

OAA Newsletter for January 2014

[View this email in your browser](#)**In this issue:**[Dr. Nick Moss: Prevention: State of the Art](#)[Grupo Fremont VIP](#)[Keith's Korner](#)[ARIES Update](#)[OAA Community Service Awards](#)[Phoenix Smith](#)[Alameda County Linkage Network](#)[OAA News Breifs](#)[Anita Schools](#)[Save the Date](#)[CCPC: Communication is Key](#)**Prevention: State of the Art**

Nicolas Moss, MD, MPH

Director HIV/STDSection

Division of Communicable Disease Control & Prevention  
Alameda County Public Health Department

Over 200 new HIV cases are reported every year in Alameda County, demonstrating continued need for HIV prevention services. Fortunately, the HIV prevention toolkit has expanded recently. Combination antiretroviral therapy (ART) turned HIV from a fatal disease into a treatable condition and opened the door to the use of medications for preventing new infections. ART can reduce the risk of transmission of HIV from mothers to babies and between HIV infected people and their un-infected sex partners. Treating greater numbers of HIV-infected people with ART may reduce the number of new HIV infections in a population. Also, certain HIV-negative people can take ART daily as pre-exposure prophylaxis (PrEP) to protect against HIV infection. A brief course of ART given after high risk exposures (post-exposure prophylaxis or PEP) protects against infection, as well. With these developments, service providers and

government agencies are putting greater emphasis on HIV treatment as prevention.

HIV testing and linkage to care are critical for treatment as prevention. A good HIV testing network should offer safe, culturally competent HIV testing services for people at high risk of infection. Community based HIV testing programs that mainly reach people at low risk should be modified to better target high-risk groups. However, everyone should be tested for HIV at least once by their medical provider, regardless of risk. Simply knowing one's HIV status leads to safer behavior, but testing is also the critical first step in accessing care.

Traditional approaches to HIV prevention remain important. Risk reduction counseling should be focused on people already infected with HIV. Recent data suggest that risk reduction counseling for people without HIV is not effective. Also, extensive counseling during an HIV testing visit slows the process down, creating a barrier for people who should test often. Condoms and syringe exchange continue to be effective HIV prevention tools.

The Alameda County Office of AIDS Administration (OAA) funds HIV testing and treatment programs, as well as linkage-to-care and other services. The OAA is working closely with community partners to ensure an efficient and effective local HIV prevention strategy.



### It's Never Too Late To...

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

It's never too late to...go back to school, teach an old dog new tricks, learn a new hobby and I would like to add...if only for a short time... to get ready for Health Care Reform!!

I attended a meeting sponsored by the AETC for clinicians and clinics to prepare for Health Care Reform (HCR) this past October. If I recall correctly there was a nice mix of responses to a poll at the beginning of the meeting of those who are ready, almost ready, not at all ready and what is HCR. Alameda County received several shout-outs at this meeting for our efforts to help prepare all those that will be impacted by HCR in 2014. In my opinion, the force or should I say forces that are leading Alameda County in preparing for HCR is our own Dr. Kathleen Clanon and Dr. Sophy Wong. Several others at this meeting said to me..."you are so lucky to have them in your county" and my response was always "I know it!" Both of these amazing women have done so much to help not only me learn and prepare for HCR, but also others in the OAA staff, the Community Collaborative Planning Council (CCPC), our agencies and clients.

Dr. Clanon presented throughout this meeting and she graciously gave me the go ahead to share the following from one of her presentations...so once again...*thank you Dr. Clanon!*

**The 9 things that you can do right NOW to prepare for HCR:**

*If you are a Clinician/Clinic:*

1. Know your patients' coverage destinations
2. Contract with your local MediCal managed care providers
3. Identify a benefits counselor

*If you are a Community Based Organization:*

4. Make a tight connection with medical providers in your area
5. Learn benefits advocacy & navigation skills
6. Measure outcomes of your work

*If you are a Consumer/Client:*

7. Pick one medical provider/case management agency and stick with them
8. Open your mail. Open Your Mail. OPEN YOUR MAIL.
9. Tell your story

I would like to highlight one from each section and share from my personal experience.

For clinics, the thought of hiring a staff person to do benefits counselor seems WAY OUT of the picture. However, I worked at two different organizations in Chicago and for both the benefit counselor quickly paid for him/herself and then started to either save and/or make money for the clinics. This was done by either enrolling clients in coverage (reducing the amount of expenses that had to be written-off) and/or enrolling clients in drug assistance programs (reducing the amount we had to pay for medications from our budgets). Benefit staff help the agency and most of all the clients!

For the Community Based Organization (CBO), I would like to touch on making a tight connection with medical providers. For me I would suggest - and I know some may not like this - that a tight connection translates to merger. Some smaller CBOs/ASOs have been struggling for years for many reasons and I only think the future will be more challenging. If merging is too much...then consider expanding by adding another disease state and/or population to your mission. For example, in my last job I worked with an AIDS Service Organizations (ASO) in St. Louis and the Executive Director took some of his Board, staff and some clients screaming into the future by adding services to those with cancer. The fear for many was that this agency would lose that special touch for serving those with HIV. After the first year he had a survey done and across the stakeholders mentioned above they reported little to no difference in services or the way they felt coming to this agency. The ED was also able to show a substantial increase in new funding in just the first year by expending services. Something to consider...

For the final group of consumers/clients, I would like to stress picking one provider/case manager and sticking with them. On the medical side it can reduce complications (i.e. you tell one provider you are taking these medications and to another you say something different). Sticking with one case manager can help you focus and plan ahead (again telling one case manager something and another a different story). Also, the OAA is in the process of placing out to bid Housing Services (assistance paying rent) and Emergency Financial Assistance (utilities and food) all to one provider. With this consolidation, it will reduce a client being able to receive rental/utility payments several times a year to just once...maybe twice. Working with one case manager can help prepare for and strategies what you will need...not only in housing, but in multiple areas of your life.

I started my article with it's never too late and another catch phrase that can go with this is: no one likes change. I often say "no one likes change, but a baby." Change is ALWAYS going to happen; some thrive on it, some do ok and some pretend change will not happen to them or it's down the road. Don't

be afraid of change, like the wind, it cannot be stopped. Alameda County was recognized for what we have all done in the past few years to prepare for HCR, we have enough talent and skills in our backyard to make it through HCR and in fact, make it a GREAT SUCCESS for all of us!

If you are not ready for HCR or are still trying to figure it out, visit the following site <http://www.hivhealthreform.org/>. HIV Health Reform is led by two amazing organizations: Project Inform and the AIDS Foundation of Chicago. Webinars on HCR happen almost weekly via this group and past webinars are accessible via the website.

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## OAA Community Service Awards

World AIDS Day (WAD), an international day of remembrance and honor took place on December 1<sup>st</sup>. WAD began in 1988 as a memorial for those who lost their lives to HIV and it has since grown. We still honor those we have lost, but we also honor the many people LIVING with HIV, because living with HIV is the new norm.

The Office of AIDS Administration (OAA) hosted its annual World AIDS Day Celebration and Community Service Awards on December 2<sup>nd</sup>. The theme was *Getting to Zero*, meaning no new HIV infections and full treatment for those living with HIV.

The OAA presented the following awards:

**Care and Treatment**

*Agripina Alejandres, WORLD*

**Non-traditional Community Partner**

*Darice Bridges, Eden I&R*

**Youth**

*Michael D'Arata, EBAC*

**Education and Prevention**

*Michael Benjamin, Cal-PEP*

**Volunteer**

*Ramiro Montoya, Grupo Fremont VIP*

**The Dr. Robert Scott Trailblazing Award**  
*Gloria Lockett, Cal-PEP*

The OAA would also like to HONOR all those who work in the field of HIV in Alameda County. Our services providers and colleagues' dedication, commitment and passion ensure that everyone living with HIV in Alameda County can access high quality, compassionate HIV care.

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## Linkage Network

Georgia Schreiber  
Linkage Coordinator  
Office of AIDS Administration

For the past three years, there has been a renewed effort to reach out to clients who have fallen out of care, and help them get linked to quality HIV care. With this effort, emphasis was first placed on locating and linking people, with little planning for longer term retention. Yes, it is understood that people need ongoing support, but no design beyond current case management was developed.



The Linkage Network, a group made up of East Bay HIV specialist providers, CARDEA and the OAA meet quarterly to discuss and develop standards of practice, protocols and communication tools for linkage to care, and in 2014 will begin to develop a working definition and strategies to improve patient retention after linkage. The next Linkage Network meeting will be in March 2014. An exact date and location will be determined and information will be sent out. If you would like to be added to the mailing list for this group, please email [Georgia.Schreiber@acgov.org](mailto:Georgia.Schreiber@acgov.org).

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PLWHA Spotlight on:

### Anita Schools

Anita was born in San Francisco's Fillmore District, is a graduate of Galileo High School, and also attended Laney College. Anita was diagnosed HIV+ in 1998, after taking a test at a church health fair. She began HIV care and treatment soon thereafter. It was important for her to learn more about the virus and how to live with it.

She is currently the Program Coordinator for Sister Care, a support program open to HIV+ woman. This group currently meets monthly at the Bay Area Consortium. There are usually between 10 and 25 women that attend each session.

"A lot of women are stressed out with family and relationships and need support." "This program helps them to clear their minds, as they come to the meetings to dump everything that has been bothering them." "If there wasn't Sister Care, then the women would be back into their addiction." The group uses the Get Real curriculum training. Outside speakers come to present various topics including nutrition, HIV 101, and medications.

Anita believes the most important thing that HIV providers can do is to offer psycho-social resources for clients, especially for the newly diagnosed. She believes that encouraging medication adherence and participation in support groups are essential to wellness. One thing she learned through support groups was how to disclose her HIV status to family members and how to educate them on the disease.

Anita feels good about her work with Sister Care, and feels that it helps her to open up about her issues. "I want to expand the program to men so that everyone is provided support to stay in, or get back into care." Another part of Anita's work is to speak at high schools about HIV in Oakland, Richmond and Castro Valley.

Outside of work, Anita enjoys knitting and being with her family. She has four daughters and eight grandchildren. She is motivated to stay in care so that she can see her grandchildren's children. For now, she has another grandchild on the way that she can't wait to hold.

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**COLLABORATIVE COMMUNITY  
PLANNING COUNCIL (CCPC)**

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## Communication is Key *CCPC Meeting Structure*

By Dr. Tony Sillemmon  
CCPC Co-Chair

The Oakland Transitional Grant Area's (TGA) Collaborative Community Planning Council (CCPC) was established in February 2005 by the Chief Elected Official (CEO) of the Alameda County Public Health Department. The CCPC's mission is to act as a catalyst to provide a continuum of high quality services for all people living with and affected by HIV/AIDS by empowering our communities, providing responsible stewardship and planning, and advocating on our community's behalf.

The CCPC strongly believes opening discussion to a diversity of opinions facilitates an informed decision-making process and furthers the CCPC's mission towards creating an integrated and effective system that provides services for all affected by HIV.

As Co-Chair, it is my responsibility to ensure the public is able to share their experiences and opinions on issues affecting their community. In order to address this, the CCPC has adopted new protocols governing public participation during meetings. Public Comment will be held at the end of each meeting and the public will have opportunity to speak prior to a voting agenda item.

Members of the public who wish to address the CCPC on any item appearing on the agenda must first file a Request to Speak form with the CCPC Support Staff. The form can be completed the day of the meeting and must be submitted to CCPC Support Staff prior to consideration of the agenda item and prior to approaching the microphone.

Once the discussion of the agenda item has started, no person shall be permitted to address the CCPC or the item, other than those who have submitted a Request to Speak form or responding in accordance with parliamentary procedures. Speakers are required to limit their remarks to the issue(s) being discussed and will have two (2) minutes to address the CCPC.

Written comments are always welcome and will be duplicated and distributed to all CCPC members in a timely manner. This new structure allows the CCPC to conduct its business in a more effective and efficient manner. The CCPC meets on the fourth Wednesday of every month from 10-2:00 pm.



Grupo Fremont VIP  
Takes a Year Off

Due to personal reasons, Ron Chavez and Antonio Ozuna are closing the support group known as Grupo Fremont VIP for at least one year.

The group is the largest support group in the county with over 125 current clients. The group's meetings, which are usually in Spanish, mainly serves the Latino community. Participants usually come from around the Bay Area and are not limited to the Southern Alameda and Northern Santa Clara County residents. The meetings drew people in part due to the personal touch given by both Ron and Antonio.

The meetings started as informal gatherings of Spanish-speaking PLWHAs at the home of Ron and Antonio in Fremont and eventually grew so large that they had to move to the meeting to Washington Hospital in Fremont.

Although clients have been transitioned to other support groups, the group meetings will be greatly missed by the community it served. However, Ron and Antonio will continue to be involved in the HIV affected community.

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**ARIES Migration**  
**(AIDS Regional Information and**  
**Evaluation System)**

By Matthew Wong  
Office of AIDS Administration

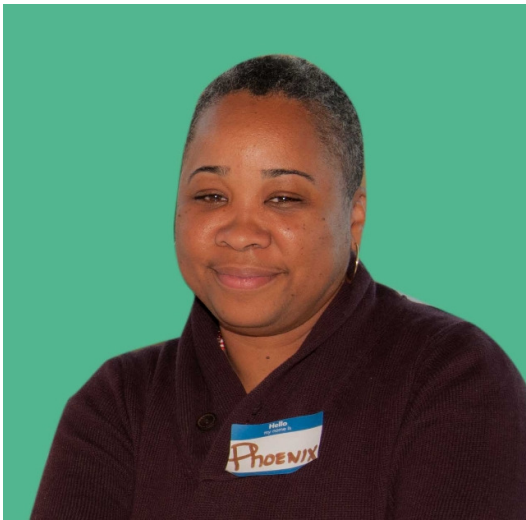


The ARIES Migration is nearly completed. The last two agencies should be on the ARIES system by the end of January 2014. Now comes the part where we have to make sure the data in the system is as accurate as possible. Please make it a point to get all your 2013 data into ARIES. The ARIES newsletter sent out by the State has details on how to run the RSR reports ( what HRSA receives)and how to print out the missing data reports which show the areas that need follow up . Any questions please call or e-mail me. Together we can make this happen.  
Thank you.

Phone .510-268-7642  
E-mail: matthew.wong@acgov.org

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OAA's Newest Member

## Phoenix Smith

This serves as an introduction for some and a re-acquaintance for others, to Phoenix Smith. Since October 1<sup>st</sup>, we have all had the pleasure of working with her as the newest program manager in the OAA.

A native of San Antonio, TX, Phoenix began her career in 1994, as a counselor at a substance treatment center in DC. She experienced first-hand, the devastating effects that substance abuse has on the family, so she was drawn to help others struggling with these challenges. Many of the people she worked with were also HIV+, so that naturally drew her to working more with individuals infected and affected by the disease.

She moved to the Bay Area in 2005 to work for the State STD Control Branch after working in Washington D.C area in policy, direct service and administrative roles. More recently, she worked with several of the agencies currently funded through the OAA.

"I look forward to improving the relationship with the community, and improving customer service", says Phoenix. In her current position, Phoenix will manage contracts for several of the funded agencies, and will manage the therapeutic monitoring and medical transportation programs.

Phoenix enjoys kayaking, hiking and camping. She loves jazz music, but enjoys *rocking out* most of all. She plays the saxophone and plans to learn to play the guitar.

Rock on, Phoenix, rock on!!



- Final Site Visits for care programs are beginning soon.
- The RFP for EFA/Housing has been released.  
The awarded contractor cannot have any other RW Part A/B funding starting March 2014. The RFP can be found at <http://tinyurl.com/k8re95p>
- Home Healthcare and Early Intervention Services (EIS) will also be out for bid soon. Those RFP's

can be found at the Alameda County General Services Agency (GSA).

- The Minority AIDS Initiative (MAI) RFP can be found at [www.officeofaids.org](http://www.officeofaids.org) and is due on February 3, 2014.
- Final Progress Reports for all Ryan White Part A Programs on Monday March 17, 2014.
- Mandatory Meeting for all Case Managers and HIV Test Counselors on April 3, 2014. Save the date!



## **SAVE THE DATE**

The Office of AIDS Administration  
Quality Improvement Program

### **“Provision of Integrated, Individualized and Comprehensive HIV Care”**

by Neva Chauppette, Psy.D.

Presentation focus to include...

\*Cultural Competence

\*Ethics

\*Boundaries

\*Provider Self-Care

Case managers, mental health and substance use providers  
are strongly encouraged to attend

Thursday, February 6th

8:30-11:30 a.m.

1000 Broadway, Oakland

Conference room 5000 A&B

light food and beverages provided

Please call Angie at 510-268-7630 to RSVP