

HIV Prevention Planning Council (HPPC)
Strategies and Interventions Committee

Action Minutes

March 2, 2006

Members Present: Emalie Huriaux, Chandra Sivakumar, Michael Cooley, Abbie Zimmerman, Dee Hampton, Weihaur Lau, Michael Discepola, John Tighe

Members Absent: Joani Marinoff, Amber Gray

Professional Staff Present: Vincent Fuqua (HPS), Israel Nieves-Rivera (HPS), Clare Nolan (H+C), Aimee F. Crisostomo (H+C, note taker), and Doug Sebesta (HPS)

1. Welcome and Announcements

Abbie called the meeting to order at 4:05 PM, welcomed attendees, and asked for announcements.

- Doug Sebesta, announce that he is from the HIV Prevention Section (HPS), and will be here to support the committee regarding evaluations issues.
 - Michael Cooley commented that although Doug's role in the committee is fine, he would like Doug to participate more than not participate.
 - Michael D stated that Doug would bring a lot of value to the committee.
 - Doug responded that it is up to the committee to ask me for input as needed.
 - Vincent noted that Doug is also included in all emails and transactions and so will be updated on the committee's activities.
 - Israel also noted that he and Doug are part of the same evaluation team. Israel reassured the committee that he could provide information on overall evaluation and follow-up with Doug on specific committee request.
 - In regards to evaluation, Michael D. asked Doug whether he is trying to create variables that will be used city-wide.
 - Doug explained that the HPS had a team of five people, but with the changes in staffing HPS had to step back and see how to address the evaluation needs of the providers.
 - Doug explained that HPS was in the process of moving from the State of California ELI web-based reporting system to the federal Program Evaluation and Monitoring System (PEMS) and that they are looking at the required variables and configuring what makes sense city-wide for San Francisco, while fulfilling the needs of the council, testing databases, CDC and state reporting requirements.
 - Doug suggested that that the committee should have a conversation about evaluation in the interim.
 - Israel explained that the evaluation team is looking at overall evaluation and support. How do we want to show or measure success? CDC has not

finalized the PEMS variables. Locally, the evaluation team is discussing the best way to tell San Francisco's story and measure its success.

- Michael C. suggested that members be aware that not every one is familiar with acronyms that are referred to during discussions and he encourages people to ask if needed.
- Emalie reminded the committee that the benefit for the Women's Community Clinic, *Hysteria* with Margaret Cho, is on April 6, 2006.
- Michael C. will be contacting people about the presentation he is doing for the Prevention Resource Center.
- Abbie announced that the Adolescent Health Conference is happening on May 6 in Oakland. Anyone interested in submitting a presentation, curriculum, or workshop should visit their website (www.ahc.org). Deadline for submissions was today, but Abbie said they would be flexible. The conference would be a great way to get information about programs out in the community.

2. Public Comment

No public comment.

3. Approval of February 2, 2006 Minutes

The committee voted to approve the February 2, 2006 minutes with one abstention.

4. Committee Business

Report from Steering Committee

- Emalie provided an update from the Steering Committee on February 23.
 - The Quaker House meeting space is working for people so Council meetings will continue to be held there but HPS staff is looking into getting microphones for Council meetings
 - Israel informed the committee that San Francisco presented information on rapid testing, issues regarding discordant test and at the new algorithm system for HIV Rapid testing at UCHAPS meeting in Houston.
 - Focus was on new initiatives from CDC, in particular, the President's 93 million dollars to expand rapid testing which according to Rob Jansen, Director, and Division of HIV/AIDS Prevention is all brand new money for testing.
 - The recommendations move HIV testing from specific targeted initiatives and to general screening by medical providers. HPS will keep the council updated on this issue.
 - Michael D. asked whether UCHAPS is going to make a recommendation to CDC use some of that money to go towards treatment.
 - Israel explained that UCHAPS has talked about this issue and that it is a standing item on each meeting agenda.
 - Emalie continued with updates from the Steering Committee regarding the city. She informed the committee that Jimmy Loyce, Director of AIDS Office, is

- bringing together both the HPS and HIV Health Services (HHS) on collaborative meetings regarding the new SF model for HIV/AIDS services.
- Michael C. asked whether there are plans to combine the monies for care and prevention.
 - Israel explained that the purpose of the meetings with Jimmy Loyce is to make ensure that both care and prevention are on the same page about and working together to look at the new model for Ryan White Care. He said that Jimmy Loyce is planning a one day summit to look at a new model.
 - Michael C. noted that there was recently an article about the reauthorization of the Ryan White Care Act and asked whether the council or HPS can formulate a response to congress members.
 - Israel responded that in April, HPS and HPPC co-chairs will be in Washington, DC to talk with elected officials regarding the matter.
- Emalie informed the committee that the POI committee was voted as a home committee for HIV Health Services Planning Council (HHSPC).
 - The next council meeting will be a team building, and that it is closed to the public.
 - Emalie informed the group that at the last Steering meeting, members voted to support a letter for a study on MTF TG and partner's behavioral surveillance.
 - She informed the group that Willi McFarland provided a Census update, and that he will be presenting at the April council meeting.
 - Steering committee will vote on community members at the April meeting, there are currently two applications for this committee.

Check-in on Recruitment of Community Members

- Vincent informed the group that community member applicants were invited to attend the Strategies & Interventions committee meeting and was sent the agenda and other information committee members received prior to today's meeting.
 - The deadline for community member applicants is April 27 before the steering meeting at 3:00 pm.
- 5. Review of Current Strategies and Interventions Chapter**
- Abbie shared that the co-chairs felt that it would be important to make sure that committee members have read the current Strategies & Interventions Chapter in the HPPC Plan. She encouraged those who have not read it to do so and emphasized the importance of being on the same page. She asked the group for any comments, thoughts, or questions on the Chapter.
 - Dee noted that through out the Chapter, strategies and interventions have to be linked to testing.

- Dee mention that the Plan seems outdated in terms of what the city is going to fund or the city needs to find money to do these things.
- How can funding be made available for testing if this is what is required?
- Dee continued to explain that the Plan states that all substance abuse programs should have linkage to testing. If it is stated in the Plan, are there funds to make it happen?
- Israel said that on the youth committee last year, they created a matrix of organizations who said they were serving youth to identify gaps. Lot's of people are testing young people. There are organizations testing every BRP. Those who should be tested should be able to access it.
- Dee asked how the group can get the message out about who really needs to get tested in San Francisco and don't have the information about testing.
- Michael D. stated that CDC is doing national campaigns about people knowing their HIV status. They want to fund testing for MSMs and pull funding from low risk areas.
- He offered that when the committee completes reviewing the Chapter and revises it, there should be parameters included about what CDC states it is going to fund.
- Emalie talked about the gap between what is touted as strong strategies and interventions and what funding is available. An example is VBIO (venue-based individual outreach).
- Emalie stated that there isn't a lot of individual outreach that was funding through the last RFP process and that the mayor has said publicly that he believes that outreach programs are not working and they are not effective and they are doing in-reach instead.
- There is a gap wherein VBIO is touted as a strong prevention strategy but there isn't a lot of money for it and there is lack of political support for it as well.
- Emalie suggested that this is something the committee can address around increasing capacity for outreach.
- Michael C. said the Plan was created as a community and which the community thought worked.
- He recalls from his experience on the RFP process that outreach was not a priority because it is no longer effective.
- He recalls that there were not any outreach interventions written into proposals. Instead, *treatment and linkage* replaced *outreach*.

- He said that there is disconnect between what the Plan states should work, what is funded and implemented, and what agencies say they are going to do. He is wondering how to know what strategies and interventions are actually effective.
- Abbie stated Michael C.'s point relates directly to the committee's next agenda which is to talk about the scope of work.
- Michael D. stated the Plan should identify the key things programs must do and also specify the variables that programs can choose to do.
- Each program needs to individuate based on their subpopulations, culture, and norms within the organization and the populations that they serve in order to be successful.
- He talked about a possible need for an analysis of money spent every year on poor retention of prevention staff because of lack of training and support.
- Abbie clarified that the Plan's intention is to discuss the different roles, but not necessarily to place a dollar amount. She noted the cost-effectiveness of having a well-trained staff with high capacity to do the work.
- Israel asked, "Should the Chapter give the community every possible strategy and intervention whether we pay for it or not, or should the Chapter only discuss the strategies and interventions we should pay for?"
- Dee responded that it would be useless to put something in the Chapter that is not going to be funded. She explained that there are lots of programs that do not have multiple sources of funding.
- Michael D. explained that there are other funding streams too.
- Weihaur brought up the issue of accountability.
- Weihaur was wondering if this committee is looking into revising the chapter.
- He also asked what this Committee could do to help support retention of health workers, since the turnover impacts the quality of how strategies and interventions are delivered to the community.
- Michael D. thought that the Plan should reflect the ideal. We need to identify the barriers and deficits.
- He stated that DPH should help the community and providers identify the key elements that need to be measured to prove efficacy.

- Clare summarized some themes that have emerged during the discussion;
 1. Whatever Chapter the committee comes up with, keep it simple, understandable, and really practical. It would be important to explain it at a level that people can understand.
 2. Keep it real. Don't design a "pie-in-the-sky" chapter; it should reflect what will get funded.
 3. Try to make it tight so that as it goes through the RFP process, the politics, what gets funded by DPH, and what it is done by providers, the Chapter is robust enough to get through this process.
- Abbie noted that the Chapter needs updates in terms of prophylaxis and rapid testing.
- It was mentioned that the purpose of this chapter is to provide tools for providers in order to design and implement programs.
- Israel said that those two interventions are in there, but they may need to be updated.
- Abbie asked if this something that is going to be redone in four years? Israel and Vincent explained that the Plan will be updated in four years, but the committee, if they decide to do so, can add an addendum this year.
- Michael D. offered that the committee should not dumb the chapter down. There will never be enough funding. He explained that whether or not a strategy or intervention is going to be funded, it will still be valuable information to the community.
- Michael C. shared that the Bayview Hunter's Point community felt that they were not really able to apply the SCAN effectively in the community. There was a lot of different language. He explained that "dumbing down" is not what he is looking for, but rather, readability of the Chapter and whether it is culturally appropriate.
- Abbie offered the idea of providing the information in the Chapter as a teaching tool, curriculum, or video or worksheets that may be more accessible to the community.
- Chandra said that it's very relevant that an evaluation person is present at the meetings.
- Chandra mentions that including more evidenced-based, keeping it real, especially stories on how different interventions work would be important.
- Dee said that people are going to look at the Chapter and have the impression that the strategies and interventions highlighted in the Chapter will be funded. If a program applies for money based on what they see in the Chapter and they don't get funded, they may question why it was in the Chapter. She stated that she is not sure this is the place to be innovative. If this is a handbook of what providers should do, it should be realistic.

- Michael D. emphasized that it is not the committee's role to get stuck in the funding cycle.
- This tool helps the Council know what our priorities are and makes a statement nationally and internationally what the council feel needs to be done. He cautions about getting stuck on the issue of funding.
- Emalie suggested that HPS advocate with large private foundations around the things that government can't fund right now.
- She noted that private foundation trends follow government trends. The committee needs to recognize that the chapter will have things that AIDS office can't fund, but still finds valuable.
- The AIDS office should be charged with going to private foundations and advocating for programs that they cannot currently fund but value. They should highlight some programs for private foundations.
- Clare reminded the committee that she will be keeping track of recommendations including the one that Emalie just proposed and the recommendation for DPH to document certain innovative program's effectiveness.
- Weihaur noted that what's missing is the implementation part that includes the people and the funding.
- How these ideal strategies and interventions are implemented in the real world? He suggested that this be included in the Chapter.
- Michael C. agreed with Weihaur suggestion.
- Michael D. added that information about capacity building and training would be important as well.
- Chandra suggested adding stories in the Chapter.

6. Review of Scope of Work

- Abbie distributed a handout entitled, "Putting Our Scope of Work into Action!" which asks the committee what needs to be done, how it should be done, and by when. Abbie asked the committee to look over the handout. She reminded the committee that there are only 8 more meetings left before the committee's presentation to the Council in November noting that the committee has a very limited amount of time within which to accomplish their scope of work. She encouraged the committee to make a decision today about their next steps.

- Michael C. shared that an effective strategy and intervention is so important that one year may not be enough. He thought the scope of work is too much for one year and that the strategies and interventions committee may be an ongoing meeting for the next couple of years. He suggested that the committee evaluate how much they've been able to do and how much more is feasible.
- Abbie added that the committee should prioritize today.
- Michael D. shared that he doesn't think this chapter should be re-written this year. Perhaps it can be updated in two years. Perhaps an addendum might be created. He suggested the committee ask the following questions in determining what the committee focuses on: What do we need? What do our providers need? What does the AIDS office need? How are our current interventions effective? What's being done and how do we measure that? Evaluation should be simple for providers to be able to do.
- Abbie added that if this committee continues next year, this year's committee can determine the most effective evaluation and next year's committee would implement it. She reminded the group that the committee does not have to implement all of their work this year.
- Michael C., regarding REPS and DEBIs, wondered whether the committee needs to consider time sensitive outputs.
- Israel responded that the purpose of the committee is not to be reactive but to look at what the council feels would be best for SF. The CDC at this point is not telling any health department to do only do DEBIs. This committee can take a look at what the strategies and interventions in San Francisco. What is missing in our compendium?
- Abbie led the group in going over the handout, "Putting Our Scope of Work into Action". She asked the group to look over what the committee needs to do and the co-chairs ideas on how the committee should do this.

A. Review Strategies and Interventions section...

- Abbie asked whether the group wants to continue doing this and whether they should focus on this in detail.
- Michael D. thought that it would be a good idea to go over all the strategies and interventions in the Chapter. It would be helpful for the group to discuss each one and ask whether they agree with it or not, or make changes.
- Michael C. noted that there are some strategies and interventions in the Chapter that are more effective than others and some of those are even stated in the RFP?
- Israel said that the RFP does state strategies and interventions that it prefers. However, Israel encouraged that group to either affirm what the RFP states or to disagree with it and/or question it. He encouraged the group not be driven

by the RFP, but to be driven by their experiences and by what you're hearing is missing.

- Abbie added a bullet point to this section – Go through each strategies and interventions.
- Michael D. suggested doing research on other innovations nationally and internationally. Abbie noted that this is already on the scope of work.

B. Gather and review information on strategies and interventions...in San Francisco...

- Abbie went over the bullet points currently in this section. Regarding a review of structural interventions, Abbie informed the group that committee member Joani Marinoff has information in this regard.
- Emalie emphasized that the group had previously expressed that structural interventions was a gap in the Chapter. This might be an area to focus on in the addendum.
- Michael C. noted that the RFP did not include structural interventions even though they are cost effective and have a big impact. CDC has not focused on structural interventions despite their effectiveness. How do we address this?
- Michael D. suggested adding to each intervention a training piece and guidelines on who should be doing the intervention and what type of tools and support would be needed to do it effectively?
- Clare noted that the group raised issues about how to get CDC to respond or to listen, and she suggested bringing these issues to the San Francisco Leadership Initiative committee.
- Michael D. said that the committee could bring these issues to Steering.
- Abbie added that this issue is also related to evaluation. How do we make sure that people are getting appropriate trainings and receiving accurate information?
- Emalie suggested adding a bullet for obtaining national information on strategies and interventions. Clare said that this will be added.
- Israel added that HPS will be going over all the contracts and create a one-page information sheet for each organization that highlights their theories, activities. This will be cross-referenced to the national compendium. This is a way to figure out what is being done in San Francisco. It will be good tool for HPS and providers.
- Michael C. asked whether information about strategies and interventions nationwide can only come from the compendium.
- Clare clarified that there is a way to look at the national information that is not in the compendium. How should we do that?
- Committee members can inform Clare and HPS staff of national information they've heard of and based on the information, it can be summarized. Could the California HIV Planning Group have additional information?
- Michael D. suggested that literature searches would be helpful. He would like information nationally but also information on what is being done in substance abuse and mental health systems.

- Israel suggested talking to National HIV training which may have a list of other interventions. And also talk to partners at APLA regarding their social marketing structural interventions.
- Dee suggested doing some research internationally.
- Israel said that there are some information on interventions in Australia, London, and Canada.

C. Review the approach of the CDC...

- Israel reminded the group that information was provided about how by Clare at the February meeting on DEBIs and REPS were selected. He asked if the group needed additional information.
- Michael C. asked whether this is part of the process of evaluation.
- Clare clarified that the question is how San Francisco would decide what is effective. CDC has one approach and HPS has one approach. We need to know a little bit more about what going on with each approach and then the committee can talk about it.
- Michael D. informed the group that research has not yet been done on how to evaluate a program.
- Clare noted this as a possible recommendation
- HPS will work on this bullet point.

D. Develop and finalize criteria...

- Israel suggested getting information on above (C) first to better understand this section.
- With information from (C), the committee will be able to work on this section.

E. Identify priority strategies and interventions...

- Abbie noted this section is very similar to (D). Clare and Vincent agree. The group decides to delete this section.

F. Revise or develop a supplement...

- Michael C. said that there's a little ambiguity about technical assistance capacity from DPH. He would like clarification on this.
- Michael D. stated that the committee needs to reframe innovation.
- Michael C. added that the push has been to talk about what providers are doing that is new and different.
- Michael C. suggested providing a framework for providers to do those things that might work.
- We can provide a process of evaluation and program implementation of what providers think might work.
- Emalie stated that there is a lot of stuff done internationally that we can't do because of laws.

- Do we want to include in the Chapter information on strategies and interventions that we can't do, but are proven effective?
- Michael D. agreed that this is a good idea.
- Chandra suggested providing case profiles and case studies to demonstrate how theory becomes practice.
- Abbie agreed that this would make the Chapter more user-friendly.

7. Next Steps, Evaluation, and Closure

- Abbie asked the group for suggestions on what the committee needs to do next.
- Dee suggested looking over each strategies and interventions as also suggested by Michael D.
- Abbie suggested for each person to take two strategies and interventions to review for the committee's next meeting. She suggested that each person choose two areas that he/she have personal experience with and would like to make specific notes on. This, however, does not limit anyone from making comments on other strategies and interventions in the Chapter.
- The group agreed to the assignment and chose strategies and interventions to review and share for the next meeting. The group agreed to focus just on strategies and interventions, starting on page 173 of the Plan.
- As part of the assignment, members will share their opinions on the strategy and intervention they chose based on their personal experience, its strengths and weaknesses, training needs, implementation ideas, suggestions, and any questions they might have regarding the strategy and intervention.
- Clare will take note of the member assignments. HPS staff will forward the strategies and interventions not assigned today to absent members.
- Israel asked the group to send their assignments to HPS staff via fax or email by March 24 in order to have enough time to compile it for the committee's next meeting. He added that HPS staff will invite Doug to the committee's April meeting.
- Abbie proposed starting the meeting at 4:00 PM to 5:30 PM. The group agreed.
- The meeting adjourned at 5:45 PM.

The minutes were prepared by Aimee Crisostomo, reviewed by Israel Nieves-Rivera, and Vincent Fuqua.

**The next meeting is scheduled for April 6, 2006 from 4:00 - 5:30 p.m.
25 Van Ness Avenue, San Francisco.**