

RFA 2024-0007  
Mid-Year Report



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February 13, 2024

Board of Directors  
Redbud Health Care District  
P. O. Box 4667  
Clearlake, CA 95422

Redbud Board Members:

Attached is our report the first six months of the 2023/2024 fiscal year. We appreciate your funding our program. Your help allows us to continue to serve the HIV positive clients in Lake County and supports us in maintaining our community health and wellness efforts, including HIV/HCV testing and counseling, substance recovery support, and sexual health education.

We are grateful for your generous support in the past. It was your help that has allowed us to start new community programs and services including our *Drop-In Center*, food pantry, outreach, and grow and expand our health and wellness efforts. Once again, we thank you for helping CCHAP continue these crucial community services for the most vulnerable of Lake County residents. I look forward to speaking with you at the Board meeting later this month to update you on our efforts.

I have to report that Cherise Wallace is no longer the Executive Director of Community Care. As the board seeks someone to take on that position, Laura Barker, who is our HR person, will be interim director.

Thank you for the great work you do in this community, and for your funding of our program.

Sincerely,

Henry Sadowski, MA  
Director CCHAP

## **Community Care HIV/AIDS Program**

### **Mid-Year Report 2023 to 2024**

#### **Redbud Health Care District**

The past few years COVID 19 disrupted many services and programs, and CCHAP was not immune to this. The necessity to modify our program to best be able to provide support for our clients while maintaining safety for both clients and staff was a challenge. We are finally able to provide our full range of client services, but even with restrictions lifted, we have needed to continue to modify our program to comply with the “new normal” of the post COVID world.

For the 2023 to 2024 fiscal year, Community Care was awarded \$48,000 by Redbud Health Care District to support the efforts of CCHAP in assisting those in our community who have an HIV/AIDS Diagnosis through access to our Drop-In Center food pantry and client events and our outreach efforts in the community. The monies awarded to Community Care were allocated to support personnel, operating expenses, HIV and HCV testing supplies, nutritional support, outreach efforts and harm reduction strategies for STDs and substance use. The funds were also accessed to better support CCHAP clients in meeting unexpected expenses that put their health and stable living environment at risk.

We are thankful that Redbud continues to assist Community Care in providing clients with consistent access to nutritional foods in our Drop in Center/Food Pantry. Since the beginning of the fiscal year our Lake County office has been serving an average of a little over 71 clients per month, approximately the same number of clients per month as last year. However, this is a 36% increase in use over the previous two fiscal years. Our clients continue to receive Social Security/Social Security Disability, on average \$800.00. Clients continue to have difficulty being able to budget money in ways that would allow them to choose healthy options that maintain their optimum nutritional health. This is especially true when we are experiencing continued inflation in this country that has seen food costs rising. The funds that Redbud awards to CCHAP allows us to continue to try to aid clients with sustainable nutrition, including fresh fruits and vegetables as well as protein, for the Drop in Center and the Food Pantry. CCHAP does received Ryan White funding for nutritional services, but it is not enough to keep the food pantry stocked for client consumption throughout the year. Our clients are given the opportunity to access the food pantry once per week. Clients can access the food pantry on Wednesdays. The clients are given food, hygiene, and cleaning supplies. Most clients access the Food Pantry approximately two times per month. CCHAP does receive additional funding through the HIV Care Program (HCP), but those funds have been designated for vitamins and nutritional supplements, and for Personal Protective Equipment (PPE), and hygiene and cleaning supplies.

As can be seen in our financial statement, Redbud funds are being utilized in accordance with our budget. At the beginning of the current fiscal year our RFA to Redbud was delayed due to

changes in the fiscal department and having to wait to provide the Redbud Board with a projected budget. Our former Executive Director instructed the CCHAP program that until the agency received the check from Redbud, we could not assign any expenditures to Redbud for pantry or client services and events. This resulted in our having to use HCP funds exclusively. So, we did not make any purchases with Redbud funds until early October, three months after the beginning of the fiscal year for this program. This was at a time when we were experiencing an increase in client need across the board. For instance, our housing support program has had to restrict the amount we can spend on rental assistance to avoid the situation we faced last year, when we had to freeze expenditures before the end of the fiscal year. More clients have had unseen expenditures that resulted in a need for assistance with rent or mortgage payments. We are having to restrict the number of clients we can help per month to ensure we have funds available until the new fiscal year starts July 1<sup>st</sup>. Some of those housing funds go toward helping homeless clients with hotel/motel stays. The cost of motel rooms has nearly doubled over the past two years, and rents have increased, but our funding has remained the same. It is difficult to have to tell a client we cannot help them because our funds for the year have run out, but that's what we had to do last year. In the past we often ended the year with a surplus of funds in that program. The same is true with other programs. Our HCP program, which helps clients with expenditures not covered by other programs, also has strict limits on any spending outside of covering items for our pantries for the remainder of that program's fiscal year which ends March 31<sup>st</sup>. Due to having to use HCP funds exclusively for our Lake County pantry and client events and services, our HCP funds were being depleted while we have a surplus in our Redbud budget. However, as we are planning to have more client events with the warmer weather coming, we will be using any surplus funds we currently have on client services.

We have been able to provide clients with quality of food despite inflation. We have instituted new curbs on spending, and limited the weekly amount we spend on food, but we have been able to provide high quality nutritious food for our clients by aggressively soliciting donations of food and hygiene and cleaning supplies because we don't have funding to purchase everything we need. That has been working out in two ways. One, we are keeping our costs down, and two, we are developing relationships with a number of merchants in the community to raise awareness of our program and services.

While we have an increase in need, and increases in costs for food and services, and staff salaries, while our funding has remained the same, we have been creative and resourceful in order to provide the best for our clients.

### **Nutrition and HIV**

Good nutrition is very important for long-term health and well-being. Studies have found that people living with HIV who regularly eat healthy food in the right amounts can better tolerate HIV drugs, maintain a healthy weight, and feel better overall. Experts often use the term "nutritional status" to describe whether someone is getting the right amount of nutrients from their diet. Diet here means whatever you eat and drink, not a specific set of food restrictions for losing weight.

Nutrients are things like fats, protein, carbohydrates, vitamins, minerals, and other important chemicals. You need proper levels of different nutrients in order to build and repair cells, keep hormones regulated, fight infection, and maintain energy levels. For the most part, we cannot

make nutrients. We get what we need from food and, when that is not possible, from dietary supplements.

Good nutrition depends on many things, including:

- What type of food you eat and how much
- How your body breaks down and ingests nutrients
- How different parts of your body use these nutrients

HIV-related changes in any of these factors can affect your nutritional status. Over time, this can lead to a variety of problems, including:

- Weight loss
- Muscle wasting (loss of muscle)
- High levels of fats and sugars in the blood
- Not enough vitamins and minerals

Many of these problems can be avoided or managed by eating the right foods.

### **How Is Nutrition Measured?**

Nutritional status can be determined in many ways, including:

- Weight and other measurements of body fat and muscle mass
- Hemoglobin or hematocrit counts, which measure iron in the blood (hemoglobin helps your red blood cells carry oxygen, which gives you energy)
- Other blood tests to check levels of important fats (cholesterol and triglycerides), proteins (such as albumin), vitamins (B-12, vitamin D), and minerals (sodium, potassium)
- Hemoglobin A1c levels to diagnose pre-diabetes or to monitor diabetes

### **Diet and HIV**

A healthy diet is a key part of any HIV treatment plan. A diet is simply any food and drink that you consume regularly. Your diet should give you the nutrients you need to:

- Fight weight and muscle loss
- Keep energy levels high
- Help you get what you need from medications you take
- Minimize the negative effects of HIV drugs

## **Women Living with HIV and Nutrition**

Nutritional guidelines such as the US Recommended Dietary Allowance (RDA) are set by the government to let people know how much of each nutrient they need each day to maintain good health. However, the RDA does not take into account that having HIV increases these needs. One study showed that people living with HIV needed between six and 25 times the RDA of some nutrients.

Due to dieting (restrictive eating), eating unhealthy foods, lack of time, and other pressures, some women in the US do not eat what they need to meet even the basic RDA requirements for many nutrients. This puts women, especially women living with HIV, at particular risk for not getting enough nutrients to maintain their health.

However, this does not mean that women living with HIV are necessarily underweight. In fact, in some resource-rich countries like the US, more women living with HIV are overweight or obese than women in the general population. Weight gain is a common side effect of some HIV drugs. Although HIV drugs greatly reduce AIDS-related illnesses and help people live longer, healthier lives, recent research shows that weight gain associated with HIV drugs can increase a woman's risk of diabetes. Since being obese can increase the chances of getting conditions already common for many people living with HIV (e.g., heart disease, cancer, high blood pressure, high cholesterol), it is important to maintain a healthy weight.

## **Ways to Improve Nutritional Status**

### **Maintain a Healthy Weight**

With a chronic infection like HIV, your body may burn more energy (calories). If you are using more than you are bringing in, you may lose weight. It is also possible to eat more calories than you are using, and thus gain weight. Either way, if you are not eating healthy foods, you can hurt your health. Some people living with HIV need to eat more calories each day to prevent weight loss.

### **Include Foods to Reduce Inflammation**

Because the immune system of a person living with HIV is always struggling to get rid of the virus, it is always activated, or "turned on." An activated immune system produces inflammation. Ongoing inflammation appears to be related to many conditions, including heart disease and cancer.

## **HIV/AIDS Education and Testing**

One of the most important components of the work CCHAP has done in the past involves our outreach and testing. This is an aspect of our program that Redbud has been extremely helpful in providing materials and supplies for. Due to the restrictions imposed by COVID, CCHAP has had to curtail our outreach and testing. We were given the OK to resume our outreach and testing

by the Lake County Department of Public Health at the start of the fiscal year, but due to a surge in COVID cases we had to once again curtail our testing. We have a number of sites identified for outreach and testing when we are able to resume this element of our program. We were able to, however, resume outreach and public education, and were able to do 5 outreach events during the past 6 months.

Each year there are more and more new HIV infections, which shows that people either aren't learning the message about the dangers of HIV, or are unable or unwilling to act on it. Many people are dangerously ignorant about the virus - a survey found recently that a third of teens thought there was a 'cure' for AIDS. Education is an important component of preventing the spread of HIV.

Even if education were completely successful, it would still have to be an ongoing process - each generation a new generation of people become adult and need to know how to protect themselves from infection. The older generations, who have hopefully already been educated, may need the message reinforced, and need to be kept informed, so that they are able to protect themselves and inform the younger.

There are three main reasons for AIDS education, the first of which is to prevent new infections from taking place. This can be seen as consisting of two processes:

- Giving people information about HIV - what HIV and AIDS are, how they are transmitted, and how people can protect themselves from infection.
- Teaching people how to put this information to use and act on it practically - how to get and use condoms, how to suggest and practice safer sex, how to prevent infection in a medical environment or when injecting drugs.

A second reason that AIDS education is needed is to improve quality of life for HIV positive people. Too often, AIDS education is seen as being something which should be targeted only at people who are not infected with HIV in order to prevent them from becoming infected. When AIDS education with HIV positive people is considered at all, it is frequently seen only in terms of preventing new infections by teaching HIV positive people about the importance of not passing on the virus. An important and commonly neglected aspect of AIDS education with HIV positive people is enabling and empowering them to improve their quality of life. HIV positive people have varying educational needs, but among them are the need to be able to access medical services and drug provision and the need to be able to find appropriate emotional and practical support and help.

The third reason people need AIDS education is to reduce stigma and discrimination. In many countries there is a great deal of fear and stigmatization of people who are HIV positive. This fear is too often accompanied by ignorance, resentment and ultimately, anger. Sometimes the results of prejudice and fear can be extreme. Discrimination against HIV positive people can help the AIDS epidemic to spread - if people are fearful of being tested for HIV, then they are more likely to pass the infection to someone else without knowing.

## **Who needs to be educated?**

Anyone who is vulnerable to AIDS, and almost everyone is vulnerable, unless they know how to protect themselves. It's not only young people, injecting drug users or gay men who become infected - the virus has affected a cross-section of society. This means that education ought to be aimed at all parts of society, not only those groups who are seen as being particularly high-risk. People who have not yet been educated and may be at risk of becoming infected. This usually means young people, who need to know the risks involved in unsafe sex and drug use before they are old enough to find out for themselves. But others need to be educated as well:

- People who have already been educated for whom the education was not effective. If AIDS education were completely effective, there wouldn't be nearly so many new infections. These infections do not only occur amongst young people - many people who have already experienced AIDS education continue to become infected with HIV.
- Everyone needs to learn how and why not to discriminate against positive people. People who are not HIV positive must learn about how the virus is transmitted in order that they are able to protect themselves from infection. At the same time, they must also learn how the virus is not transmitted. People need to know that they cannot become infected from such things as sharing food, towels or toilets. This will help to reduce discrimination against positive people by reducing ignorance and fear.
- People who are already infected also require education. Initially, this must involve an element of counseling and support, and must teach them how about living well with HIV, the tests they may need to have and the medications they may need to take. They must also learn about HIV transmission and safer sex, for two reasons - they need to know how to live positively without passing the virus on, and they need to know how to avoid contracting a strain of the virus which differs from the one they already have.
- If AIDS education that had been done up until now had been fully effective, then there wouldn't be so many new cases of HIV. It is clear that the campaigns carried out so far have failed to prevent the spread of the virus, so the message needs to be repeated, in different forms, until people appreciate it, or until, hopefully, education is no longer needed.
- One of the problems we see regarding preventing new cases of HIV is the increasing mindset among individuals who have lifestyles that put them at risk that HIV is no longer that bad. People, especially younger people, know that there are drugs that treat HIV and can prolong life. However, they are ignorant of the consequences of using these drugs for a long period of time. Older individuals with HIV see that taking the

medications for a number of years causes debilitating physical issues, and negatively impacts both the length of life and the quality of life. It is important that information regarding the long term effects of HIV medication reaches anyone who is at risk for developing HIV.

## **Living with HIV**

An estimated **1.3 million people in the United States aged 13 and older are living with HIV in the U.S. currently.**

According to the latest CDC data:

- About **14% (or 1 in 7) people living with HIV in the U.S. don't know it and so need testing.** Early HIV diagnosis is crucial. Everyone aged 13-64 should be tested at least once. People at higher risk of acquiring (or exposure to) HIV should be tested at least annually. Sexually active gay and bisexual men may benefit from more frequent testing (e.g., every 3-6 months).
- **Young people are the most likely to be unaware of their infection.** According to a CDC analysis, in 2019, an estimated 44.9% of young people aged 13-24 who were living with HIV were unaware of their infection. From 2014 to 2019, the percentage of people living with undiagnosed HIV infection increased among people ages 13-24, but decreased among people ages 35-44.
- According to another CDC report, of the people with HIV (diagnosed and undiagnosed) in 2019, **about 76% have received some HIV care, 58% were retained in care, and 65% were virally suppressed or undetectable.** Having a suppressed or undetectable viral load protects the health of a person living with HIV, preventing disease progression. There is also a major prevention benefit. A person living with HIV who takes HIV medicine daily as prescribed and gets and stays virally suppressed can stay healthy and has effectively no risk of sexually transmitting HIV to HIV-negative partners.

Gay, bisexual and other men who have sex with men (MSM) remain the population most affected by HIV in the U.S. The number of HIV diagnoses is decreasing among MSM overall, but trends varied by race/ethnicity. Black/African American MSM accounted for a disproportionately high percentage HIV diagnoses among all MSM. Heterosexuals and people who inject drugs also continue to be affected by HIV. Approximately 24% of HIV diagnoses are attributed to heterosexual sexual contact. HIV diagnoses has increased among people who inject drugs (PWID), with notable increases occurring among white PWID.

## **Ending the HIV Epidemic: A Plan for America**

*Ending the HIV Epidemic: A Plan for America*, is a bold approach to eliminate new HIV infections in our nation. It is built upon the following key strategies or pillars:

- **Diagnosing** all individuals with HIV as early as possible.



- **Treating** people with HIV rapidly and effectively to achieve sustained viral suppression.
- **Preventing** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Responding** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The initiative was designed to rapidly increase use of these strategies in 50 jurisdictions (48 counties, Washington, D.C., and San Juan, Puerto Rico) with the highest number of HIV diagnoses as well as seven states with a substantial number of HIV diagnoses in rural areas. The goal is to reduce new HIV infections by 90% by 2029.

Lake County is second in the state for poverty and substance use. These two demographics are major players in the risk for transmission for HIV and Hepatitis C. A recent study conducted by the CDC stated that 40% of people who are newly diagnosed with HIV contracted the disease three to five years prior to their diagnosis. HIV does not show any notable symptoms, like other STDS, so early detection and linkage to care are vital components. CCHAP assists residents in early detection, thereby providing a pathway to health and wellness.

### **AIDS Fundraiser**

In the past, CCHAP was able to raise additional funds and also raise public awareness through our AIDS Fundraisers, which took place at Austin Park, and brought in donations from sponsorships and booth purchases as well as the silent auction and raffle. As a result, CCHAP was able to provide clients with essential services that would improve their overall health and safety that are not covered under the Medi-Cal Waiver Program, or the HIV Care Program. Due to COVID we were unable to have our AIDS Fundraiser for three years. However, last May we were able to once again have such an event. Instead of having the event at the park, we had an AIDS Awareness/Open House event at our new offices in Clearlake. And raised approximately \$8,000.

We have also been able to raise additional funds and food donations due to the efforts of our Pantry Coordinators. These individuals took initiative and engaged in a fundraising effort to help make the holidays happier for our clients, including Thanksgiving dinner baskets and Christmas trees and decorations. We have also been doing additional fundraising to supplement our budget.

This year we are combining our AIDS Fundraiser with a celebration of Community Care's 40<sup>th</sup> anniversary. We are holding the event at Alex Thomas Plaza in Ukiah, which is right across the street from our Ukiah offices. It will be held on Saturday, May 18<sup>th</sup> from noon to 4pm. We already have a number of donors for the event.

### **Drop-In Center**

Despite not being able to have our Drop-In Center open, CCHAP was able to maintain regular contact with our clients during COVID. Case Managers were making weekly calls to clients to help them feel connected. Clients who utilize our Food Pantry also had the opportunity to visit with CCHAP staff and other clients when they came by to pick up their pantry items. It was not an ideal situation, but we did everything we could to ensure that clients felt we were still there for them.

In the past, CCHAP provided our clients with socialization opportunities through our Drop-In Center. Our primary mode of opportunity was our monthly potluck. COVID meant we had to close our Drop-In Center for an extended period of time. But we are able to once again host events serving a variety of foods on a monthly basis. We are having BBQs when the weather permits, and we are even able to have clients participate and bring in items for the potlucks. This December we had a holiday luncheon with clients joining CCHAP staff from all three offices. We are looking forward to resuming our outdoor BBQs in the spring. staff is already planning the first outdoor event for April. It is nice to return to nearly normal operations.

## **Conclusion**

Enclosed, please find the financial report for the first half of the fiscal year as well as a Pantry Use log. Community Care Management Corporation continues to be appreciative of the financial support that Redbud has provided over the years. Your support allows us provide our clients with a holistic approach, where CCHAP, as an agency, can address their health, psycho-social, home and nutritional needs. Redbud funding continues to play a key role in keeping our clients out of an institutional setting, like hospitals or nursing homes. With this funding, we are able to provide outreach out to vulnerable populations in the Lake County area and to continue to generate awareness and extinguish stigmas relating to HIV/AIDS and HCV and promote safer sex practices and sexual health strategies. We are also able to educate individuals living with HIV on how to protect themselves and those around them to decrease the risk of transmission. Finally, we are also able to increase community awareness with our AIDS Awareness Fundraiser. All of these components allow us to take another step towards decreasing new diagnosis of HIV/AIDS in Lake County. And we are able to accomplish these things because of your help.

Please find enclosed:

- \* Pantry Use Data
- \* Financial Statement for 7/2023 through 12/2023

Submitted by:

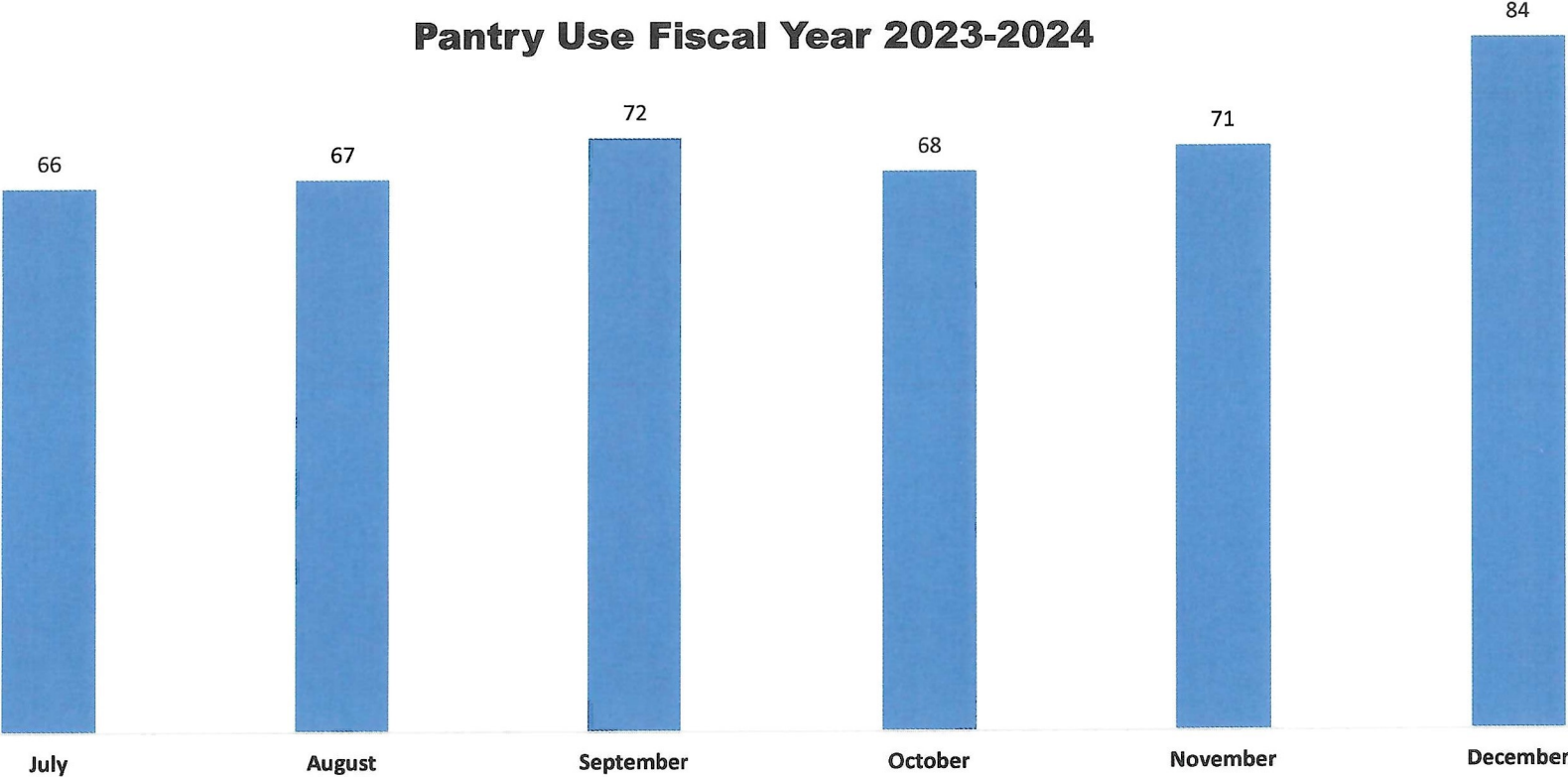
Henry Sadowski, MA

CCHAP Program Director

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707-472-7079

### Pantry Use Fiscal Year 2023-2024



Community Care Management Corporation  
REDBUD Budget to Actual  
July through December 2023

	<u>Jul - Dec 23</u>	<u>Annual Budget</u>	<u>% of Budget</u>
Ordinary Income/Expense			
Income			
4100 · Grants & Awards	24,000	48,000	50%
4400 · Donations	144	1,150	13%
Total Income	<u>24,144</u>	<u>49,150</u>	<u>49%</u>
Gross Profit	24,144	49,150	49%
Expense			
6000 · Personnel Expenses			
6100 · Salaries & Wages	7,742	17,011	46%
6500 · Benefits	1,986	2,552	78%
Total 6000 · Personnel Expenses	<u>9,728</u>	<u>19,563</u>	<u>50%</u>
7000 · Operating Expense			
7100 · General Expenses	666	639	104%
7200 · Consultants/Training Temp	312	934	33%
7400 · Communications	1,762	988	178%
7600 · Facility	3,975	3,980	100%
7800 · Travel	33	0	100%
Total 7000 · Operating Expense	<u>6,748</u>	<u>6,541</u>	<u>103%</u>
8000 · Client Services -	5,400	21,046	26%
9000 · Fundraising	0	2,000	0%
Total Expense	<u>21,876</u>	<u>49,150</u>	<u>45%</u>
Net Ordinary Income	<u>2,268</u>	<u>0</u>	<u>100%</u>
Net Income	<u>2,268</u>	<u>0</u>	<u>100%</u>