

HIV Prevention Planning Council (HPPC)
Points of Integration Between Prevention and CARE Committee
Thursday, February 2, 2006
4:15 - 5:45 PM
25 Van Ness Avenue, Suite 330B

MINUTES

Members Present: Edward Bryom, Billie-Jean Kanios, Thomas Knoble, Ken Pearce, Angie Baker, Derrick Mapp, William Bland, Matt Jennings, Colin Partridge, Tracey Packer, William (Bill) Blum

Members Absent: Devin Anderson

Guest: Michelle Bakken

Professional Staff: Eileen Loughran (HPS), Aimee Crisostomo (Harder + Co.), Linda Tran (Minute-Taker)

1. Welcome, Introductions, and Announcements

- Aimee reminded those who served on HPPC 2005 to complete their end of the year satisfaction surveys. These surveys assist Harder + Co improve the technical support services they provide to HPPC.
- Eileen announced that the HOPE study baseline report, after many months of back and forth, is completed. It is also available on pdf. Naomi Akers and Eileen will also be presenting the HOPE study baseline data to the CARE Council on February 27th. The presentation will be adapted to be more relative to the CARE Council.
- Angie Baker reported she is the new assistant care manager at Larkin St. Youth Services. Members of the committee congratulated her.
- Tracey Packer announced this committee will also be staffed by Vincent Fuqua but there was a scheduling conflict today.

2. Public Comment

None.

3. Committee Business

- Elect Co-chairs
 - Ken expressed concern that there may be people missing from the committee. He and Vincent had noticed that the email notice of this meeting only went out to people on the HPPC and not

community members. He was worried that this may cause problems with scheduling. He also asked about those currently not present.

- Tracey read out the names of members not present, most of whom walked in later, and explained the process of forming committees. HPPC members are generally convened at the start of the year, followed by invitations to community members. That process of inviting community members will begin as of today. Tracey also reassured that if the committee needs to be flexible about the scheduling of the meetings, it will be.
- Ken mentioned he was concerned because people were not present, and Tracey reassured that all members received an email about the meeting. Other people who were on this committee last year and who will remain community members are Bill Blum, Jeff Leiphart, and Brett Andrews.
- Ed explained that there was a follow-up email that went out today to people who were community members.
- Billie-Jean noted the importance of Bill's involvement in the committee. Despite his status as a community member, he is also part of the CARE Council, which adds to the joint venture with the HPPC.
- Tracey responded HPS staff didn't know if this committee was going to be his "home" committee and therefore didn't want to overstep their bounds in terms of organizing things. She also reassured everyone that they are not going to exclude anybody but will follow the set procedures.
- Ed introduced the discussion of the co-chair structure. He presented an example of two co-chairs, one from HPPC and the other from CARE. Colin asked if there was precedence for someone who is not a member of the parent committee to chair. Tracey responded that it has been done in the past, but that person does not attend the Steering committee. Colin shared he liked the concept but wondered if there would be risks of conflict of interest between the two different models. Tracey responded that there needs to be at least one co-chair from Prevention because that person will be the Steering committee representative. She also clarified there were no problems in the past in regards to this issue.

- Ed added the representative from the CARE side will also be the representative for the CARE Council steering committee.
- Thomas asked whether the HPPC co-chair will have additional responsibility to attend Steering. Ed responded if the HPPC co-chair does miss Steering meetings, there will be staff who can present the Points of Integration committee's work. Tracey added attending Steering committees would be part of the co-chair's responsibility. She also clarified the CARE co-chair would not have to attend steering meetings for the HPPC. Thomas confirmed the HPPC chair person would not have to attend the CARE steering meetings and vice versa. Ed added the co-chairs will also attend a "planning meeting" that will plan the committee meeting. The meeting will also have a set time. In addition to attending their respective Steering committees, both co-chairs will plan and attend the Points of Integration committee and share facilitation responsibilities for committee meetings.
- Thomas agreed with the discussed structure. Ed asked if anyone was opposed to having an HPPC rep and a CARE Council rep as co-chairs of the Points of Integration committee. Bill mentioned he had a different set of information. According to Jack, the vote had not yet occurred. Billie-Jean responded they will need to go back to Steering on the 3rd week of this month and submit a written plan to Steering, then to the full council. He mentioned there was buy-in of the idea among CARE committee co-chairs, so the next step is to set a plan.
- Ed asked whether a co-chair for the CARE Council should wait to get elected by the full Council. Ken suggested members go ahead and elect a co-chair. Ed clarified he wanted to be sensitive to the systems in place.
- Ed asked whether anyone was opposed to electing co-chairs from each Council. No one opposed. Ken suggested the committee has a caveat that members can't get credit from both Councils for the same thing. Ed mentioned this would need to be discussed at a different meeting. Tracey doesn't see problem with members going to two Councils and felt it's nice to have the "cross-pollination". Ed noted this is something members can think about, and if the issue comes up, the Committee can address it at a later time.
- Ed solicited nominations for co-chairs. Billie-Jean nominated Bill. Bill responded he will accept as long as all the approvals go through. It needs to become a home committee for him to co-chair. Ken asked Ed if he would like to co-chair again. Ed replied

he would be happy to co-chair as long as no one else wanted to co-chair. In turn, Ken nominated Ed.

- Vote: Members voted and unanimously approved Ed and Bill as the Points of Integration committee's co-chairs.

- Set meeting date and time

This meeting will tentatively meet every 1st Tuesday of the month from 3:30-5pm. The meeting location will always be at 25 Van Ness. HPS will also be happy to move the meeting location as suggested by committee members.

- Community member discussion

- Tracey explained HPPC refers to non-HPPC members as community members. Community members are not members of the full Council but are full voting members of the committee. Last year, membership motioned to Council that all members are elected by first 3 months of the committee. The purpose of community members is to broaden the representation in order to take in the needs and issues of many different groups during planning. Tracey asked committee members to brainstorm who to invite as community members. Completed applications are sent to the Steering committee for approval.
- Tracey asked whether the committee should invite people who have been involved before. Ken agreed. He also suggested looking at the committee's plans and goals that would benefit certain segments of the community. Tracey replied the two areas that were discussed last time were youth and injection-drug users, as well as transgendered persons and gay men of all races/ethnicities.
- Ken asked if youth representation was lacking last year. Angie mentioned Devon Anderson would fall into that category. Tracey also reminded the committee that Angie works youth, which is also important. She will bring expertise to the table. Angie also agreed to distribute some applications to some youth and case managers at Larkin St.
- Thomas mentioned possibly inviting care providers and suggested Eileen bring applications to her HOPE Study presentation to CARE members on the 27th. He also suggested inviting case managers and AIDS Office staff that may be interested.
- Billie-Jean suggested inviting people from CBHS or maybe the police department because they are involved with the community

and that may make prevention work a bit more difficult. Tracey said it would be hard to get someone to sit on the committee, but feels the committee should definitely ask.

- Bill suggested representation from the party and play crowd and younger Latinos ages 27-38. Infection rates among this group in San Mateo are drastically increasing. Michelle also mentioned rates among transgendered people are rising. She also described TARC's present work with the community. Tracey asked Michelle to keep the committee informed.
- Bill added one of the committee's goals will be to support prevention with positives efforts in the Centers of Excellence (COE). It may be useful to invite someone connected with HAPN or HIV/AIDS Providers Network or someone who can be an ambassador for our ideas. Tracey will ask Joseph from Health Services.
- Derrick felt the faith-based community is not represented in the committee. He also suggested faith-based organizations that are doing youth-specific work. He was reminded of a CARE Council discussion of wanting to get more groups who are involved in the little "c" of care into the big "C" of care.
- Ken asked if Joseph is a member of this committee because as long as the committee is merging care and prevention, Ken felt it would be good to have a staff person on each side. Ken suggested inviting him through Michelle. Ed added Joseph is also interested in sharing and keeping the committee informed on what has been written about COE prevention with positives efforts.
- Thomas suggested inviting people from City Clinic, possibly Angie Reynolds or Tanner. It would add to the cross-pollination aspect.
- William asked for clarification whether the committee was just brainstorming. He feels a larger group can make it difficult for the group to get work done and to have meaningful conversations.
- William offered the possibility of unofficial members who can attend. Ken added the committee can encourage people who don't have time to be members to attend quarterly or for certain discussions.
- Tracey will email electronic copies of the application to each committee member and asked members to brainstorm people who meet these priorities. Potential community members need to complete the application and return it to staff before the

next Steering committee, which is February 23rd. Eileen will email them.

4. Report from HIV Prevention Planning Council (HPPC) and HIV Health Services Planning Council (HSPC)

- HIV Health Services Planning Council
 - Bill reported there has not been forward motion in terms of re-authorizing the CARE Act, so care services are still flat-funded. The CARE Council spent a lot of time on policies and procedures, which occupied a lot of the last meeting. There was also a presentation by Title IV, which is monies that are targeted towards families, particularly women and children, living with HIV. Different forms of integration are being examined. The big challenge for the CARE Council is to identify other people who have deep pockets, e.g. Title III or IV monies. The Council is trying to get a better handle on the financial aspects.
 - Ken added there was also some discussion about Centers of Excellence and not being able to draw conclusions on them because many recently started operation. The CARE Council is using its rollover funds to bridge the gap of integrated services that are phasing out and supporting the Centers of Excellence. Many COEs also received less money than what was originally asked for. William asked if there is a list of those funded for Centers of Excellence. Ken confirmed that is presently public information.
 - Matt was curious whether the committee will cover the medical monitoring project by Mary Kay at a HPPC meeting. Bill clarified the project was a multi-state study to do data extraction from charts. Matt was interested whether it will be presented at a HPPC meeting. Eileen will follow-up on it.
- HIV Prevention Planning Council
 - Ed reported that the "Thinking Big" presentation for prevention with positives was presented at the last CARE Council meeting. It was good, and there were good questions, as well as lots of enthusiasm from Council members and co-chairs. There was not a lot of resistance to moving forward. Committee assignments also came out. There was a presentation on names reporting and discussions about people's concerns with rapid testing and discordant results. There was a lot of engagement.

- Matt thanked Bill and Billie-Jean for their support. He felt they had a lot to do with getting the CARE Council buy-in.
- Tracey added Jimmy Loyce, director of the AIDS Office, has organized a meeting for the co-chairs of both Councils, two representatives from HAPN, HIV/AIDS Providers Network, and two prevention providers to talk about what the San Francisco model should look like as a result of decreased Ryan White funding and other outside forces. The purpose of this meeting is to plan how to get input of community groups on expectations or what the priorities should be and needs of the community. The meeting will take place February 3rd, and committee members will receive an update of the meeting at the next committee meeting. Tracey will participate in the meeting.

5. Brief history of Prevention with Positive (PWP)

- PWP committee

Ed asked if people had questions about the collaboration itself and how it's evolving. William asked about balance of membership in terms of prevention and care. Ed responded the majority of members were HPPC members. A few CARE Council members also participate, with Bill and Ken as the backbone. Billie-Jean is a new member. Ed hopes that when it becomes a home committee, there can be additional members.

- History of care and prevention collaboration

- For interest of time, Ed suggested not going over the history.
- Bill suggested making both the Powerpoint presentation by Harder + Co of the needs assessment, and the presentation to the CARE Council available to orient new members. Matt suggested including the "Thinking Big" presentation. Tracey agreed because several people at the meeting are new. Eileen will send members the Powerpoint presentations. Ed welcomed everyone to ask questions.

6. Review the scope of work (a handout of the scope of work for the Points of Integration committee was distributed)

- Everyone had received the scope of work done last year with PWP, which takes into account the suggestions that PWP put forth in December of last year. This was going to be presented to the Points of Integration committee. Ed pointed to the scope of work for this year and asked members to do more brainstorming. He also added much of what was already discussed can also be built into the scope of work for the committee.

- William asked if the group was brainstorming questions or ideas. Ed replied it can be questions or discussions on lack of representation in the committee or how COEs are providing PWP. Tracey clarified the two questions are guiding questions. Members were asked to brainstorm what other data they might want or other areas that might be a part of how prevention and care can work together. Examples were late testing, funding streams, outreach, linkages of testing into care, and disclosure issues.
- Derrick was curious why the scope of work did not mention possibly looking at the international work being done in terms of collaborations and integrations of services. Ed responded there is no reason why the committee doesn't. Derrick added it might be interesting to see how people on an international level doing some of this work, especially in terms of resource pool and funding. Ed and Tracey encouraged Derrick to share that information or direct where the information may be.
 - Aimee (Harder + Co.) will follow-up with Derrick and compile information regarding international efforts.
- Colin asked what extent of the scope of work is affected by funding issues. Should the committee think big and deal with the funding? Thomas mentioned money is normally not discussed. He added the restraints are more about time, and what the committee can achieve within a year's time. Ed said the advantage of having CARE as a partner is they can see how the committee's information can affect what they do. Bill suggested it will be nice to have combination of both continuing the leadership role of providing vision but to also have goals that are policy-related and specific.
- Thomas suggested looking into other communicable diseases in the US or San Francisco. How is TB handled? What are the similarities and differences to HIV? If the committee can draw correlations on how we approach public health and possibly the response to anthrax, as an example. Thomas felt this might be useful and ties in with the SF Leadership committee.
- Ken mentioned the US still has a policy of refusing people who are HIV positive from entering the country. He wondered if the committee can link some of the PWP work to give some assurance. If we can make points as a city, it might be a good goal to get more attention.

- William had a question of PWP funding. He mentioned four categories of funding. He would like to know who is doing what kind of prevention and whether there are lessons learned. He wasn't sure how much of what was learned from PWP through prevention was used to develop PWP through care and vice versa. If there were consistent lessons learned, it might be helpful.
- William also asked other than late testers, how much if any, issues are being examined of populations who are not being served, have more needs, etc.
- Bill suggested the committee should have a more robust discussion of what the levels that the committee wants to integrate prevention and care. He pointed out that Prevention and care are seen by the Federal government as very distinct. How does the committee see this becoming almost a continuum of care? He suggested putting this on the agenda. He added there may be funding for innovative partnerships.
- Tracey wanted to frame the discussion that HPPC committees make recommendations to Council, which ultimately set priorities for funding, research, or policy. She wanted to clarify the structure and role of the committee, which will not make decisions to fund programs, but to make recommendations. The HIV Prevention Section implements the priorities set by the Council.
- William asked who would be charged in doing a gap analysis. Tracey responded the committee would make a recommendation. Thomas asked if the committee had discussed who was funded to do PWP. Tracey added the AIDS Office did a grid about research for PWP for each population. If the committee wanted, staff can provide a presentation of what's been funded. Data on what prevention programs are funded, by how much, and for what race/ethnicity and behavioral risk populations is currently being analyzed.
- Thomas mentioned the committee also talked about what care providers did in terms of prevention. Bill added the 2005 SF EMA Needs Assessment asked a few PWP questions.
- Tracey reminded member that the committee has gotten broader and that PWP is just a portion of it. She referred to the other areas listed in the handout and offered late testers as an example, which is both a prevention and care issue.
- Bill mentioned he had a lot of time working in a recent immigrant population and offered that as another PWP or late tester conversation if people were interested. He explained that, depending

on your country of status, a person's HIV status can affect their permanent residency in the US.

- William mentioned health care utilization as part of prevention. He asked whether the committee considers the medical model of prevention to be a combination of prevention and care and how does it work. He would like to hear people's perspective on that.
 - Thomas reminded the group about the viral load conversation last year, asked whether the committee sees that as an intervention, or wants to put the information out there. Tracey was also reminded about people's worry and lack of information on super-infection, and that might also be a recommendation for providers to educate themselves, etc.
- Develop timeline

Eileen suggested members email their ideas to support staff, and they can come up with a list for members to review & prioritize at the next meeting. Tracey suggested charging the co-chairs to work with staff and come up with a timeline for how the committee can move forward. Ken reminded members and staff not to lose things even if we don't get to it. William suggested doing an email polling to keep things moving. Tracey mentioned staff can try that. Bill suggested co-chairs work with staff to approximate a work plan and goals that members can vote on at the next meeting.

7. Meeting adjourned at 5:00 PM

The minutes were prepared by Linda Tran (Harder + Co.) and reviewed by Aimee Crisostomo (Harder + Co.), Eileen Loughran (HPS), Bill Blum, and Ed Byrom.

***THE NEXT MEETING IS SCHEDULED FOR TUESDAY, MARCH 7, 2006 FROM 3:30-5:00 PM
AT 25 VAN NESS AVE.,***

NOTE: All meetings are open to the public and are held in handicapped accessible facilities. Meeting dates and times are subject to change, please verify by calling Betty Chan Lew at 554-9492.

Know your rights under the Sunshine Ordinance: Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils, and other agencies of the city and county exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the sunshine ordinance or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force. Donna Hall, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102, Phone: 554-7724, Fax: 554-7854, E-Mail: Donna_Hall@ci.sf.ca.us.