had with Dr. Moss during his presentation later, during the meeting.]

- The county will also release an RFP later this month with regard to Measure A funds received to support Syringe Exchange. Dr. Moss will also talk more about this later.
- The correct date and time for the March 17th Linkage Network meeting was announced, as well as the presenters.
- The State is now contracting with 8 Federally Qualified ADAP enrollment sites. It is anticipated the contract process will be completed by July.
- The UDC/UOS data was briefly reviewed.
- The HRSA required Organizational Assessment has been completed. The priority findings and new meeting mandates were briefly explained.
- The Integrated Plan meeting will take place on Friday, March 11th from 12-2pm.

VI. STANDING COMMITTEES & MANDATED CATEGORY REPRESENTATIVES REPORTS *(Action Items Only)*

Membership - The issue of CCPC member Nilda Rodriguez' recuperation and her inability to attend regular meetings was discussed. The Committee is seeking direction and guidance from the Executive Committee on how to handle this matter.

[There was another discussion about the concerns around the inclusion of women in the new funding process. Again, it was suggested that these concerns are brought up with Dr. Moss.]



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In lieu of the recent annual voting process for CCPC Co-Chair, and Monica Cross' subsequent appointment, the Co-Chair position for the Membership Committee was left vacant. Pat Sweetwine, Support Staff E.D., briefly explained potential alternatives for filling the vacancy - per the CCPC Bylaws.

Carla Goad moved to approve and appoint Betty Ubiles as the new Co-Chair of the CCPC Membership Committee. Lois Bailey-Lindsey seconded the motion. The *Action*: 1603-EXEC-03 was unanimously approved.

VII. DISCUSSION: OAA RFP PROCESS & CARRYOVER OF FUNDS

Co-Chair Monica Cross introduced Dr. Nick Moss. Dr. Moss opened his presentation by suggesting that members initially ask their questions and express concerns, which he will be happy to respond to.

"I think of two things with the RFP and carryover process. As we ponder ACA there have been a lot of changes in how funding works and what agencies can bill to Ryan White vs. what agencies are now able to bill to Medi-CAL or Covered California Plans, etc. One concern is making sure that we have enough lead time to reallocate in a way that is responsive but also gets the money spent. The other question (from my perspective) is, with this sort of big transition in funding it feels like it's been difficult for us to be quick in response, in part, because of the limited capacity within the TGA and the time it takes for the Grantee to develop relationships (through the RFP process) with agencies providing these services. So, I think what we often end up doing is balancing on one hand the need and on the other hand, weighed against our limitations on how we can spend the money, leaving us to make decisions driven by these factors."

Well, there's a lot in there, but I think I can respond. Historically, there are a few things that were different. There was a lot more demand for ambulatory care and dental services - which with the ACA and surprise increases in dental funding has gone away. We used to be able to put a lot of funds into those service categories, both at the top of the year and also through the reallocation process. So, when we were unspent in certain service categories we were able to move those funds into the more expensive categories



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and we could then spend down our funds while meeting the ongoing needs of the community. In the last few years, we have not been able to do that and we are not able to put unspent funds in those service categories as we go. This has led to higher amounts of unspent funds in fiscal years and large carryovers, which we just have not been able to absorb as well as we have in the past. So since all that has changed, I agree that it is true there is a mismatch between the local need that we all know and we see in our work directly with clients. But the capacity of our network of providers to meet that need is limited by a number of things - including just the size and reach of individual agencies and the added regulatory pressures that we have been under in the past couple years. This has been a strain on folks and I think has made it harder to expand services, frankly.

"What do you mean when you say added regulatory pressures?"

Well, I think the fact that draw down status has required folks to account for every penny, in a way that the level of accounting has increased substantially. That has put a lot of pressure on folks. As well, and because of the economy, there has been more competition for jobs which has resulted in agencies being unable to fill positions and makes it harder for them to deliver services - even though they are needed - and thereby sustain their levels of capacity. Retaining qualified staff is a real problem in maintaining and building capacity, particularly for some agencies in our small network of service providers. What are we going to do about that? Phoenix and I are committed to both working with existing funded/contracted agencies to help them through this, as best we can. I have also spoken with Robert Whirry about addressing this as a formal focus in our Comprehensive Plan. Because if we can demonstrate a formal need during the Needs Assessment process, we could actually spend some of our MIA funds on organizational capacity building, which may create some opportunities there. We are continuing to work with our service providers to really make sure we are supportive and helping them to overcome some of the challenges they may have with our (OAA) infrastructure. There are many other examples of how OAA and Program Monitors have worked with agencies on some of those issues, but it remains a challenge.

Related to that, is the RFP process. So yes, one way to improve capacity to deliver services is to have RFP's and bring in new service providers who are able to provide services and meet the needs locally for a given service. A couple comments about that...first, we are under-staffed and RFP's are a lot of work. We are releasing some, but not



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all that will be released are Part A. So some coming out will be for prevention. The county's preferred strategy for procurement is a 3-5 year cycle but we have to get through this period of light staffing to free up staff time and energy to draft the RFP's and usher things through the RFP process. The other issue is that people have to apply and compete for those RFP's. We have had very low participation and competition recently and I think some of the reasons for that are the same as the reasons we discussed why agencies are struggling. There may not be local agencies, particularly, who have experience with the specific service category that's offered and may not feel comfortable trying to enter that new service area. That might be an area where, if we could get some funds for capacity building out of MAI, we might be able to offer some opportunities for agencies to build capacity in service areas that we haven't funded as much in the past (as we are moving away from funding much of the ambulatory care and dental) maybe creating some confidence in the ability to compete for RFP's.

Obviously, we can't train someone and then guarantee them funding. They will have to go through the RFP process in order to get funding.

Phoenix Smith added: *Also, I think it is important (for the broader context) to know that we are not the only funders around HIV services in this county. There are agencies that have received direct CDC, Part C, and SAMHSA funding in the past few years. I think when we are hearing*

feedback from the community and others about their frustrations, we don't always include the broader context. We (OAA) provide funding for Ryan White, and that includes a lot of administrative burden - and that is kind of the way it's been happening. Now we just received this prevention funding, but there are some of our long standing CBO's that serve people living with HIV that are also receiving funding from other sources (e.g., CDC, SAMHSA, HOPWA, etc) - and we are not involved in that process. So just keep that in mind so we have broader context as well.

Pat Sweetwine added: *When the CCPC asks for other reports and data sources, it usually comes out that there are other agencies that provide additional services. So we just have to remember to keep that in mind as we move forward. But, in the past, the Board has been given more data that explains that there are other agencies that provide these services.*

"So if I'm hearing correctly, it works both ways. Not only is Ryan White the funder of last resort for us but also for providers. So if they're getting money from other places then would we have to be the last place?"



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The best example of that is Medi-CAL. Now that Medi-CAL is expanded and many more people are eligible for that, folks who used to get their ambulatory care paid for by Ryan White, are (now) getting their services paid for by Medi-CAL. We cannot charge Ryan White for medical services for those people anymore. That is the single best, and most impactful, example in terms of this.

"And that goes for dental..."

Yeah...although I think that because there are some challenges with access with some of those services - and restrictions - I feel like we have a little bit more for an individual client who may be having access problems; we can make the argument that Ryan White can be used. But it's a lower dollar amount.

Carla Goad added: *(She gave a brief explanation of how this works in Contra Costa County.)*

"So what I'm hearing is that there is a gradual decrease in funding?"

Well the Ryan White funding has been fairly flat, except for the sequestration year. There was an increase last year, which in my perspective, it really looked like more of a replacement of the sequestration funds. But some counties across the country did have cuts - like San Francisco. We don't have our full award for this year but we are expecting it to look flat funding, the same as last year. At least we are not seeing Ryan White cuts - if that's what you meant. It is more of a problem between the mismatch of funds that we have and how we spend them. It gets challenging to start reducing our award based on unspent funds - from a political standpoint - if we push back. But we have a real vulnerability to cuts if we are having trouble spending down our funds every year. That's the last thing Phoenix and I want to have to do is, stand before you and

the community and announce that they're not giving us as much anymore because we have been unable to spend our funds.

"So about the carryover funds, for me coming from a military background, if you keep that in carryovers it doesn't back your long term budget. Is there a penalty for carryovers?"

The way it works there are penalties if we don't spend up to a certain percentage of our formula award. And there may be sort of downstream penalties if we don't spend all of our supplemental. We can do that by moving money around a bit - which is a little bit



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more of an accounting thing. To my knowledge there is not a specific penalty associated with not spending all of our carryover, other than we are just leaving money on the table.

"So are we in danger, because the sequestration issue is still on the table?"

Yes, it could come back anytime. I think it could be a vulnerable position - politically speaking - for all of Ryan White.

"With the supplemental formula, if you do carryover, doesn't that impact the following year that they would then look at reducing your justification?"

I am not exactly sure how the rules work with that - they are very specific. Ellen Deleon could better answer that. But I could look and see what the specifics are. So far, we haven't run into anything on that front and we've had quite a bit of carryover.

"When Phoenix was talking about the RFP for Prep, I (and people around the table) had concerns that women are not included. And we were just curious if that was a decision that came from the State RFP, or OAA?"

The CDC - that is CDC funding actually. The state was eligible to apply on our behalf and it was specified in the original CDC funding announcement - the designation of target populations. This will pay for staff here to do coordination and outreach. We (OAA) will use those staff to do coordination and outreach for Prep for all communities. I want people to realize that we recognize the issue with women. So we are interpreting this broadly. It's not paying for Prep, it is really paying for outreach, coordination and promotion of services. The one exception to that is we got a lot of money for social marketing outreach, and that will probably have some more universal components, but a lot of it will be targeted for the MSM of color and Transwomen. There was a Prep navigation RFP that came out from the state that some local folks applied for, and that may be more broad. Some CBO's may have applied to do some specific work around women. So it will be interesting to see if anybody gets awarded locally.

Carla Goad expressed her feelings about the challenges of the timelines around the reporting requirements (per HRSA) with regard to the spend-down for carryover funding. She also mentioned concerns around thinking ahead with regard to reduced services and really looking at the 4th quarter report percentages in planning strategies for the future.

The timeframe of that carryover is not affected by our staffing right now. We are staffed to submit that stuff end. It's just that is the way it is set up with HRSA and HRSA is very slow on that. I think the solution, number A-one, is if we spend down our



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original award then we won't have as much carryover to distribute. In the past, we have submitted our FFR a month early and it didn't really impact the timeline. The role that the CCPC would have in that is (and it is hard not to do it), we do not have to request the full carryover. It is something to consider when we are having that discussion if we, collectively, do not feel that the capacity is going to be there to absorb funds over the 3-month period that we have. It is worth discussing asking for a reduced amount. That will come up again this summer when you all are discussing this. It is a very hard thing to do and I totally understand asking for everything, but...you know.

"I think what we actually have is more of a marketing issue with the public. Like the conversation makes sense here, but when we get into the main room it seems the audience understands none of this. Can we find someone on our staff that can figure out a way to simplify the answer for the public?"

Yeah...we can work on that. I know exactly what you are saying, and the importance of being able to communicate this in a way that people living with HIV of various literacy levels. Phoenix went on to say that she would work with the CCPC on this particular concern. Dr. Moss also stated that, there needs to be a better job done of informing providers about other services that are available in the TGA. Both he and Phoenix gave examples of some identified gaps that could be addressed. Dr. Moss stated that OAA is willing to work with the CCPC in reviewing any potential challenges that have been expressed by the community.

"I just wanted to speak to the dental program. It feels like 2015 is a pivotal year because the ACA was implemented in 2014 but I think we can now look at the numbers and make more realistic decisions."

[There were various other conversations about expressed service delivery needs and interventions, particularly with regard to medical case management.]

[It was noted that the How Best to Deliver Services document is a good tool to use in designating qualifications for medical case management personnel.]

"If we are having challenges with pay, in terms of hiring more experienced case management personnel, perhaps we can look into ways of possibly leveraging some of the unspent funds to address this."

Typically the agencies will propose the budgets for those things, but there may be ways to develop an RFP that can be structured in a certain way...I can look into that. I just



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want to say that I think this was a very useful discussion and I want to invite you all to send me any follow up

questions - you can get with Phoenix to do that. I agree with the particular idea of really putting some emphasis on expanding medical case management and focusing on this capacity building issue within case management as part of that. It does allow outreach for people who are out of care and newly diagnosed, and that's a scenario that could potentially be expanded and often lends itself well to the type of providers who are already in our network. So just something to think about when you go into your allocations and when you solicit your next needs assessment. I hope that we are able to build on this and are able to come up with some long-term strategies.

Quality Data - (No Action Items)

Contra Costa - Carla Goad gave highlights from her (written) report and answered questions.

"Is the formula for determining allocations between Alameda and Contra Costa dictated by HRSA or is it a local negotiation?"

It's a local negotiated formula. I was reminded last month that the percentage of people has shifted. (She went on to explain the circumstances surrounding this process.)

"Is it possible to reallocate between Alameda and Contra Costa if we wanted to?"

Absolutely. This was done last year - per the formula we gave back funds to Alameda because it was determined that our allocation was several thousand dollars more than we needed.

PLWHA - (No Action Items) However, Loren Jones reported that there was low participation.

"This is very concerning to me - as we are talking about only 16% of PLWHA's are participating and every meeting Loren comes in and says there is low participation on the PLWHA Committee. Does anyone have any suggestions on how we can support or what we can do?"

Hopefully, when the educational series starts we will see some new faces.



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'But that's not always the case anyway, even when you have all the food, etc. Why do we have PLWHA meetings here at OAA? Have you thought about going to one of our funded clinics and asking to have the meetings there - offering to bring food?'

Well we will definitely bring that up, but I feel there is a challenge with advertisement. How do we get the information out to let them know about the new location?

[More discussion and suggestions focused on this topic. As well, there was very brief discussion and clarification concerning the membership status of Nilda Rodriguez - resulting in the matter being moved to the April CCPC meeting to be properly agendaized.]

NEW BUSINESS (*Action Items*)

VIII. REPORTING THE SURVEY RESULTS FROM PRIORITY-SETTING EVALUATION

Lois Bailey-Lindsey presented the findings. The following recommendations were made during the QDS Committee meeting in February:
Know.

1. To expand the response options to - Agree; Disagree; None Applicable; and I Don't Know.
2. The evaluation is to receive an ample amount of time on the CCPC meeting Agenda.
3. Having the evaluation completed at the CCPC meeting.

"The surveys are a critical component. So having it done at the meeting seems the best option."

[Various discussions and suggestions followed.]

UNFINISHED BUSINESS (*Continued*)

IX. CONTINUED DISCUSSION ON EXPANDING THE CCPC MISSION STATEMENT

Patricia Sweetwine reviewed the discussion from the previous CCPC meeting. Co-Chair Galbreth reminded the members that it had been decided, previously, that Dr. Cadet would facilitate this process and assist in the development of a formatted tool. She will be asked to attend the April meeting for more discussion and action on this matter.



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X. AGENDA SETTING FOR MARCH 23, 2016 CCPC MEETING

The Committee members discussed and worked on the new Agenda for the March CCPC meeting.

XI. COMMUNITY/PUBLIC COMMENTS

(No comments requested/noted)

XII. ANNOUNCEMENTS

- Ø Carla Goad announced that she will be taking a leave for 6-8 weeks beginning March 28th. Karen Schlein may be her replacement during her absence.
- Ø WORLD is hosting their "Open House" today at their new site.

XIII. ADJOURNMENT

Betty Ubiles moved to adjourn the meeting. The motion was seconded by Co-Chair Liam Galbreth. The *Action: 1603-EXEC-04* was approved by unanimous vote.

Motion Appendix:

- **1603-EXEC-01: Motion Adopted**
Carla Goad moved to approve the Agenda for the March 9, 2016 meeting. Loren Jones seconded the motion
- **1603-EXEC-02: Motion Adopted**
Loren Jones moved to approve the February 10, 2016 Executive Committee Meeting Minutes. Phoenix Smith seconded the motion.
- **1603-EXEC-03: Motion Adopted**
Carla Goad moved to approve and appoint Betty Ubiles as the new Co-Chair of the CCPC Membership Committee. Lois Bailey-Lindsey seconded the motion.
- **1603-EXEC-04: Motion Adopted**
Betty Ubiles moved to adjourn the meeting. The motion was seconded by Co-Chair Liam Galbreth.