



In this issue:

[Keith's Korner: To Test or Not To Test](#)

[Alameda County HIV Test Sites](#)

[OAA Ryan White Care Providers Meeting](#)

[Save the Date: Prevention Providers Meeting](#)

[APEB: Then and Now](#)

[Expanded Testing in Alameda County](#)

[CCPC: Priority and Allocation Setting](#)

[PLWHA Spotlingt on Nilda Rodriguez](#)

[Tobacco and HIV](#)

[News Breifs](#)



**To Test or Not To Test? ...that should not even
be a question...**

Keith Waltrip, MSHS
Director, Office of AIDS Administration
Alameda County Public Health Department

It occurred to me that National HIV Testing Day (June 27th) will fall between our newsletter's schedule so I would prefer to write an article on HIV testing prior to this national event versus after the fact. I must also disclose that I have always had a love/hate relationship with National HIV Testing Day solely because it falls on my birthday and in my early days of HIV work...I was never able to take this day off...let the finger violins begin.

One issue I would like to address and for all those that read this article to look at, is reducing our rates of Late Testing/Late Diagnoses (defined as receiving an AIDS diagnosis less than 12 months after an HIV diagnosis) here in Oakland/Alameda County. This is due because a person has been infected with HIV for many many years...but never had and/or received his/her HIV+ test result. The additional treatment, care and psychosocial issues this adds to the service provider(s), as well as to the client, can be challenging to say the least.

It is common knowledge for us in the field of HIV that someone who is diagnosed with HIV and in care can live a long, happy and productive life (I am fully aware this statement alone can be challenging when being HIV+ is also joined with homelessness, substance use, mental health issues, etc). Please imagine for a moment if all those infected with HIV were diagnosed within that first year...the benefits not only for the individual, but also for the community are numerous (reducing community viral load...that's for another newsletter).

From 2008-2012 for Alameda County, there was a total of 1,145 reported cases of newly diagnosed HIV. Of the 1,145; a total of 465 were late diagnosis (again testing positive for HIV and within 12 months received an AIDS diagnosis). A breakdown by race is below and the numbers are based via the numbers of late diagnosis within a given race (*data via the HIV Epidemiology and Surveillance Unit/ACPHD, 2013*):

- African American/Black - a total of 481 new diagnoses reported with 205 (43%) as Late Diagnosis
- Hispanic/Latino - a total of 245 new diagnoses reported with 100 individuals (41%) as Late Diagnosis
- APIs - a total of 102 new diagnoses reported with 39 (38%) as Late Diagnosis

- White - a total of 290 new diagnoses reported with 108 (37%) as Late Diagnosis

As you can see, all the races/ethnic groups are around a 40% Late Diagnosis rate...we can do better. Health Care Reform and recent changes in HIV testing laws will hopefully reduce these percentages over time, but it will take more community awareness around testing and destigmatization of HIV and testing for HIV to make these percentages drop. With National HIV Testing day just around the corner...be sure to share testing locations (*see listing in this newsletter*) with your clients who are HIV negative...but **ALSO** share with your family members (from your grandparents all the way to the teenagers in your family), BFFs, Facebook friends, neighbors, coworkers and whoever else you come in contact with. If someone is infected with HIV...knowing this as soon as possible...makes us all better, healthier and wiser.

On a side note, the following are some myths related to HIV testing OAA staff have heard in the recent past:

1. I can tell if someone has HIV by looking at them....**WRONG**...the only way to know is by completing an HIV test.
2. Lesbians don't need to get tested for HIV...**WRONG**...if someone has any of the risk factors for HIV, a test is needed.
3. I only need to get tested for HIV once ...**WRONG**...after any possible exposure/risk factor a test should be done.
4. I know I am positive so why should I even test...**WRONG**...again see #1. The staff person stated he has heard this from more than one IDU.
5. I'm not...gay, use drugs and/or I'm married, I go to church...therefore I don't need to test for HIV...**WRONG**...HIV has infected all aspects/communities/demographics of life.



Alameda County
HIV Test Sites

AIDS Health Care Foundation

400 30th St. #300
Oakland, CA 94609
(510) 628-0949

AHF/Out of the Closet

238 18th Street
Oakland, CA 94606
(510) 251-8671

AIDS Project East Bay

1320 Webster Street
Oakland, CA 94612
(510) 663-7979

Asian Health Services

818 Webster Street
Oakland, Ca 94607
(510) 986-6830

Berkeley Free Clinic

2339 Durant Avenue
Berkeley CA 94714
(510) 548-2570

Cal-PEP

2811 Adeline
Oakland, Ca 94608
(510) 874-7850

East Bay AIDS Center

3100 Summit Street 2nd Floor
Oakland, CA 94609
(510) 869-8400

East Bay Community Recovery Project

2551 San Pablo Ave, Suite 222
Oakland, CA 94612
(510) 446-7120

HEPPAC

5323 Foothill Blvd.
Oakland, CA 94601
(510) 434-0307

Highland Hospital (AIC Clinic)

1411 E. 31st St.

Oakland, CA 94602
(510) 473-4543

Kaiser Oakland
280 W. Mac Arthur Blvd.
Oakland, CA 94611
(510) 752-1000

Kaiser-Hayward
27400 Hesperian Blvd.
Hayward, CA 94545
(510) 784-2766

La Clinica De La Raza
1515 Fruitvale Ave.
Oakland, CA 94601
(510) 535-6416

Lifelong Medical-Foothill Square
10700 MacArthur Blvd.
Oakland, CA 94605
(510) 563-4300

Santa Rita Jail
5325 Broder Blvd.
Dublin, CA 94568
(925) 272-6878

Tri-City Health Center
1999 Mowry Ave (New Address).
Fremont, CA 94538
(510) 713-6690



QAA Ryan White Care

Providers Meeting

On Thursday April 24th, the Alameda County Office of AIDS Administration held meetings for their Care and Treatment Contractors at the California Endowment.

The meetings were well attended and the feedback mostly positive. As you may know, there have been many changes in procedures and directions and this meeting served to continue the communication and progress on these matters.

Among other topics, the following issues were discussed:

- Invoices will continue to be reviewed for corresponding receipts for all items except personnel costs.
- Data entry will be reviewed to assure that the UOS and UDC's noted on the invoices correspond with the data entered into the ARIES data system. Payment on invoices may be delayed if the corresponding data entry has not been completed. Please enter data to avoid delays.
- The new Site Visit Tool was reviewed. The new tool has a scoring system. Agencies scoring over 85% will only need to have one site visit that year.
- The new comprehensive Site Visit tool will include assessments of personnel files, grievance procedures, invoicing as well as performance on program objectives. The tool will be piloted before wider implementation.
- The use of the client Eligibility Form by all Care and Treatment programs for each client enrolled in services. This form can be completed in coordination with the client's Case Manager of record.

Suggestions for future topics at these meetings were quality assurance activities, ARIES data and reports, linkage and retention of clients in care, and continued discussion on the impact of healthcare reform on HIV services.



Save the Date

OAA Prevention Contractors Meeting

Wednesday June 4, 2014

1:00 to 5:00 PM

Office of AIDS Administration

Large Conference Room

1000 Broadway, Suite 310

Oakland Ca. 94607

This is a required meeting for all OAA Prevention Contractors



AN EXPANDED MISSION AND VISION;
Then and Now

As it embarks upon its 31st year of service, AIDS Project of the East Bay is realigning itself for the 21st century.

And while the agency is firmly committed to its mission of preventing the spread of HIV and supporting individuals infected with the virus, APEB is embracing an expanded mission and vision by engaging in the realignment of its work in light of the increasing mainstreaming of HIV/AIDS, and the increasing use of biomedical modes of HIV prevention. Moreover, given the goals and objectives of the National HIV/AIDS Strategy and the Affordable Care Act, APEB is recommitting itself to doing more than simply patching people up and handing out subsidies. The agency seeks nothing less than the transformation of its consumers' lives by supporting their health and wellness.

As part of this process APEB will undergo a name change in the immediate future. This will further reflect a visible sign of the realignment, accountability and recommitment to transforming lives through health and wellness. Change in the HIV/AIDS landscape and, indeed, in the larger health care landscape, is here and likely to stay. Change for APEB means linking primary care, mental health, substance abuse services, and health care education and navigation.

In this new era of health care, we can and should be more ambitious, and seek to maximize the health and wellness of the whole person living with, or otherwise impacted by HIV. Traditional AIDS Service Organizations that survive and thrive will be those that realign their work to the new realities, holding themselves accountable for the specific outcomes and impacts, and are ambitious in their ultimate goals for their consumers.

We are also very excited about the array of programs offered by APEB:

Wellness Center (Clinic) Since 1983 the APEB Wellness Center has been providing high quality, state of the art, conscientious care to support the health of our clients in mind, body and spirit. The Center provides HIV specialty Care for individuals living with the virus/disease; additionally primary care and pain management are offered for non-HIV adult clients as well as STD/I testing for seeking services. All services are geared toward individuals that do not have a regular physician.

Client Services:Ryan-White Funded - Medical Case Management; Get REAL - Substance use; Medi-Cal Waiver Program - HIV or AIDS diagnosis and other co-morbidities including mental health.

Health Promotion Department Programs:TRACY House (Transgender Resources and Advocacy Center for Youth) Choosing Life: Empowerment, Action, Results, (CLEAR); Men-having-sex-with-men Testing Initiative (MTI) GROUP Services; Brothaz Connection - African-American MSM

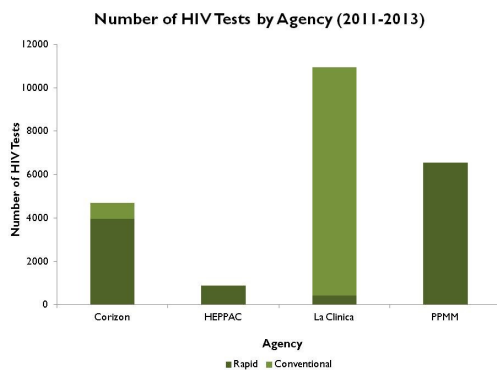
For more information please contact Ken Inghram, Fund Development Consultant, APEB at

Over 20,000 HIV Tests Performed Across Alameda County!

Shailey Merchant Klinedinst, MPH &

Karen Shiu, MPH

Cardea Services, Oakland, California



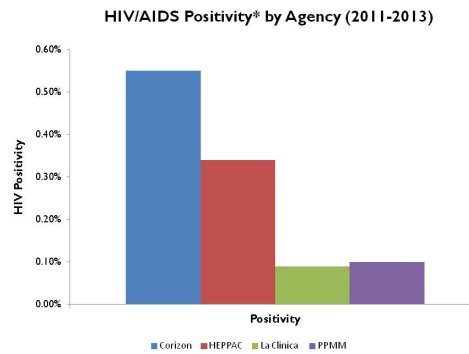
As of 2014, a total of 23,802 HIV tests have been conducted in the County. Of these tests, 12,557 (53%) were rapid HIV tests and 11,245 (47%) were conventional HIV tests. Forty-seven persons living with HIV/AIDS (PLWHA) have been identified through the testing program (positivity=0.2%). Since the beginning of the program, HIV testing at the agencies has increased by an average of 9% each year (range=-15-37%).

Corizon Health

Corizon is a provider of health care services at correctional facilities around the country including Santa Rita Jail and Glenn Dyer Detention Center in Alameda County. Under the Expanded Testing Program, Corizon - with the help of the EB AETC - trained a large number of doctors, nurses, and medical assistance to routinely offer rapid HIV testing to all inmates seeking medical assistance during “sick call” visits. A total of 4,705 inmates have been tested and 22 PLWHA have been identified (positivity=0.5%); the most across the County. Of the inmates tested, 54% were African Americans, 67% were men, and 80% were between the ages of 20-44. Corizon’s HIV Discharge Coordinator works with all the newly identified PLWHA to ensure they will be linked to medical care both while incarcerated as well as upon release. This HIV testing program at the Alameda County jails is the first of its kind and it has proven to be a huge success!

HEPPAC

With the Expanded Testing Program, HEPPAC initiated HIV testing at 3 Oakland methadone maintenance and treatment programs (MMTPs): BAART Programs, H.A.A.R.T Oakland, and Lifeline Treatment Services, Inc. Testing at these MMTPs was structured so that HEPPAC, a local community-based organization serving injection drug users and other at-risk populations, would administer HIV testing while building the capacity of the MMTP staff during the first year.

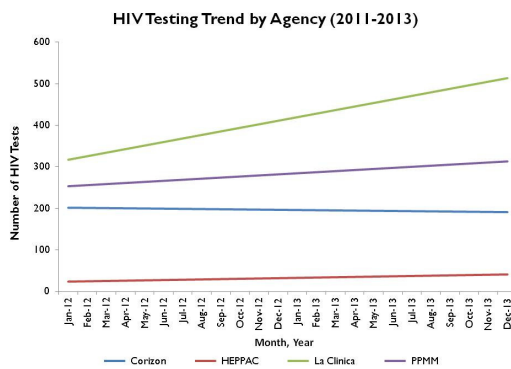


* Includes both newly and previously identified people living with HIV/AIDS

In 2013, Cardea - in partnership with HEPPAC, trained staff, piloted various HIV testing modalities, and researched Drug Medi-Cal billing. Currently, all 3 of the MMTPs have medical assistants who have integrated HIV testing during intake and annuals! Drug Medi-Cal billing challenges have not been resolved but we are working with policy experts at Project Inform and the State Office of AIDS on these issues and hope the testing will be sustained beyond the grant. Since the program's start, 890 client have received rapid HIV tests and 3 PLWHA have been identified (positivity=0.3%). Majority of the clients who received testing were African American (63%), male (58%), and aged 45-59 (48%). These MMTPs serve some of the highest-risk clients in Alameda County and a great deal of effort is being put into supporting HIV testing at these sites past the end of the Expanded Testing program.

La Clínica

La Clínica is one of the largest federally qualified community health centers (FQHC) in the State of California. Through the Expanded Testing Program, La Clínica offers HIV testing at 2 primary care clinics, a women's clinic, a teen clinic, and at 3 school-based health centers. As of 2014, a total of 10,934 HIV tests (oral rapid, oral conventional, and venipuncture) have been performed and 15 PLWHA have been identified (positivity=0.1%). HIV tests are most often given to Hispanics/Latinos (74%), females (78%), and individuals ages 20-29 (37%). Recently, La Clínica received additional funds from the Gilead Foundation to continue expanding HIV testing to many of the organization's other clinic sites.



Planned Parenthood Mar Monte

Planned Parenthood Mar Monte (PPMM) is the largest Planned Parenthood affiliate in the U.S., providing medical and education services to women and men. Health services include birth control, emergency contraception, pregnancy testing, prenatal care, as well as testing and treatment for sexually transmitted diseases, and now HIV testing. PPMM offers HIV testing at 8 locations in Alameda County and have provided 7,226 HIV tests since the start of the program. They have identified 7 PLWHA (positivity=0.1%). Most clients who have received HIV testing at PPMM have been African American (35%), female (75%), and are between 20-29 years-old (60%). PPMM has been the first of the funded agencies to routinize HIV testing for all clients. Beyond the Expanded Testing program, PPMM will continue to provide HIV testing to all clients and linkage services to clients who are tested positive.

East Bay HIV Linkage Advisory Group

With the expansion of HIV testing in the county, there became a need to coordinate and strengthen linkage and retention of those who test positive. OAA and East Bay AETC together formed the East Bay HIV Linkage Advisory Group. This group meets quarterly and consists of testing and care agencies. Warm handoff process is reviewed, challenges are discussed and each meeting consists of training topic and networking.

The goals of the group are to:

- Create warm handoff procedure and protocol
 - escorted linkages
 - in-person dual-agency transition
 - communication standards (stating level of urgency and key facts, reasonable turnaround time, letting caller know work is in process)
- Maintaining an updated HIV care clinic linkage contact list online
- Support and training on building linkage teams within and between agencies

- Long-term goals: Work on a region-wide linkage surveillance system, first within the Alameda/Contra Costa

Future Direction

HIV testing is the foundation for both prevention and care efforts. Early identification of infection empowers individuals to take action that benefits both their own health and the public health. To refer clients to testing services, visit www.acphd.org/oa/hiv-testing.aspx. For capacity building and assistance with implementing routine HIV testing at your clinic site (i.e., protocol development, implementation of policies and procedures, billing, staff training, program evaluation), or to attend the next Linkage Advisory Group meeting, contact Shailey Merchant Klinedinst at Cardea Services at merchant@cardeaservices.org or at 510-835-3700.



COLLABORATIVE COMMUNITY
PLANNING COUNCIL (CCPC)

FiscalYear 2015-2016 Priority and Allocation Setting

*By Dr. Tony Sillemmon
CCPC Co-Chair*

Priority and Allocation Setting is the process the Collaborative Community Planning Council (CCPC) uses to determine how much federal funding to use locally for various types of HIV/AIDS services. The

Priority and Allocation process is important to HIV/AIDS consumers. It determines what type and how many HIV/AIDS services will be provided in Alameda County. Prioritizing services and determining allocations is one of the Planning Council's primary responsibilities, mandated in Ryan White legislation and required by the Health Resources and Services Administration (HRSA).

The annual process the Planning Council uses to determine how much funding will be used for what types of HIV/AIDS services and their delivery starts in June and goes through August/September. Public input is important in this process. In keeping with the Planning Council emphasis on openness and transparency, the Planning Council Quality Data and Service Committee has scheduled the approved timeline to determine priorities and allocations for FY 2015-2016 as listed below:

- Tuesday June 24, 2014 11:00am-6:00pm 1100 San Leandro Blvd in San Leandro @ Creekside in the Redwood Conference room.
- Wednesday July 23, 2014 9:00am-5:00pm 1000 Broadway 5th Floor Room 5000A Oakland, CA.
- Wednesday August 27, 2014 9:00am - 5:00pm 1000 Broadway 5th Floor Room 5000A Oakland, CA.
- Thursday August 28, 2014 9:00am -5:00pm 1000 Broadway 5th Floor Room 5000A Oakland, CA.

If needed, Town Hall meetings will be held at the June and July meetings from 12-2 pm. Participation in meetings such as these gives the consumers, providers and the community the opportunity to provide input, feedback and recommendations and help shape the Planning Council final priority allocation decisions.

Along with the Town Hall meetings in-depth presentations will include service utilization data, HIV Epidemiological Data, Needs Assessment and other data.

A Priority Setting and Resource Allocation Manual is available upon request. Please contact Sweetwine Consultant Services @ 510-326-3476 or go to the website www.hivccpc.org.



Join the CCPC!

The Oakland Collaborative Community Planning Council (CCPC) is currently seeking applicants.

The **mission** of the Planning Council is to create an integrated, effective system for all people affected by HIV/AIDS, based on their specific, personal needs.

The purpose is to reduce suffering related to HIV/AIDS and to enhance the quality of life for persons affected by HIV/AIDS.

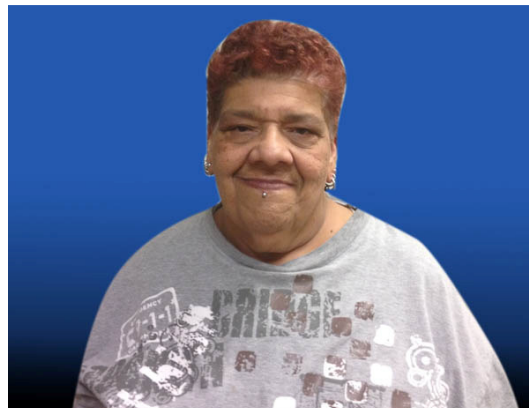
For a copy of the application go to [.www.hivccpc.org](http://www.hivccpc.org) or request a copy via email patriciasweetwine@comcast.net or a copy can be obtained at the Office of AIDS Administration, 1000 Broadway, Suite 310, Oakland.

Interviews and orientation of perspective members are conducted 3 times per year. The next scheduled orientation is planned for October 2014.

PLWHA Spotlight on:

Say Hello to

Nilda Rodriquez



Nilda has been HIV+ for 34 years. She began her treatment at a time when doctors did not specialize in the care and treatment of women with HIV disease. In fact, she says that one of the early treatment regimens left her paralyzed on her right side. She spent a period off of medication before discovering a regimen through a 'compassionate use' study that was suitable for her.

Nilda was born to Puerto Rican parents in the Bronx, New York. She and her siblings were surrounded by a culture rich in music, dancing, and theater. Her work life was vibrant and interesting as well. She was once a buyer in the recording business, meeting celebrities like Richard Pryor and Michael Jackson. She also worked as a purchasing agent buying equipment and food products for Mexican restaurants.

As a teen, Nilda became addicted to heroin. She functioned this way for years until one of her dearest family members died from an overdose. That, along with her sister's encouragement, led her to treatment.

Nilda's advocacy in the area of HIV began in Los Angeles where she became a peer counselor, group facilitator, and fundraiser for L.A. Shanti. She moved to the Bay Area and became a volunteer coordinator at WORLD (Women Organized to Respond to Life-Threatening Disease) in Oakland. She has been a part of the CCPC for over ten years and is currently the co-chair. She wants to continue being involved and meeting new people.

Nilda likes to read, travel and meet new people. The fun side of her is reflected by the tattoos of her favorite characters: Betty Boop and Bugs Bunny. She also has a serious side, which stays in prayer and meditation. There are three other words tattooed on her back written in Chinese. These words are honesty, respect, and love. These are words to help her focus on a life that is free from addiction, and help to guide her as she continues to serve others.

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Tobacco-Use and People living with HIV and AIDS

- More Interventions Needed

By Judy Gerard,
ATOD Project Manager
Thunder Road

After over 30 years since AIDS was first discovered, medical research and anti-retroviral medications have significantly prolonged the life expectancy of people diagnosed with HIV/AIDS. But that longevity and quality of life are greatly reduced for those who smoke. Now, tobacco-related diseases are the most common causes of illness and death for people living with HIV/AIDS - there is an increased risk of developing various cancers, as well as heart and lung diseases. And despite decades of work, and great strides in reducing smoking in the general population, smoking rates among the HIV/AIDS population remain very high. In CA, the smoking rate in the general population is 11.9%; among those with HIV/AIDS it is 33%. We can't continue to let this population fall behind. More aggressive tobacco cessation interventions on the part of HIV/AIDS health care providers and case managers can really help reduce these alarming numbers.

The facts are clear. Smoking causes a reduction in immune function, and interferes with the metabolism of HIV medications, making them less effective. People who are HIV+ and smoke, have a greater possibility of a faster progression to AIDS, and are more susceptible to developing opportunistic diseases, such as certain types of pneumonia and other life-threatening conditions that have been associated with HIV+ patients. Additionally, HIV+ smokers are more likely to experience AIDS-related dementia and they develop emphysema four (4) times faster than HIV negative smokers.

It's also clear that healthcare providers who treat clients with HIV/AIDS, can reverse and reduce these adverse disease progressions, by stepping up their tobacco cessation intervention efforts when working with clients who smoke. It's important to provide education to clients about the adverse affects of smoking, and conducting more motivational counseling to encourage quitting smoking. Providers can also refer clients to the CA Smokers' Helpline, where they can get expert coaching. Helpline (1-800-NO-BUTTS) callers who have Medi-Cal, can receive FREE nicotine patches from the Helpline once they sign

up for counseling.

All this information, and more was covered at a special training sponsored by the ATOD Network, and the Alameda County Public Health Dept, (ACPHD), Office of AIDS Administration, in collaboration with Alameda County Behavioral Health Care Services. Cathy McDonald, MD, MPH, who is also an expert in tobacco cessation, was the trainer.

Our HIV/AIDS clients *DESERVE* the benefits of quitting smoking - better overall health, less stress, lower levels of medication, more money, and better quality of life. Make it a priority to talk to your clients who are living with HIV/AIDS about quitting smoking. Support their efforts to quit. Applaud their successes. Your efforts can make a difference.



- Initial site visits for Care Programs start soon.
- The RFP for Early Intervention Services has been released. For more information, go to: <http://gsaalamedacounty.adobeconnect.com/admin/show-event-catalog>
- The RFP for Prevention Services will be released sometime this summer. Stay tuned for more details as they develop.
- OAA Prevention Contractor Meeting on June 4, 2014 at OAA (see Save the Date item in this newsletter).
- The Minority AIDS Initiative (MAI) Care contract has been awarded to the East Bay AIDS Center (EBAC).
- The Emergency Financial Assistance and Housing Services contract has been awarded to Cardea Services.
- Avoid delays in payment of your invoices, enter your service data into ARIES and LEO on a monthly basis.

- The OAA will be releasing RFPs for Prevention and Ryan White funding in late summer. Reviewers will be needed to read and score the submitted proposals.
- If you are interested, please send the following: **Name - Agency - Email** to Keith Waltrip at keith.waltrip@acgov.org
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East Bay AIDS Walk

For more information, go to:
<http://eastbayaidswalk.org/>
