



Oakland Transitional Grant Area (TGA)

COLLABORATIVE COMMUNITY PLANNING COUNCIL

“Serving Alameda and Contra Costa Counties”

CCPC & TOWN HALL MEETING MINUTES

Wednesday, June 22, 2016

1:00 pm – 4:00 pm

Office of AIDS Administration

1000 Broadway, 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 by Co-Chair Monica Cross, who offered a special acknowledgement to both Nilda Rodriguez and Freddie Smith before calling for CCPC introductions. A moment of silence followed, in honor of the Orlando victims and those affected and/or impacted by HIV/AIDS. The Freddie Smith read the Mission Statement and the Group Norms and Values were read by Eric McCann.

MEETING ATTENDANCE

PLANNING COUNCIL MEMBERS:

Monica Cross, Co-Chair

Loren Jones

Betty Ubiles

Eric McCann

Lois Bailey-Lindsey

Cynthia Carey-Grant

Phoenix Smith (OAA Grantee Rep)

Raymond Brickhouse

Carla Wright

Liam Galbreth, Co-Chair

Loris Mattox

Freddie Smith

Absent Member(s):

Staff:

Trina Walker

Keisha Willard

Karen Schlein (Contra Costa County)

Marjorie Katz (State OA)

Council Support

Patricia Sweetwine

Kweli Gibson

Shirley Prothro

Community/Guests:

Octavio J. Vallejo, MD

Diana Dupree

Natalie Johnson

Theodora Marzouk

Barbara Green-Ajufo

Michael Buck

Eva Mourad

Julian de la Cruz

Nilda Rodriguez

Jose Luis Martinez

Elen Duler

Shelley Facente

Juliet Nussbaum

Pamela Casey

Rama Franklin

Jackie Fetty

Lingli Lui

Patricia Sweetwine of the Support Staff gave a brief description of the binder contents and use during the upcoming months. She also

noted the new locations for future CCPC & Town Hall meetings prior to the allocations period. Members were also asked to complete the required Conflict of Interest documents by meeting end.

II. AGENDA REVIEW AND APPROVAL

Freddie Smith moved to approve the Agenda for the June 22, 2016 meeting. Raymond Brickhouse seconded the motion. The *Action: 1606-CCPC-01* was approved unanimously.

III. REVIEW AND APPROVAL OF THE MEETING MINUTES

Betty Ubiles moved to approve the April 27, 2016 CCPC Meeting Minutes. Freddie Smith seconded the motion. The *Action: 1606-CCPC-02* was approved unanimously.

UNFINISHED BUSINESS (refer to Appendix for Motions)

IV. GRANTEE REPORT UPDATE

(Phoenix Smith, OAA Acting Director, presented brief highlights from the written Grantee Report. Highlights of her presentation included:)

- Freddie Smith was acknowledged and welcomed as the newest (returning) CCPC member.
- OAA received the full award from HRSA in May – for Ryan White Part A and MAI funding – in the amount of \$6,977,871. This amount does not include any carryover funding; the office will not have any information about this until later in the year.
- The MOU with HOPWA continues to be a work in progress, but it is expected to be finalized shortly. However, as a result of their participation on the Council, Trina Walker was able to assist several community members with housing services.
- With regard to the draw down restriction, our HRSA Project Officer, Lenny Greenwood, will be making his site visit in late fall or early winter.
- The Quality Management training on May 23rd was very successful with over 40 persons in attendance.
- The client satisfaction surveys are out on the street. If you haven't received copies please let OAA know if any are needed. Collection dates will run through the rest of the month.
- Per SB-75 – effective in May 2016 – children under 19 are eligible for full-scope Medi-CAL benefits, regardless of their immigration status. This is important information to be shared among all agencies, their staff members, and clients.

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

MEMBERSHIP

(Betty Ubiles Reported)

No Action items. However, the Committee is continuing its focus on recruitment.

STATE OFFICE OF AIDS

(No Action Items – written report included in meeting packets)

CONTRA COSTA

(No Action Items – written report included in meeting packets)

VI. REQUEST TO REALLOCATE FUNDS TO MENTAL HEALTH & VOTE – (Public Comments)

Phoenix Smith explained the request (from the formal written document).

With the noted service providers sharing the same location, was consideration given to clients needing/wanting to access these services from other areas?

The decision was based on the agencies that had high-volume clinics, with the most clients, and that had ambulatory care services so that the Psychiatrist and Medical Doctors could work together, as well. Eva Mourad of DPH shared more information about the basis for the selection of the current providers; placing emphasis on efficacy and the fact that this is a pilot project – that is based on an MOU agreement.

I noticed (from the Grantee’s report) that we received the full award. So should we increase the requested amount from 90% to 100%?

Yes, we will update it to the 100% amount – which I didn’t have at the time the written request was prepared.

So is the pilot project to last for 2 years?

The project began in November of last fiscal year and begins at the March starting period. From that point, it is 2 years to the contract end.

There was a statement just made about a limited number of appointments. What about people who need ongoing mental health care and treatments – (I don’t want my therapy treatments interrupted)?

That’s precisely why we have this pilot program; to resolve these kinds of issues. If you need additional appointments you will be able to get them, and you could remain with the same care provider – if you wanted to. This is the purpose of Ryan White – to allow clients to have more than what is available on their health plans.

[There were other comments made about the current MOU for the provision of mental health services. Various OAA, DPH staff persons, and other community service providers offered their feedback and provided clarity on the topic.]

After the discussions, Co-Chair Monica Cross called the motion as presented by the Executive Committee for a Roll-Call vote. The motion: OAA is requesting to reallocate (move) all of the funds in the Health Insurance Premium & Cost Sharing category – a total of \$45,912 – to the Mental Health Service category.

Cynthia Carey-Grant - Conflict

Phoenix Smith - Yes

Eric McCann - Conflict

Betty Ubiles - Yes

Liam Galbreth - Yes

Loris Mattox - Yes

Loren Jones - Yes

Carla Wright - Conflict

Freddie Smith - Conflict

Raymond Brickhouse - Conflict

The *Action: 1606-CCPC-03* was approved; with 5 recorded conflicts and 5 Yes votes.

VII. QUALITY DATA REPORT ON RETREAT EVALUATION

Eric McCann led the discussion about the May 15th meeting – with a total of 14 responses to the evaluation document (11 were CCPC members and 3 were community members). The overall conclusion was that most of the comments were favorable. There was some concern expressed about the lack of attention to the questions on the backside of the form.

VIII. CCPC NEW MISSION STATEMENT & VOTE

Co-Chair Monica Cross led the discussion (per the handout document). Co-Chair Liam Galbreth offered some brief background on the history of the change and the wording. *[Numerous comments, concerns, and wording suggestions were noted and discussed – with consumer/public input.]*

Co-Chair Galbreth restated the final wording for the new Mission Statement and the proposed change in the Bylaws and put forth the motion by the Executive Committee. The *Action: 1606-CCPC-04* was approved; with the suggested wording changes to be included. The vote was unanimous.

[NEW BUSINESS]

IX. YEAR-END FISCAL REPORT

Elena Deleon, of OAA's Financial Division, gave the update report on the Ryan White Part A and MAI allocations and expenditures for the period ending February 29, 2016. CCPC members were instructed to follow the handout materials.

What do you think were some of the things they were doing back in FY08-09 (as opposed to FY15-16) when the unspent funds were much less?

The main reason is the ACA – because back then there was no ACA. Beginning FY14-15 when the ACA was implemented, we were no longer able to move the funds to service categories, as was allowed in the past. There also were no requirements on the amount the CCPC wanted to allocate. However, with the 75/25 split implementation further limited how these funds were allocated.

I'm really concerned and embarrassed by these figures. We knew the ACA was coming and had many discussions about the possible impact. So I'm wondering if we need a special committee or something to look at this?

OAA would welcome a special committee or any support from the CCPC to help us address this issue. We do not have data currently to indicate – exactly – what/where the main reasons are for our lack in being able to spend these funds.

As a consumer, when we go to the service providers and they say they don't have money for certain services, and then this report shows they are not spending all the funds – what is happening with that...I don't get it?

For some services there is a limit on how much a client can get on an annual basis – like food vouchers, utility and rental assistance, etc. This may be the reason. Also, it is important to note that HRSA determines the limits – not the agencies. Another challenge is that our TGA only receives a portion of the award, and not the full amount, at the beginning of the fiscal year.

Do you know how much was carried over from FY13-14 to FY14-15?

The total unexpended is \$66,000. Our carry-over was less...at 75% of the unexpended amount.

This raises, for me, how we are dealing with carry-over. Are we spending too much time dealing with carry-over, when we should really be focused on spending the money we are allocated on an annual basis? The other thing I want to caution against is the belief that because we have unspent dollars in a category there is the perception that there is not a need for the service.

[A consumer expressed his concern about the Oakland TGA being the only jurisdiction that is reported to have money to give back – compared to San Francisco and Los Angeles. How is this happening?]

OAA feels the same frustrations as many of you. There is a need for finding ways to build better capacity among agencies and the overall Medical Case Management staff. Also being on a Federal Draw Down status (Probation) for the past few years has been an extreme challenge. But now, after almost 3 years of experiential knowledge, we are making progress.

[A consumer expressed her concern about the fact that when agencies lose funding and are forced to terminate staff, they need to consider that they are also terminating important, trusted client relationships.]

[A consumer expressed the importance in nonprofit agencies having Board members that work actively to seek/bring in funding to their organizations.]

[There were various discussions and comments made about the challenges of spending down allocations of funds to agencies including limits of the 75/25 split, funds received from other resources, etc.]

X. STANDARDS OF CARE UPDATE

Shelley Facente of Facente Consulting led the discussion about the process

- There were ten 2-hour meetings held in various locations in both Alameda and Contra Costa County for provider (and some community) input.
- The final draft was prepared June 1st – which is being presented today for approval.

On page 3 – A CD4 count of under 200 is being required and a notarized letter of diagnosis as eligibility criteria.

A big part of doing this process was determining what the standards were per HRSA guidelines. So these are external requirements that were considered standard Federal requirements – that we did not have flexibility to change. (The “universal” and “supplemental” standards were explained in supporting how these requirements are assessed.) However, this is information that the provider has to have in each client file.

On page 42 – Did you want to completely rule out PPD testing...I thought it was going to be more like TB screening, so then it could be either.

We actually had some discussion about this. That level of change is certainly something we could correct – if it makes sense to do so.

On page 3 – The wording needs to be changed to reflect that “either” of the intake documents is sufficient as proof of HIV status.

I'm happy to look at that wording to make sure that the language is clear.

In the planning meeting, concerning home health and community-based services, we discussed caregivers – who did not need the licensing of CNA's and CHA's. So it is wrong to say that they need to have this licensing.

I appreciate the comment and will certainly make sure that the wording is clear on that.

Co-Chair Monica Cross called for a motion. Freddie moved to approve the revised Standards of Care Manual with the modifications as recommended by the CCPC. Cynthia Carey-Grant seconded the motion. The **Action: 1606-CCPC-05** was unanimously approved.

LUNCH BREAK

XI. TOWN HALL MEETING

Theodora Marzouk – expressed concern and disappointment about the expediency in which the Standards of Care approval was handled. There were no notes taken of the corrections/comments made and some of the information presented differed from what was discussed at the actual meetings.

Diana Dupree – stated that there seems to be more compassion for the political process as opposed to the concerns and expressed needs of consumers at the CCPC table. She wants to see more compassion for the consumers during the allocations process – given all the data that is reviewed which clearly indicates specific trends, needs, etc.

Michael Benjamin – announced and distributed data concerning Cal-PEP's June 27th Community Health Forum.

Bertha Bell – asked for consideration for additional funding for home health care, given the facts around aging and special needs of persons with HIV/AIDS.

Janelle Luster – stated that her clients have expressed that they would rather convalesce at home, as opposed to being in a medical facility. Therefore, please consider more funding to support home health care.

Theodora Marzouk – also explained (in detail) how the home health care process currently works in the Oakland TGA – particularly expressing emphasis on the requirement that clients must have a diagnosis of AIDS and another secondary medical condition to be eligible for services; although she has not seen any written protocol or guideline from HRSA about this. She has made multiple requests for this (written) guideline, as a point of clarity, in helping to make future placements.

Are you saying that bureaucracy or whatever is getting in the way of you being able to provide the services that you feel your clients and the community needs?

Well I do, because we have complied to all the demands that have been made and we still get met with unreasonable challenges. A small portion of the money that the County gave back could have been used to help provide services for some our clients – whose service hours I may have been required to cut, due to a lack of funding.

Janice Anderson – expressed that her peer advocate clients have expressed that a better quality of life is offered when persons can convalesce at their homes.

Diana Dupree – shared her personal experience in being confined in a hospital setting.

(A broader discussion, questions, and comments occurred on issues around the home health care topic.)

Nilda Rodriguez – gave a passionate and powerful testimony about her personal challenges in being confined in a hospital setting as opposed to her more positive experience with home health care.

(OAA acknowledged the office's support in placing emphasis on the home health care category.)

CCPC MEETING - RECONVENED

XII. 101 EPI TRAINING

Richard Lechtenberg, Epidemiologist, with the ACPHD HIV Surveillance and Epidemiology Unit presented a slide presentation (along with handouts) on concepts for interpreting the epi data to be provided to CCPC members during the upcoming allocations period.

He acknowledged how helpful the evaluations were from last year's presentation in framing the information for this year.

It appears that the (chart) data is very random and not exact – somewhat confusing.

Well there is a danger in presenting this data in such a way. However, the denominator used is the appropriate measure for presenting this particular data.

How do we look at data and know if it is all the same denominator or, if there were multiple things being compared?

I'm thinking in those instances there would be some information in the footnotes that would clarify this. So, it is important to read/review the footnote data which generally provide more explanation about how the data was gathered, etc.

(In response to a question, it was explained how the CDC and Medical Monitoring Project (MMP) gathers information that is used for determining a more broad-based analysis of data. It was explained that this is very hard to do on a local level, due to the many factors that must be considered and included.)

XIII. QUALITY MANAGEMENT REPORT

Pamela Casey of OAA presented a slide presentation covering various (statistical) facts about the HIV consumer community in the Oakland TGA. The information presented was based on the latest ARIES data covering 2,194 unduplicated clients served in FY2015-16; who received Ryan White Part A and MAI funded services.

(There was lively discussion concerning the slide indicating a 2-year comparison on percentages for UDC's. Potential justifications for the differences in percentages were noted.)

Overall, the charts indicated very slight improvements in services provided in FY2015-16 over FY2014-15, although there continues to be some confusion around consistency in ARIES data entry. Service providers are now being asked to include both CORE and Support service indicators in their scope of work – to be reviewed during mid-year and annual reporting periods.

XIV. INTEGRATED HIV CARE PLAN UPDATE

Loren Jones presented an overview of the past 6 month's work and offered a detailed explanation of the Plan's process and its importance. She also covered some of the newly mandated inclusions – per HRSA. She expressed concerns about increasing participation on the work group by members of the service community/public; from both Alameda and Contra Costa counties.

XV. ORAL HEALTH UPDATE

Lois Bailey-Lindsey opened her presentation with a brief background on the program, it's services, and service community partners. She also covered some the program's successes and challenges.

(There was brief discussion about creatively expanding funding to cover patient services that exceed the current one hour pay limitation.

XVI. PUBLIC COMMENT PROTOCOL & VOTE

Co-Chair Monica Cross read the appropriate criteria and called for the vote, as put forth by the Executive Committee motion, on the revised protocols for public comment. The *Action: 1606-CCPC-06* was unanimously approved.

XVII. CONFLICT OF INTEREST POLICY & FORMS

(CCPC members were asked to complete their currently required document.)

XVIII. PUBLIC/COMMUNITY COMMENTS

(No Comments)

XIX. EVALUATIONS (COMPLETE)

(CCPC members were asked to complete the evaluations.)

XX. ANNOUNCEMENTS

ØThe new meeting location was announced for the next (July) meeting.

ØThe PLWHA Educational Luncheon Series begins in July 19th (handouts distributed).

ØWORLD is having a Bake Sale, this Friday, to support travel (for clients) to the International AIDS Conference. There will also be a Community Forum next week for the public.

ØThere was an announcement about the fire and building damage recently at the APEB location downtown. The organization is currently operating out of temporary sites in an effort to continue to serve clients.

(There was a brief discussion on how emergency situations like this (APEB) are handled, what's currently being done to assist the agency, and scheduling further discussions on planning for similar events in the future.)

XXI. ADJOURN

With no other business tabled, Betty Ubiles moved to adjourn the meeting. The motion was seconded by Eric McCann. The *Action: 1606-CCPC-07* was approved.

MOTION APPENDIX

• **1606-CCPC-01: Motion Adopted**

Freddie Smith moved to approve the June 22, 2016 meeting Agenda. Raymond Brickhouse seconded the motion.

• **1606-CCPC-02: Motion Adopted**

Betty Ubiles moved to approve the April 27, 2016 CCPC Meeting Minutes. Freddie Smith seconded the motion.

• **1606-CCPC-03: Motion Adopted (Roll Call VOTE)**

As put forth by the Executive Committee – the motion: OAA is requesting to move all funds currently in the Health Insurance Premium & Cost-Sharing category, and reallocate the total amount of \$45,912 to the Mental Health Service category.

Cynthia Carey-Grant - Conflict

Phoenix Smith - Yes

Eric McCann - Conflict
Liam Galbreth - Yes
Loren Jones - Yes
Freddie Smith - Conflict

Betty Ubiles - Yes
Loris Mattox - Yes
Carla Wright - Conflict
Raymond Brickhouse - Conflict

- **1606-CCPC-04: Motion Adopted**

As put forth by the Executive Committee – the motion: To revise the new CCPC Mission Statement to read: *“The Collaborative Community Planning Council will provide comprehensive planning, prioritization, and education regarding HIV/AIDS services in Alameda and Contra Costa Counties, that is inclusive, equitable, compassionate, and respectful of human rights.”* and, to appropriately update the Bylaws to reflect this revision/change.

- **1606-CCPC-05: Motion Adopted**

Freddie Smith moved to approve a revised version of the Standards of Care Manual with (three) specific modifications to the wording as recommended by the CCPC. Cynthia Carey-Grant seconded the motion.

- **1606-CCPC-06: Motion Adopted**

As put forth by the Executive Committee – the motion: to accept the newly revised “Public Comment Protocol” and the related (Request to Speak) document.

- **1606-CCPC-07: Motion Adopted**

Betty Ubiles moved to adjourn the meeting. Eric McCann seconded the motion.