

California HIV/AIDS Planning Group

Wednesday, June 25, 2008

9:00 a.m. – 5:00 p.m.

Burlingame, California

Members in attendance:

Kevin Farrell, Peg Taylor, Ellen Swedberg, Ricki Rosales, Freddie Williams, Susan Foster,

Dr. Christopher Ried, Mario Perez, Fernando Sanudo, Terry Cunningham, Bob Lewis, Rosana Scolari, Fredy Ceja, Fernando Ocana, Joe Acosta, John Melichar, Sylvia Young, Eric Whitney, Nyrza Gonzales, Dorothy Kleffner, Precious Jackson, Debra McCarthy, Steven Tierney, Cesar Cadabes, Toni Harrison, Terry Smith, Paul Sanchez, Craig Hutchinson, Jeff Bailey, Sue Strong, Adrienne Rogers.

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Burlingame, California

9:00 a.m. –	Welcome/Call to Order	
9:10 a.m.	Introductions	Freddie Williams,
	Moment of Silence	Chair
	Agenda Review	

9:20 a.m. –	Welcome to San Mateo County	Ellen Sweetin,
9:30 a.m.		AIDS Program Director San Mateo Co Health Dept.

Projects in San Mateo County:

With the one time only E&P funds, San Mateo has developed and launched a social marketing campaign focused on African American Women. The ads have been distributed on posters, postcards, bus signs and hot sauce bottles.

Currently, San Mateo is attempting to adapt this campaign to target Latino Women and developing a youth pocket guide.

9:30 a.m. –	Welcome from the Office of AIDS,	Michelle Roland, MD
10:15 a.m.	California Department of Public Health	Division Chief

Budget update

- Budget balancing Reductions (BBRs) accepted
- OA working on contract language now
- Proportionate reductions across contracts

ADAP – backfill \$7 million with rebate funds

TMP – backfill \$4 million + 300K BBR with rebate funds

Not clear if this is one time only or permanent

Education and Prevention Funding

- BBR \$1.6 million
- Legislature adopted redirection of \$1.35 million for Dept of Mental Health
- Assembly recommended adding back \$5.6 million (minus a BBR-type reduction)
- Senate did not take action, so will go to conference committee

NASTAD and Hill Visits: May 2008

- Member of the Executive Committee
- Member of the ADAP Crisis Task Force (ACTF)
- Future meetings to include branch chiefs

Visioning Change and State Work Group

GOAL: To create a more sustainable, effective, integrated and responsive HIV health care, prevention and support system for people living with and at-risk for HIV in California.

- Co-sponsored by AIDS Partnership California (APC) and CA HIV Research Program (CHRP);
- 3 year project (2008-2010);
- Fundraising – California Health Care Foundation, The California Endowment, Kaiser Foundation and Sutter Health.
- Five meetings to date – First meeting November 2007 and last meeting June 2008

Leadership

Carla Bailey Los Angeles Commission on HIV	Cecilia Chung Transgender Law Center	Grant Colfax, MD San Francisco Dept of Public Health
Terry Cunningham San Diego County Health & Human Services Agency	Philip G. Curtis AIDS Project Los Angeles (APLA)	Anne Donnelly Project Inform
Donna Fleming Orange County Health Care Agency	Matt Hamilton Los Angeles Gay & Lesbian Center	Arleen Leibowitz, PhD UCLA School of Public Policy & Social Research
Ernest Hopkins San Francisco AIDS Foundation	Michael Horberg, MD Kaiser Permanente	Stephen Morin, PhD UCSF Center for AIDS Prevention (CAPS)

Core Planning Group

Jack Newby San Francisco Planning Council	Mario J. Perez LA County Dept of Public Health, Office of AIDS Program and Policy	Maura Riordan WORLD
Michel Roland, MD (Liaison) CA Dept of Public Health, Office of AIDS	Michael Shaw Urban Male Health Initiative, Alameda Co Public Health Dept	Arturo Hernandez Latino Advisory Board (LAB), Palm Springs
CHRP Members and Consultants	George Lemp, PhD CHRP	Bart Aoki, PhD CHRP
Susan Carter, JD CHRP	Susan Strong, RN Consultant	Robert Whirry Consultant

Objective 1

▫ Explore and describe sustainable, effective, integrated and responsive HIV health care, prevention and support service delivery systems for California

- STRATEGY: Mapping Project to understand where we are today re: funding and services
- State Work Group
- Task Group of Leadership Group Focused on service delivery systems

Objective 2: Collaborate on Ryan White

▫ Develop a Statewide Consensus Paper on Ryan White Treatment Modernization Act

- Task Group of Leadership Group (#2) focused on consensus statement
- Work beyond VCI in CA and nationally
- Community Planning Work Group?

Objective 3

▫ Develop communication, collaboration and coordination across California

- Strategy: Annual meeting of larger stakeholder group
- State Work Group
- Community Planning Work Group?

Core Principles

- **Anticipating Change**
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- **Policy implications**
 - **Messaging**

State Work Group Participants: Dept of Corrections and Rehabilitation; Alcohol and Drug Programs; Medi-Cal Managed Care; Medi-Cal, Waivers Analysis and Rates Division; Office of Multicultural Health; Dept of Rehabilitation; Dept of Education; Pharmacy Benefits Division, DHCS; Managed Risk Medical Insurance Board; Dept of Social Services; Office of Statewide Health Planning and Development; Office of Family Planning, CDPH; Dept of Aging; Division of Communicable Disease Control; Dept of Mental Health; Housing and Community Development; Office of the Patient Advocate; Refugee Health, CDPH; Office of Women's Health

Names Reporting Stakeholder Meeting

April 9-10, 2008

Purpose: Provide opportunity for consensus-building discussion regarding current and future HIV reporting policies and regulations

Agenda Topics:

- What's Working at the State and Local Levels
- Data Transmission: Encryption, Faxing and Mailing Options
- HIV and AIDS Reporting Consistency
- Centralized Laboratory Reporting
- Possible uses of HIV/AIDS Data for Public Health Purposes
- Policy and Funding Implications of including HIV/AIDS Reporting in Other Communicable Disease Reporting Regulations

Outcomes/Next Steps

- Workgroup #1: Data Transmission Issues
- Workgroup #2: Centralized Laboratory Reporting
- Workgroup #3: Considerations Regarding Other Uses of HIV/AIDS Data for Public Health Purposes

Prevention Think Tank

May 13-14, 2008

Purpose: To create an opportunity for prevention and care providers, funders, researchers, and public health officials to review current status of selected HIV prevention strategies and assess possibilities for scale-up in the future

Agenda Topics:

- Post-exposure Prophylaxis (PEP)
- Prevention with Positives
- Acute HIV Testing
- Behavioral Interventions
- HIV testing in Emergency Depts and hospitals
- HIV testing in STD and other clinics
- Partner Services

Outcomes/Next Steps

- Compiling responses from participants
- Discussion by OA management and staff in attendance
- Considering focus groups
- Convene additional stakeholders, including community partners, providers, consumers
- Discussion with CCLAD, CHPG, LAB, CAHAAC, other community partners

HIV Testing in California Health Care Settings: Taking the Next Step

June 30, 2008

Sponsored by OA, PAETC, PTC, LA OAPP, SFDPH, and Project Inform

Purpose: To provide hospital teams with an opportunity to hear from "early adopters" of HIV screening and problem-solve on how they can routinize HIV screening in their emergency departments, urgent care, and other hospital departments.

Rural Think Tank Meeting

- Education and Prevention
 - Care, Treatment and Support
 - Surveillance and Epidemiology
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10:15 a.m. – OA Branch Updates

11:00 a.m. HIV Education and Prevention Services Branch

HIV Care Branch

HIV/AIDS Epidemiology Branch

Kevin Farrell, LCSW

Peg Taylor

Juan Ruiz, MD, MPH,

Dr Ph

HIV CARE Branch Update

Presented by Peg Taylor, Branch Chief

Please refer to June Update on website: www.cahivplanninggroup.org

- Special recognition to Susan Sabatier and staff on the continued progress of ARIES
- Staff is currently dealing with the \$35,000 decrease in the Part B funding
- Staff is currently discussing the Prevention Think Tank outcomes
- Looking forward to the proposed Rural Think Tank

HIV Education and Prevention Services Branch

Presented by Kevin Farrell, Branch Chief

Please refer to June Update on website

- Introduction of new E & P staff – Rob Flores, Megan Henry, Phil Morris (HIV Prevention Research and Evaluation) and Jill Young (HIV Counseling, Testing and Training)
- Still actively recruiting for AA HIV Specialist (UCSF) and Latino HIV Specialist (UCLA)
 - Both positions have links from the Office of AIDS Website:
www.cdph.ca.gov/programs/aids
- Adjustments to the Counseling and Testing allocations
 - Allows unspent funds to be utilized in other ways (eg, purchase of Rapid Testing Kits, additional technical assistance, a new TB specialist)
- June 30, HIV Testing Meeting – The objective is to find out what can OA provide in terms of technical assistance to help increase HIV screening in non-traditional HIV testing locations (healthcare settings)
- MMWR reported on a significant spike in false positives in New York City STD clinics with the Orasure Oral Specimen Rapid Test kit. In response, California has researched our data and found that we are well within the ratio stated on the insert from the manufacture.
- About to release a California Condom designed by a member of OA, John Keasling. This project is a partnership with California AIDS Clearinghouse in an effort to create more publicity for Office of AIDS
- One year extension granted for our cooperative plan for CDC. Allows for more time to create our HIV Prevention Plan and allow goals brought to light at the Prevention Think Tank Meeting as well as other new methods to look at prevention to be integrated into the grant.

HIV/AIDS Epidemiology Branch

Presented by Juan Ruiz, Branch Chief

- Introduction of Mark Damesyn, new chief of the Epidemiologic Studies Section.
 - Actively recruiting for a new chief for the HIV/AIDS Case Registry Section
 - Continuing to follow up on the outcomes of the Stakeholder's meeting. The three work groups will continue to meet and in November all 65 participants will convene for a two day meeting in Sacramento.
 - International AIDS Conference – Mexico City, August 3 – 8, 2008. Three abstracts from OA have been accepted and two EPI employees will be attending.
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Questions

How were the members for the Visioning Change Initiative selected?

CHRP chose the members

The AA and Latino Specialist positions have been vacant since January. What is the hold up?

Unfortunately there has been a small pool of applicants for both positions.

How long do the positions have to be vacant before you change the process?

These are contracted positions, so they do not have time limits.

Can we get the names of the stakeholders?

Yes, EPI can provide the names in the summary.

When applying the budget cuts, can the state make the cuts based on performance rather than across the board?

Internally OA is evaluating the programs and their current effectiveness.

It seems like we have all tried to do the mapping project. What are your feelings for the outcome this time?

VCI has contracted someone who has the knowledge and time to explore. Her name is Arleen Leibowitz.

These outside groups (Visioning Change, Prevention Think Tank) sound suspiciously similar to the current task force groups (Care and Architecture). Are we making sure that the work is not being duplicated?

Yes. OA met internally to make sure these groups compliment each other.

Regarding the C&T allocations, can we see the testing rates and the sero-positivity rates?

We did not use that information to calculate the allocations. To explore that issue would take looking deeper into specific site production which we hope to do in the future.

What will happen to the current projects at CHRP?

Many of the on-going projects were moved into the Office of Research.

The Think Tank was focused more on testing and less on behavioral science; is that where OA's thinking is leaning?

That is really up to the individuals' perception. Many people came out of that meeting feeling very positive and excited about the things discussed and the outcomes. There were behavioral scientists at the table. What is best for California has yet to be decided.

The state has correctly identified the need for specialists for specific populations, and has also relied on advisory boards, but our statewide response has not progressed. Is there a way for stakeholders to weigh in on who those positions are given to?

How would that work?

Once the pool is dwindled down, the committee would be invited to ask question to a panel of three finalists. Committee members then would be allowed to privately email ideas, concerns and opinion on the candidates to the division chief.

Will take suggestion under consideration, but unlikely. There is not a large pool of applicants to choose from.

11:00 a.m.	Break	
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11:15 a.m.	Task Force Breakout	Members
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12:00 p.m.	Lunch	
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1:00 p.m. –	Task Force Breakout	
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4:30 pm	Roll Call/Announcements/Adjourn (In Task Force)	Members
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9:00 a.m. –	Welcome/Call to Order	Ellen Swedberg,
9:15 a.m.	Agenda Review/Announcements	<i>Co-Chair</i>

- Adjustment to the November CHPG dates
 - Many members have expressed concerned that the current dates will cause them to have to travel on Election Day. A request has been made to accommodate members in allowing them the ability to be in there home base on such an important election year.
 - Steering has agreed and RDL will begin researching dates. Members will be notified ASAP.
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9:15 a.m. –	Public Comment	<i>Members of the Public</i>
9:18 a.m.		

Hank Wilson (San Francisco)

Topic – Poppers Prevention Gap

- Encourages OA to research the data regarding poppers
 - Review on MSM focused training to deliver messages regarding the dangers of Poppers
 - Infuse/Integrate the message into existing programs
 - Provide informative/educational materials through California AIDS Clearinghouse
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9:18 a.m. –	Consumer Story	<i>Sharon Gamble</i>
9:30 a.m.		

9:30 a.m.	Break	
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9:45 a.m.	Task Force Breakout	Members
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11:30 a.m.	Lunch	
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12:30 p.m.	Task Force Breakout	Members
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2:00 p.m.	Break	
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2:15 p.m. –	Task Force Report Back to Membership	Members
3:15 p.m.		

The Architecture Task Force presented by *Steven Tierney*
“Renewing the Vision”

As we approach the third decade in the battle against HIV and AIDS it is an appropriate time to look at the systems, institutions and structures that have been developed.

This committee will look at data, trends, best practices from other states and nations, new technology and innovative public health technologies. We will look at how the HIV/AIDS system (prevention, care, treatment, epidemiology and research) are funded, and how they might be more innovatively resourced in the future. (i.e. Does current resource structure improve our effectiveness or limit it. Do we have the right mix).

Questions for analysis in year one:

- What is working well in California’s HIV/AIDS system
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- What is the 2008 definition of “effective” in HIV prevention and in AIDS care and treatment.
 - What are the internal and external factors (global health, US government, CA fiscal realities, etc) that may change the system with or without our input if we are not proactive?
 - How do we determine when a service or initiative is no longer effective, how do we end services to make room for new initiatives.
 - Who are the partners that need to be involved: consumers, CDC, AOD, DMH, Criminal Justice, Education, etc. This list will be developed in year one.
 - What does “think outside the box” mean to those working in and/or depending on an established system of health services?
 - What are all of the budget and resource options currently at work in HIV (CDC, HRSA, SAMHSA, NIH, philanthropy, research, drug companies, state and local general funds, etc.) Are they coordinated and maximized?

Long Term questions of this task force:

- Can we really envision a system of prevention and care that moves beyond the initial responses and current structures?
 - Creating a new vehicle, vs. tinkering with the Titanic.
- Can we create a system in which clients/patients and communities are truly partners in the services (patient- centered care).
- Can we effectively engage the necessary partners to make this an effective effort vs. “just another report”.

Year one goals:

1. Review data and trends in CA HIV/AIDS data. What do we know, what do we need to know, how can we get the data?
2. Based on that data/those trends; what are the components of an effective system.
3. Establish a plan with specific goals, timeline and deliverables for this Task Force.
4. Establish and commit to an effectiveness-evaluation for our work.

STATEWIDE ARCHITECTURE TASK FORCE

2008 Goals

1. Examine State of California response to HIV/AIDS to determine how that response might be modified, enhanced, or expanded to meet the current realities and future challenges and opportunities.
 - a. Work with OA to review current structure of OA, its capacity to address the current epidemic/endemic, and its major successes and challenges.
 - b. Review federal and state budget implications and the impact of those fiscal realities on program and services delivered by or supported by OA.
 - c. Make specific, measurable recommendations for system revisions in light of current epidemiological, research and community generated data.

Make recommendations for the 3 year CHPG term to begin in 2009 for on-going strategic analysis of the “big picture” issues facing those living with HIV, their families and communities and the health, housing, social service and employment agencies which seek to partner with and serve them.

CARE Reassessment Task Force presented by Sharyn Grayson

Women Task Force presented by Leslie Poston

The mindset of this group is in accordance with the larger group regarding the utility and purpose of data – specifically NIR (No Identified Risk), and the effectiveness for California women as a planning group.

At this meeting:

Data presentations, by OA highlighting hot spot analysis – correlation with MSM and heterosexual men; and mortality rates for women in California compared to MSM.

NIR – clarification on methods for more accurate picture of these women, besides women who have sex with men that are not MSM or IDU to tease out markers to make her aware of her risk

All task force members are aimed at developing concrete recommendations

Developing a list of tools and resources to provide accessible and accurate assessment of their individual risk. Define our goal and take it beyond the table.

High biological risk (from sex) – range of risk with lifestyle and behavior.

Diffusion, infusion and alteration.

All leading to concrete data driven recommendations in November.

MSM/Gay Men Task Force presented by Craig Hutchinson and Fredy Ceja

CHPG recommended that designated LHJs create an Action Plan to adequately address the HIV prevention needs of African American gay/MSM.

- Continue progress reports from OA
- Summaries of the action plans for the next meeting
- Progress report on the implementation of evaluation to LHJs
- Presentation from Los Angeles and San Francisco counties on their action plan
- Track intervention template on its usefulness
- Progress report on the hiring of the AA and Latino Specialist

Latino Gay Men/MSM

- Lab Report
- Accessing current research on Latino Gay/MSM
- Expansion of TF to include LAB members
 - Clarification of Roles
- Examine care and prevention issues in Latino Gay/MSM community
- Examine Latino family acceptance and cultural issues
- Identify key areas and develop timelines and ultimately make recommendations to OA
- Team/TF Building
- 2008 work plan
- New Foundations/G/MSM Framework Trainings
- Six Reports on Latinos
- Began to introduce outcomes for 2008 work

Request to TF:

PTC Gay/MSM training

- Evaluate training results and present at next Task Force
 - Evaluate the likelihood of making training linguistically and culturally appropriate
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3:15 p.m. – Open Discussion

3:50 p.m.

Facilitated by Sue Strong

3:50 p.m. – Closing Comments
4:15 p.m.

Michelle Roland, MD

4:15 p.m. – Announcements / Evaluation
4:30 p.m. Adjourn

Members

The next CHPG meeting is in Monterey
November 13 - 14
Best Western Beach Resort