

**DRAFT**  
**HIV Prevention Planning Council (HPPC) Meeting**  
**Thursday, July 11, 2013**  
**3:00-6:00 PM**

**San Francisco Department of Public Health**  
**25 Van Ness Avenue, Conference Room 610 (6<sup>th</sup> Floor)**  
**San Francisco, CA 94102**

**Minutes**

***Voting Members Present:*** Erin Armstrong, Richard Bargetto, Jackson Bowman, Gayle Burns, Claudia Cabrera-Lara, Chadwick Campbell, Ed Chitty, Michael Discepola, David Gonzalez, Jose Luis Guzman, Paul Harkin, Bruce Ito (Housing), Andrew Lopez, Aja Monet, Jessie Murphy, Nan O'Connor (CBHS), Tracey Packer, Gwen Smith, Frank Strona (STD Prevention and Control), Laura Thomas (HHSPC)

***Voting members Absent:*** Bill Blum (COPC), Kate Monico Klein (Jail Health)

***Non-Voting Members Present:*** Darryl Lampkin (San Mateo), Chris Santini (Marin)

***Staff Present:*** Celinda Cantu (HHS), Vincent Fuqua, Dara Geckeler, Hannah Hjord, Emalie Hurliaux, Betty Lew, Eileen Loughran, John Melichar, Michael Paquette, Seth Pardo, Jenna Rapues, Kevin Wu

***Public Present:*** Michael Bare (CAPS), Caycee Cullen (UCSF), Gabriel Galindo (CAPS), Marsha Herring (Business Office of Contract Compliance), Sophie Kang (Glide), Alli Kraus (Glide), Byron Mason (CAPS), Chip Supanich (HHSPC), Kristina Wolfe (Glide)

**1. Review and Approval of Minutes from 04/11/2013 (Action item/Vote)**

- Minutes approved by consensus

**2. General Public Comment**

- Chip Supanich from HIV Health Services Planning Council (HHSPC)/MDC/Shanti/Glide spoke about crack pipe distribution as a public health measure. Just as syringes are given out, crack pipe distribution would be another tool in the harm reduction toolkit. He explained that stems would be an engagement tool to talk to folks about services.
- Alli Kraus from Glide spoke about the need for crack pipe distribution as an opportunity to address one of the drivers of HIV in SF (cocaine/crack). She will follow-up by sending data and materials to the Executive committee.
- Caycee Cullen from the VIP Study at UCSF gave a brief overview of her project which is a new Hepatitis C clinical trial. As the study recruiter, she asked that people forward the information to any qualified individuals, as they are trying to increase the number of study participants.

**Action item:** Addressing crack use as a driver for HIV in San Francisco will be discussed at the next Executive Committee Meeting on July 25<sup>th</sup>. Alli Kraus and Chip Supanich will send data and supporting research materials to Eileen.

**3. Executive Committee/Directors Report (Action item/vote)**

- Tracey gave an update on the budget. She also talked about the recent reorganization of the Population Health Division and the new Community Health Promotion Branch (name still to be decided).

- Jose Luis and David Spoke about their recent meeting with the Urban Coalition of HIV/AIDS Prevention Services (UCHAPS) in Baltimore June 9<sup>th</sup> & 10<sup>th</sup>.
- Andrew provided an update on the Collaborative Planning Work Group and mentioned the all day retreat that took place in June facilitated by consultant Michael DeMayo. He also explained to the group that the details will be presented to both Councils at the joint meeting scheduled for October 28<sup>th</sup>.

#### 4. Update from HIV Health Services (Discussion item)

- Celinda Cantu gave an update on the state of Ryan White funding for Fiscal Year 2013-14. She distributed a one page handout which included a letter from Bill Blum to HIV Service Providers on one side and a Ryan White Part A Analysis on the other side.

#### 5. Report on Mid-Year Survey (Discussion item/Possible vote)

- Jackson walked us through the mid-year assessment results presentation (light blue handout). He provided a summary of the background, survey results, council strengths as well as opportunities. He introduced a small group activity where members were to answer the following guiding questions:
  - How can we build on our strengths?
  - What can we do to address our challenges?
  - What are some options for meeting schedule and discussion topics for next year?

#### Group 1 Summary:

- Make council objectives clear and how work fits into our objectives as a council. (Dashboard model).
- Allow members to take on more responsibility.
- Formation of small task/objective oriented workgroups (topics that come up).
- Keeping community engaged (space not accessible).
- Lot of work done by executive group behind scenes and not soliciting feedback from full council (in between meetings via email?) People want to do work.

#### Group 2: Summary:

- HIV infections trends in over 30
- Alcohol and alcohol interventions
- Drug treatment as HIV prevention
- Expertise in the council
- Housing as HIV prevention - leveraging
- Drug related effects - increasing
- engaging people who are drug users
- Scheduling - frequency is needed
- Disconnected from the council - monthly too much but current frequency is not enough
- Monthly for topics and quarterly for business meetings
- Connections between people
- Mental health
- Linking people to drug treatment
- Educational "work groups"
- Outreach – funding is low so how are people doing it – what are the gaps?
- Topic work groups - members plan meetings

### Group 3 Summary:

#### Building on Strengths:

-The HPPC does a great job in listening to the concerns of the community (mentors, white cards, surveys, meetings, work groups, etc). Building on that strength, could the HPPC help to create more opportunities for the Council to digest the information it hears. One good example is that orientation to the Council was brief, one-time event. A lot of information was communicated, but little follow-up to digest. It was assumed it was all absorbed. Maybe one idea is to have all new members have a follow-up meeting (optional only). Alternatively, follow-up with the mentor system. Is it working? Real "live" events are better than online evaluations.

#### Challenges:

- The HPPC tends to be a bit abstract. The members need to better understand the work that they do, specifically relating to how it helps real clients in real ways. A lot of presentations talk about abstract data, percentages, # of UDC. Perhaps as we move forward, there can be a mechanism on how the discussions translate into how it affects real lives of those living in the trenches.
- The HPPC creates ways for members to ask questions. However, the environment can be intimidating, especially if we get behind schedule. Perhaps as the HPPC moves forward, it could increase the environment where questions are encouraged and the appropriate time space is given for robust discussion. Another idea discussed was about respectful engagement regarding discussion. Once someone is disrespected, it not only discourages that member to fully participate, but chills the room for others to participate as well.
- The HPPC is in discussions to merge with CARE Council. This is an important event, but not all Council members know about the status of this working group. They only hear updates when we have full council meetings. Perhaps, mini-status update meetings between regular quarterly council meetings could be implemented. Alternatively, email the Collaboration Planning Work Group minutes to all council members.

### Group 5 Summary:

- Focused our conversation on opportunities.
- Small group presentations happen quickly, have a lot of content. It feels rushed and then we are expected to vote.
- There is a "rubber stamp" quality to the work we do here.
- Many of the updates do not necessarily apply to the rest of the EMA, although the meetings are a good opportunity for other counties to learn about new strategies (ie. pipe stems).
- Group agreed that the restructure felt rushed and that the new council feels disjointed and "powerless". There doesn't seem to be a clear goal for the large group meetings, other than updates/presentations.
- Questions about results from 2012, the first year of the new jurisdictional plan. Have goals been met? Have the target # of tests been met? Are rates of new infections decreasing due to the new strategy? Has the plan had positive results overall?
- How can the council take part in the new areas of focus of the CHP? (ie. smoking)

### Break

### 6. Update on Integration Efforts (Information item/Possible vote)

- Israel Nieves-Rivera gave an update on the San Francisco Program Collaboration and Service Integration (PCSI) Initiative. He distributed a green handout of his powerpoint presentation (available by request).
- Hanna Hjord did a presentation on the Minority AIDS Initiative - Targeted Capacity Expansion (MAI-TCE) project. She handed out a one-page MAI-TCE fact sheet. (Handouts available by request)
- Emalie Hurlaux provided an overview of The Substance Abuse and Mental Health Services Administration (SAMHSA) HIV Set-Aside. Both Hanna and Emalie's presentation were distributed to the group (goldenrod)

- handout). (Handout available by request).
- The next steps include the formation of an HPPC Behavioral Health Work Group. Plans are to have 1-3 meetings in late August through October. If interested in participating in this workgroup, contact Betty Chan Lew at [betty.lew@sfdph.org](mailto:betty.lew@sfdph.org)

#### **7. Summary, Evaluation and Closure of Meeting**

- All council members were reminded to fill out evaluation forms and return them to HPS staff.

#### **8. Adjournment**

- Meeting adjourned at 6:00 pm

*Minutes Prepared by Michael Paquette and reviewed by Eileen Loughran.*