



Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

“Serving Alameda and Contra Costa Counties”

CCPC MEETING MINUTES

Wednesday, March 23, 2016

1:00 pm – 4:00 pm

Office of AIDS Administration

1000 Broadway, 5th Floor Oakland, CA 94607

Liam Galbreth, Co-Chair

Monica Cross, Co-Chair

I. CALL TO ORDER

The meeting was called to order by Co-Chair, Liam Galbreth at 1:25 p.m. He began by requesting a moment of silence in honor of those affected and/or impacted by HIV/AIDS. This was followed by introductions of members and guests present. The Mission Statement was then read by Nydia Morales, followed by the reading of the Group Norms and Values by Pamela Lewis.

MEETING ATTENDANCE

PLANNING COUNCIL MEMBERS:

Monica Cross, Co-Chair
Loren Jones
Nydia Morales
Trina Walker
Eric McCann
Lois Bailey-Lindsey

Carla Goad (Contra Costa County)
Keisha Willard
Liam Galbreth, Co-Chair
Carla Wright
Fred Smith
Marjorie Katz (State OA) (via Phone)

Absent Member(s):

Staff:

Will Walker
Cynthia Carey-Grant
Loris Mattox
Nilda Rodriguez
Phoenix Smith (OAA Grantee Rep)
Raymond Brickhouse
Betty Ubiles

Council Support

Patricia Sweetwine
Kweli Gibson
Shirley Prothro

Community/Guests:

Octavio J. Vallejo, MD
Freddie Smith
Dr. Nick Moss (OAA)
Pamela Lewis

II. AGENDA REVIEW AND APPROVAL

Loren Jones moved to approve the Agenda for the March 23, 2016 meeting. Carla Goad seconded the motion. The *Action: 1603-CCPC-01* was approved.

III. REVIEW AND APPROVAL OF THE MEETING MINUTES

Nydia Morales moved to approve the February 24, 2016 CCPC Meeting Minutes. Loren Jones seconded the motion. The *Action: 1603-CCPC-02* was approved with one abstention.

UNFINISHED BUSINESS (refer to Appendix for Motions)

IV. GRANTEE REPORT UPDATE

(In the absence of Phoenix Smith, OAA Acting Director, Pamela Lewis presented the Grantee Report. Highlights of her presentation included:)

- The Linkage Network meeting was held on March 17 - with about 40 persons in attendance. There was a presentation and discussion about the health care provided to inmates at Santa Rita.

"Was there a timeline given for when someone is first booked and discloses they are HIV positive, to when they receive medication?"

Well, to when they receive medication...I'm not sure about that. I know that he tries to see everyone within 72 hours and within a week of their incarceration they are seen by a Physician. There are plenty times when an inmate refuses to see the Physician but, I think the medication begins during the Doctor visit. I could be wrong on that, but I could get clarification.

- There are 8 ADAP enrollment sites and they all have completed their site visits.
- We have a new Quality Coach - Susan Thorne(?) - who will be coming on. Some of you have met her. I will continue as the OAA Quality Manager and she will assist in some of the duties that came out of our recent Organizational Assessment. *(She reviewed the findings and gave brief updates.)*

"I wanted to bring up a question about the Quality Improvement Teams - since I was a part that original workshops that were given here in Alameda - the training classes - I think it is appropriate that not only Providers but consumers will also be included in the meetings."

Absolutely agreed.

- The OAA, Part C, and Part D monthly collaboration meetings have continued to discuss issues around our data base system. We are in Phase I of the upload of the NextGen data into the ARIES system. We want to participate more fully to increase distribution and responses to our client satisfaction surveys, as well as improve our RSR data reporting.
- Our quarterly newsletter is coming up. If any of you have any information to include, please contact Lorenzo Hinojosa at OAA.
- With regard to the Administrative Mechanism and the poor response from the agencies that we fund, it was suggested that maybe the Program Monitors can help to improve the responses. We need to know what time of year the data is distributed, to maybe help coordinate an appropriate time during our mid-year site visits in September and October. Then we also need to make sure that there is an updated list of the agency contacts.

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

PLWHA

(No Action Items) - We did finalize the educational luncheon series that will begin in May 2016.

MEMBERSHIP

(No Action Items)

QUALITY DATA & SERVICES

The Committee reviewed the Priority-Setting and Resource Allocations timeline. There were a few changes made that will be shared with the Executive Committee for final review and approval before moving forward to the CCPC body.

(Carla requested that the Contra Costa presentation is included in August - rather than July - as a special note to the Committee.)

CONTRA COSTA

(No Action Items) However, Carla went on to briefly explain the Part A Update chart and provided general announcements about the Consortium meeting.

STATE OFFICE OF AIDS

(Marjorie Katz gave highlights from her written report - via Phone)

- Majel Arnold was announced as the new HIV Care Branch Chief at the State Office of AIDS.
- The State OA has awarded both the ADAP Program contracts for Insurance Benefits Management (IBM) and Medical Benefits Management (MBM) to Pool Administrators, Inc. Also, the award for the enrollment management system to track benefits and coverage for eligible ADAP clients went to A.J. Boggs & Company. This is a new concept for the OA to have broken out the ADAP work into different contracts but the office is excited about the opportunities and the new tools that will be available for clients and enrollment workers.
- The HIV Prevention Branch released an RFA for PREP Navigator and that process has been completed. There were 9 awards. More information - including the names of the awardees, etc. - is included in the written report, as well as at the State OA website.
- The Statewide Needs Assessment and Integrated Plan Group has been meeting weekly, and on a biweekly basis with the Part A Grantee partners. The Epi and Continuum of Care profiles are currently being updated and your Grantee will have access to all the data that has been collected at the statewide level, as soon as that is completed.
- There will be a one-day meeting in Sacramento on April 11, 2016 that will bring together key stakeholders and CPG members to provide input into the State's Integrated Plan. The meeting is titled "*Laying the Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan*". This is the first step of other subsequent meetings in developing the statewide plan.
- The California Planning Group (CPG) will be hosted by the State OA at its meeting on April 12, 2016 in Sacramento, where the focus will be more work on the 2016 Statewide Needs Assessment and Integrated Plan.

Carla Goad: It looks like, in your report that, the new groups that are doing the administration for ADAP and for OA-HIPP, the transition from Ramsell to them will be happening in the Spring?

The start dates for the different contracts are obviously not all at the same time, so I don't have that exact schedule. But it is the goal to get everything up and running by the Spring. That would include being able to reimburse people for out-of-pocket costs - which is a tremendous deal for California to be able to put this in place in the two years it has taken.

PREVENTION

(No Action Items - No Report)

PART C

- The Part C grant year is based on a calendar year - our grant begins January 1 and goes through December 31, 2016; which is wonderful for the RSR because it is in the same grant period when we are collecting data. The Ryan White Services Report (RSR) is due on March 28 - next week - but because of the combined efforts of Ryan White Parts A, B, C, and D we will be submitting all of the RSR's by the end of today.
- In relationship to HIV dental services, the Alameda Health Consortium (AHC) - which are the community clinics here in Alameda County (listed in the written report) - are going after money (private, public, and otherwise) for Alameda County to increase dental services. Because of the ACA, as well as the current Medi-CAL status, our dental clinics are just overwhelmed with patients - including our HIV patients. As a result, the County has committed to give the community health centers additional money for clinics to expand services and to actually open some new sites.

"Can you just remind me, what do clients need when they access services?"

They need proof of diagnosis, they will be screened for eligibility for Ryan White (HIV positive), and they have to show that they are a resident of Alameda County with no other dental insurance. As I understand it, from last month's meeting with the Dental Director, there should be no waiting for services for our HIV patients.

"Have you guys made a decision on where the additional sites will be?"

Each clinic is different. Tri-City Health Center is opening a new site in Fremont; Asian Health Services is opening a new site; Access Community Health, which has no dental services now, is opening a new site in Pleasanton; and Native American Health Center will be opening their entire third floor for dental services. So each clinic has different needs...but additional funding is needed for all of this.

[NEW BUSINESS]

VI. REPORT ON THE SURVEY RESULTS FROM PRIORITY-SETTING EVALUATION

Lois Bailey-Lindsey presented the report results. She reviewed the document that had been distributed among all members. As last reported, out of 17 total CCPC members, only 11 responded - which was a 65% response rate - and the majority of those responses were positive. This indicated that not enough members responded to get a good idea of the problems. There is concern that people who did respond may not have spent enough time in actually reading the survey, due to the unusual amount of positive feedback with minimal problems and/or concerns noted. Should the questions be changed? The committee is recommending that there will be ample time given for discussion at a future meeting and also that, members will complete the Priority-Setting and Resources Allocation Evaluation, hopefully in September.

"There was something in the back of my brain that maybe we talked about the possibility of doing a one-page survey at the end of each of the

allocation steps, which might get better feedback when its fresh in people's minds."

"That's an excellent idea. So is that something that we take up in our Data Services meeting? Okay, it is on the Agenda.

"In your review of the answers were there any areas that called out to you?"

I can't speak for the entire committee but, I just think again that we were noticing that people were just randomly checking.

"The one thing that I remember that actually was kind of odd was that more people felt like they didn't hear the conflict of interest report. I'm sure we did it. But maybe that is something we need to do at the beginning of each day of the Allocations process. So that people really do hear that there is a procedure to make sure that there is no conflict in the voting. It doesn't take that long to do explain it, and it is an important issue.

[Co-Chair Galbreth responded that he recalled the review and the confusion that existed among members about what constituted a conflict. He agreed that it would be a good idea to re-emphasize what a conflict is prior to each meeting.]

VII. ANNOUNCEMENTS

Eric McCann - Part D Family Care Network/HRSA is conducting a site visit with EBAC today and tomorrow and we are currently on track to meet all of our requirements. EBAC's Downtown Youth Clinic has enrolled 15 new youth in the month of February.

Trina Walker - The STRMU Program is running along swimmingly and the kinks are being worked out. When you talk with your clients, make sure they understand they need to fill the application out completely. If not, I will have to send it back. If there are any issues that you or your clients are having, please reach out to me. This last month I have gotten 5 applications, but I am the only one running the program. I will be training another person next week, as a backup, because the program is moving a little quicker than expected.

"Have you had any complaints about the length of the application?"

Yes, that is one of the major complaints. We have two sort of HMIS portions of it. It's because we are collecting information ahead of time because - although we are not required to do it currently - we think we may have to put that information into IDS. We are working with the City of Oakland now to try to scale the application down, but to make sure that we get all the information needed.

"In making referrals, are there special things we should be careful about?"

We need to make sure that the people are in arrears - we don't pay going forward. And we just to need to make sure of that. You can look at our Policies & Procedures document on the website for further details on requirements.

"There was a client that we were working with who noticed that information that was going into the database was more information than she had given for Ryan White services. Because other healthcare workers that she knew would now have access to personal information she hadn't disclosed to them, she decided not to participate in the program and fight through the issue of paying her mortgage. Any suggestions about how to handle these concerns?"

I would suggest that you call me and we look into the specific questions of concern. I will check with the City to see if we have to ask the question or not. At this point, no information collected is being entered into any database, and what is collected is only being shared with Alameda County. We are collecting it in anticipation that may, later, have to enter it. No information is being shared with landlords, owners, etc.

"Do landlords have access to the same database as you?"

No...and nothing on the check that goes to them says anything about HIV or any of that.

"Is the word STRMU on the form that goes to the landlord - where they could possibly Google that name and it turns out to be an HIV program?"

STRMU is not on the form - I don't believe - but I'll check for that. It's a basic, generic form.

[UNFINISHED BUSINESS]

VIII. DISCUSSION: OAA RFP PROCESS & CARRYOVER FUNDS

Dr. Nick Moss, Director of Alameda County Public Health Dept. - HIV/STD Section began his presentation by explaining that he had met with Executive Committee, previously. He gave an overview and background on the OAA/Alameda County RFP process.

[Co-Chair Liam Galbreth added contextual comments explaining the limitations and effects of the CCPC in meeting the required 75/25 split situation.]

Dr. Moss went on to explain the issues around the distribution of funds and funding categories not previously allocated.

"Does the RFP include any information on the Standards of Care or How Best to Deliver Services?"

There is some flexibility about what can go into the RFP and in general we are moving more toward specifics of the work. The Standards of Care don't necessarily need to be in there, although they could be included as an attachment.

[Co-Chair Liam Galbreth read the directives from the HRSA Guidance manual regarding how the CCPC and OA should work collectively in the development and inclusion of contract requirements in RFP's - which was followed by more discussion on the topic.]

"Is there a time limit on contracts awarded by RFP's?"

To my knowledge, there is no specific point at which we have to re-RFP a service category. There is a historic standard County policy that we put out RFP's within the 3-5 year timeframe.

"What limitations do we have as far as setting or increasing salaries?"

The general County rule is that we can pay for salaries that are comparable to what we pay County staff - although I do think we need to be competitive in order to preserve our service provider network.

"Has there been any analysis or needs assessment study with service providers in terms of what they feel the needs are to build their capacity?"

The areas that seem pretty obvious to us are hiring and retaining staff, training for staff, fiscal staff, and grant writing. [Carla Goad shared concerns from Contra Costa provider - she expressed the paperwork burden as being outstanding among complaints.] OAA acknowledges that its workload has made responses slow - which adds to the problems. This is being analyzed for improvement.

The carryover situation has been problematic, basically, due to the fact that we are not able to sink unspent funds into ambulatory care and dental services, as in previous years. How we are able to allocate and/or expand our funds into CORE services in the coming years, and the ability to build capacity, will be critical in terms of measuring the outcome of carryover requests.

"Does our HRSA Project Officer have any suggestions, because these challenges are not just happening to us - this is happening all over the country?"

Well, there was a discussion with Lenny about using MAI funds. He is going to ask us about what our Needs Assessment indicates - which may or may not be the immediate focus of the Federal Government because we all know the need is there. Lenny will be here soon and will be meeting with this Council, so you will have an opportunity to address questions to him directly. I have also had a discussion with Dr. Muntu Davis about him coming to address questions about specific concerns and priorities that you (the CCPC) may have identified here in the County, and need this higher level input, he is perfectly willing to come and speak with you about this and I will be happy to coordinate it. One other thing about carry-forward and we will talk about this later in the year, but it's a hard thing to leave that money on the table. However, we don't have to ask for it. If we are not going to be able to spend it then we can ask for a reduced amount, or we can ask for none. We will know later this year about how things are going. But, it is something to keep in mind because this will be up to the CCPC to decide.

"Do we have providers that are providing mental health care services for PESD or can this be added to future funding for treatment, surveys, etc.?"

If you could demonstrate a need it could potentially be either incorporated into a re-RFP for mental health or an RFP of its own. We could ask for service providers with specific capacity to provide this service - although I don't have a sense of what capacity we have out there now.

IX. CONTRA COSTA REALLOCATION REQUEST & VOTE (Refer to Appendix for Motions & Voting Data)

Carla Goad distributed a spreadsheet and explained the detailed specifics around the County's request for the reallocation. The request is to move \$20,031 from Medical Case Management and reallocate \$18,292 to Ambulatory Care, with the remaining \$1,739 reallocated to Oral Health.

"Are there any limitations on making this reallocation after the end of the fiscal year?"

Having conversation with Elena Deleon, she said that since the expenditures occurred during the contract year the request would have to come to the CCPC for the final approval process.

Carla further explained that this is part of a remaining amount of \$67,688 which the County will address later - as there may be some fluctuation in the final total amount of unexpended funds. The requested \$20,031 reallocation figure is an additional amount - added to the \$67,688; indicating a total of \$87,719 in unspent funds, at this time. The motion as set forth by the Executive Committee is to approve the reallocation request by Contra Costa County to move \$20,031 from Medical Case Management - adding \$18,292 to Ambulatory Care and \$1,739 to Oral Health. The motion was seconded by Eric McCann. The *Action: 1603-CCPC-03*

X. COMMUNITY/PUBLIC COMMENTS

(No comments noted)

XI. ANNOUNCEMENTS

- Fred Smith was acknowledged for his time and participation on the CCPC - as this was his last official meeting as a member.
- Co-Chair Liam Galbreth reminded members that they are to provide (written) information on what they would like the Mission and Values Statement to reflect. This information is to be provided by each member at the upcoming CCPC Retreat in May. (Index cards were supplied to all members).
- Carla Goad reminded the Council that she would not be in attendance at the April and May meetings.
- Co-Chair Liam Galbreth read a letter from Supervisor Keith Carson regarding recognition of the "African Male Empowerment Resource Fair" (a public event) being held later today, at the West Oakland Youth Center until 7pm.

XIII. ADJOURN

Keisha Willard moved to adjourn the meeting. Carla Goad seconded the motion. The *Action: 1603-CCPC-04* was approved.

MOTION APPENDIX

- **1603-CCPC-01: Motion Adopted**
Loren Jones moved to approve the March 23, 2016 meeting Agenda. Carla Goad seconded the motion.
- **1603-CCPC-02: Motion Adopted**
Nydia Morales moved to approve the February 24, 2016 CCPC Meeting Minutes. Loren Jones seconded the motion.
- **1603-CCPC-03: Motion Adopted (Roll Call VOTE)**
The motion as set forth by the Executive Committee is to approve the Contra Costa County reallocation request to move \$20,031 from Medical Case

Management, thereby adding \$18,292 to Ambulatory Care and \$1,739 to Oral Health. Eric McCann seconded the motion.

Lois Bailey-Lindsey - Yes

Eric McCann - Yes

Carla Goad - Conflicted

Loren Jones - Yes

Marjorie Katz - Abstain

Nydia Morales -Yes

Monica Cross - Yes

Trina Walker - Yes

Keisha Willard - Yes

Carla Wright - Yes

Fred Smith - Conflicted

- **1603-CCPC-04: Motion Adopted**

Keisha Willard moved to adjourn the meeting. Carla Goad seconded the motion.