HIV Prevention Planning Council (HPPC)
and HIV Health Services Planning Council (HSPC)

Points of Integration between Prevention & CARE
Tuesday, March 7, 2006
3:30 – 5:00 PM
25 Van Ness Avenue, Suite 330B

Meeting Minutes

Members Present: Ken Pearce, Bill Blum, Billie Jean Kanios, Thomas Knoble, Tracey Packer, Matt Jennings, Colin Partridge, Edward Byron, Angie Baker, William Bland

Members Absent: Derrick Mapp

Guests: Michelle Bakken

Professional staff: Eileen Loughran (HPS), Vincent Fuqua (HPS), Aimee F. Crisostomo (Harder+Co.), and Abby Lopez (Harder+Co note-taker)

1. **Welcome, Introductions, and Announcements**
   Ed called the meeting to order at 3:35.

   - Ed announced that there was a joint meeting between co-chairs of the HPPC and HSPC to discuss the logistics of how a joint committee would function. He mentioned that there will be some changes and adaptations to accommodate the protocols of the two Councils. He explained that this committee's meetings will now be tape recorded as part of the HSPC requirement.

2. **Public Comment**
   Ed announced that another change to the committee meetings will be in how we handle the public comment section of the agenda. Public comment is usually done at the beginning of the committee meeting. The POI committee will allow public comment on each agenda item and before each vote. This change will incorporate some of the needs and consistencies around the protocol of the CARE Council and their committees. Public comments will also be accepted as people join the committee meeting.

3. **Approval of minutes from 2/2/06 meeting (vote)**
   Ed announced that another committee logistics change is related to the minutes. Starting at today's meeting; both first and second motions and the names of who made each motion will be documented. This is also a requirement of CARE committees.

   ⇨ No changes were made to the minutes. Ed asked for a motion to approve the February meeting minutes. Colin motioned to approve the minutes and Billie Jean seconded the motion. All were in favor. February meeting minutes were approved.

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

Report from HIV Health Services Planning Council (HSPC)

Bill reported that the biggest and most important news for this year is that they took a 1.2% cut for the SFEMA which was less than what was expected. Ken added that the cut was somewhere between $300-$500K and commented that the money was to be back-filled by Dr. Katz through part of the fiscal year.

Bill also informed the committee that they are spending a fair amount of time in their prioritization and allocation planning. He added that they had a presentation for Title IV which is services for families

and children. In addition, Bill mentioned that there was a presentation done on the Homebase Outcomes Project Evaluation (HOPE Study) which was a study which evaluated an enhanced intervention. The study was a randomized control trial working with HIV+ incarcerated individuals. Bill explained that the incarcerated population is an area of interest for the CARE Council.
Tracey commented that those incarcerated are an important population and suggested that people who are incarcerated—either those positive or negative—was another area that can be discussed by the committee such as what's going on with prevention and care in the jails and what happens to them when they get out.
Colin suggested that this issue could be added to the "parking lot" since it's one of the identified groups in the Strategic Evaluation.

Bill announced that the full HSPC planning council approved making the Points of Integration (POI) committee an official committee of the council. He thanked Billie Jean for taking the lead. Bill related that he is still the interim co-chair because HSPC membership has not yet officially assigned him to the POI committee.

Ken mentioned that he along with Bill and Billie-Jean have been designated by the CARE council as representatives to the POI committee. CARE council has specified that membership in the POI committee is limited to 3 members.

Thomas articulated that he recalls being on this committee and talking about the concept of CARE assigning PWP as a home committee and that it was not expected that it would ever happen. Ken credits Billie Jean for getting the work done. Tracey added that it makes the committee much more obligated to make sure we are meeting the needs of both groups. She shared that in the past we have not been as stringent in meeting the HSPC's needs.

Report from HIV Prevention Planning Council (HPPC)

Ed reported that the April council meeting is the team building/communication training and that it is closed to the public. The training will be held at Pier 1. He reported that there was a presentation at Steering on the consensus data from Willi McFarland. Willi will be presenting it at the council meeting in April.

Tracey added that at the April 13th Council meeting Willi will present a final version of his consensus data. The presentation at the Steering Committee meeting was an opportunity for him to get feedback and incorporate the suggestions into his presentation. Tracey also commented that Willi is also still talking to people for more information and data. She mentioned that some of the biggest things they are seeing now is that the rate of new infections is going down. In the past it was estimated to be 2.2% and now it's 1.2%. However, Tracey commented that Willi thinks there are a lot more gay men in the city than was estimated before; it was about 53% and now it's 58%-60%, meaning more new infections than expected. She reiterated that the rates are down but since there are more new people moving to the city, it's still the same; the prevention work does not change. In addition, Tracey shared that all the data that Willi looked at shows that there are fewer transgender people in SF than was previously estimated. Prior to this, there was only 1 data source which was Kristen Clement's study in 1987. Now a few more data sources are available. So it's possible that even though the rate of infection is high among transgender population, their ranking might change. Instead of #2 being non-IDU transgender it will probably be IDU gay men.

Ken mentioned that the presentation was sent out and it was interesting but the caveat is that it is not confirmed yet. It will be interesting to the CARE Council. Ken suggested a joint meeting to save time.

Tracey shared that the presentation is scheduled for April and it can't be delayed because the epi chapter is being rewritten. Tracey added that they will make an effort to invite CARE Council members to the HPPC April meeting.

5. Structure of shared Committee for both Councils
The document, "Points of Integration Committee Joint HSPC & HPPC Logistics Meeting, February 16, 2006, Summary of Agreements" was distributed.

Ed prefaced that what will now be done in this committee will be different from what has been done in the past. The POI is now a joint committee between the 2 Councils (Prevention and CARE) and everyone has an equal voice. Some questions that arise may have to go back to co-chairs of both councils to get some clarification. The scope of work was accepted and voted on by the Council. The number of council members from the CARE side is set at 3 but is still tentative at this time.

Ed announced the structure of the Committee for both Councils: both co-chairs will be the representative at their perspective steering committee. It was noted that meetings will be taped and that minutes will be more inclusive in terms of votes and motions.

Bill added an MOU between the two councils will be drafted within the next 3 months to work out the arrangements and the mechanisms for the joint committee.

Thomas explained that ideally there will be equal representation. Ed mentioned that equal representation did come up at the POI logistics meeting. Bill commented that they shared the same sentiments. He added, however, that the CARE council is struggling with membership. Tracey reiterated that the Council and the committee try hard to use consensus for decision-making.

Ed explained that one of the biggest shifts for the committee is that it is no longer just a prevention committee. The committee is now a joint committee and goals of both prevention and CARE must be met. He explained that each area that we discuss this year,(e.g., funding streams, late testers, connecting to services, and PWP) will be explored from both perspectives. He also noted that recommendations will need to be presented to both the Prevention and CARE Council. He further explained that, we are no longer going to one and adapting, we're creating recommendation made for both councils.

Billie Jean-asked if the draft work plan (which was distributed and reviewed at today's meeting) went to the CARE Council. Ed informed that it has not yet been distributed. Bill mentioned that it can also be posted on the website. Eileen clarified that the document was only sent out to this group because it is a draft work plan that needs to be reviewed & approved by this committee first.

Ed commented that they are also making sure that Jimmy Loyce and Michelle Long are informed of all the details so that everyone involved is clear of the goals. He added that Joseph Cecere is part of the committee as a representative from Health services.

6. Extending meeting time (vote)

Ed-moved item #8 up to #6 on the agenda. Ed asked the group if the meeting can be extended from 5:00pm to 5:30pm. The meetings will still start at 3:30 but will go an extra 30 minutes to cover all the topics on the work plan, effective April.

- ⇨ Colin motioned to extend the meeting from 5:00pm to 5:30pm. Matt seconded the motion. All in favor. The POI committee meetings will be scheduled from 3:30-5:30, effective at the next meeting (April 2006).

7. Committee Process (vote)

- ♦ Product & Process

Bill explained that it was discussed in the pre-planning meeting among the co-chairs, Harder+Co, and HPS to look at a committee development which includes a set of concepts or visions that could be useful for the committee this year. The hope is that the committee could be both process and product oriented, with out loosing focus on the challenge and the product. Ed stressed that they would like to encourage people to help them identify issues and develop a vision and consensus to make some policy recommendations.

Matt asked if they were thinking of just one topic to focus on or of multiple topics for each committee meeting.

Bill responded that they were thinking of having a specific topic per meeting. He explained that topics might be discussed for 15-20 minutes at one meeting and then followed up on at the next meeting. This would allow the group to process additional thoughts and then share ideas at the start of the next meeting. The goal is to produce a recommendation.

Billie Jean commented the incarcerated population is not included on the work plan but feels it should be added to it.

Bill remarked that one other thing that was talked about was having a parking lot of ideas so if something felt timely the work plan could be adjusted. The parking lot will provide a way for the committee to keep track of important topics which the committee may decide to address at a later time. Bill asked for any comments or reactions to the draft work plan.

Tracey commented that it sounds great.

Colin asked if the work plan/timeline is feasible. He conveyed that the group has to be careful in targeting the ideas that come up. He also explained that he is concerned about deliverables. We only have ten months and we don't want to be unrealistic in our goals.

Ed suggested that the group look at the work plan and review it, look over items that are highlighted and be prepared to discuss/ and vote on in April. He noted that the topics on the work plan were things that came up in the last year and half and can be used to start the conversation and to get some thoughts and comments from people.

Ken liked the parking lot idea.
Colin added that another structure the committee might consider is allotting some time on each agenda to discuss any emerging issues for 5-10 minutes at each meeting.

Matt suggested that the group can also look at journal articles on any topics on the work plan. He also wondered if other presentations are planned for future meetings asides from the late-testers presentation in April. Bill responded presentations have not been finalized yet but if there are any recommendations for presentations to bring it up at the meetings.

Joseph commented that some preparation for the meetings needs to be done either before or after the meeting. He suggested that there be a mechanism to have a time limit for the presentations.

- ⇨ Tracey motioned to approve the process, outlined in the draft work plan, to accomplish the committee's scope of work. Ken seconded the motion. All in favor. The process to accomplish the scope of work, which is outlined in the draft work plan, has been approved by the committee.

Tracey suggested that as part of the committee's process, co-chairs should discuss next steps or follow-up steps before closing the meeting so the group knows what will be covered at the next meeting and what needs to be done before the next meeting. She also suggested that at end of each meeting, the group should look at the next agenda so they can think about things that they might want to add.
Thomas suggested adding a "Next Steps" or follow-up items as a standing agenda item for each committee meeting.

8. Identifying support within PWP and CoE

Thomas asked if the discussion about viral loads and sharing the info with patients is included in the work plan. He asserts that as a Prevention Council, prevention education materials should be easy to understand and available so that the group can make a clear decision.

Bill proposed that the group should identify risk reduction strategies that are practiced in the real world and to use that in crafting a policy recommendation.

Thomas expressed that he would like to hear from the group to see if it's a topic of interest to people before putting it in the parking lot. He explained that as providers, it's scary to put that info out there because clients may hear that if my viral load is low, I'm not infectious.

Ken shared that he was upset about the concept of public health withholding info that could be utilized because it was felt that the general public does not have enough intelligence to interpret it. He

shared that the challenge is addressing how to relay and communicate it in a way that can be used and not misused.

Bill suggested having a scope of practice for prevention with positives which invites the Prevention Section to draft something that addressed the sensitive topics or ask CoEs to respond to how they are going to implement the risk reduction strategies. Bill added that developing that text might be beyond the scope of the committee.

Thomas commented that the recommendation should be to create materials like the oral sex graph. about other issues.

Bill asked if people are comfortable with discussing the topic of viral load testing in 5 months.

Joseph stated that one of the activities of the committee is to look at PWP work in CoEs. He suggested that the document which the PWP committee last year developed, "Thinking Big: Strategies for Delivering Prevention with Positives Programs in San Francisco" be distributed to CARE contractors, noting that CARE contractors are unclear about DPH's expectations around PWP.

Ed agreed that it's a great idea and shared that both Councils have already voted of adopting the "Thinking Big" document.

Joseph suggested and volunteered to send it out via email with a cover letter that says both Councils have reviewed and endorsed the document.

Billie Jean also commented that he sits on the Executive Committee and offered to bring it back to the HIV/AIDS Providers Network.

- ⇨ Thomas motioned to distribute the document, "Thinking Big: Strategies for Delivering Prevention with Positives Programs in San Francisco" to CARE contractors. Colin seconded the motion. All in favor. The "Thinking Big" document will be distributed to appropriate CARE providers with a cover letter stating that it has been reviewed and endorsed by both Councils.

To clarify committee voting processes, Bill explained the difference between an abstention and recusal. A recusal is made if there is a conflict of interest and it effects the total number of votes for passage. Abstaining is effectively a "no" vote because it's not a yes and it effects the number that needs to pass.

Thomas asked if PWP standards of care and expectations are in the work plan. Bill responded that it has not been included work plan yet. Thomas explained that it relates to the standards of care in terms of defining PWP so they know what the expectations are from DPH and the Planning Council.

Joseph shared that there is a training sponsored by AETC that will be happening on March 16th. It is limited to 40-50 people. Thomas explained that it is a CDC version of PWP and was looking into it to make it more CA and SF relevant.

The topic of late-testers will be covered at the committee's next meeting in April. William asked the group to define who are considered to be late testers.

Bill responded that it's defined in the CARE side as those who get their HIV/AIDS diagnosis within a year of each other.

Thomas asked if that accounts for someone who tests positive for the first time and is infected at that moment with full blown AIDS. Bill explained that it's rare but it has happened, particularly to someone who has multi-resistant drug strains. He added that there is a flaw in the definition.

William explained that in certain populations, like African Americans, late testers are an issue that crosses CARE and Prevention. For example, clients may be engaged in activities such as substance use that impact them getting care. He asked if there is a way to look at the issues and do an assessment and analysis about what they see as a continuum of care for certain populations like transgender.

William asked if the term late testers encompass both prevention and CARE issues (e.g., what's impacting their access to care, utilization of care, etc.) Bill explained that the reason why late testing was brought up was because it's a federal mandate on both the testing and CARE dollars, testing high risk people and decreasing the number of late-testers coming in.

Thomas related that Kaiser is interested in this issue around late-testers. He explained that people with insurance are showing up in emergency room and that there's an economic motivation driving Kaiser to serve them but they can't figure out what the barriers are to services. He affirmed that everything the group is talking about is what needs to be defined—what does it mean and how will we impact prevention?

William asked if it should be discussed at this meeting in order for it to be presented at the next meeting. Ed shared that someone from HIV/AIDS Statistics & Epidemiology section of the AO will present on late testers at the April meeting.

William asked if people or co-chairs could meet with the presenter to save time and let her know what the potential questions are. Tracey shared her concern that if they did that for every subject then it would happen at every meeting. She suggested having the co-chairs and staff take the lead and have them report back to the committee.

Eileen added that the presenter did ask Vincent for some guidance from the committee as far as what to present. Vincent noted that Ling or Sandy will do the presentation. He added that any suggestions or questions about the presentation should be sent to him.

Thomas suggested expanding the concept of late testers and the aspects of people who find out they have HIV, like identifying what was preventing that person from walking through the door to get tested.

William asked if the group knows of anyone who has done qualitative research on late testers. He explained that not much information is available on why they do not get tested (e.g., lack of awareness).

Ed guided the group to a discussion about PWP activities in CoEs. He asked Joseph to provide some information about CoEs. The handout entitled, "HIV Health Services –Centers of Excellence Information for Client Transitions/Referrals" was distributed.

Joseph shared that all the organizations highlighted in the handout have done some level of PWP work and that he can bring some materials that was discussed about the PWP in each contract and share it at the next meeting. He suggested that he meet with Vincent and Eileen to facilitate the process and share some of the information.

William also expressed interest in getting information on the things that were funded by the HIV Prevention Section. Thomas responded that PWP activities are funded by the Prevention side in the CoEs.

William mentioned that there were other agencies that were funded during the Prevention RFP to do PWP. He asked if all that information is available so the group also.

Ken asked for clarification on the PWP. His understanding was that CoEs was the CARE side.

Tracey clarified that IFR, Mission Neighborhood Health Center, UCSF Women's Center Positive Health Program and Specialty Clinic, and BCA were funded for PWP (refer to HIV Health Services—Centers of Excellence Information for Client Transitions/Referrals handout) by the Prevention Section.

Joseph explained that the way most programs operate is that they have a mixture of staff that are partially paid from different sources. He further noted that when they started the CoE, the programs were not required to identify the staff that work on the PWP issues. However, they were required to utilize staff to deliver the PWP message and they had to define in their contract how they were going to do it. He added that they have left the discretion to providers on how to deliver their services.

William suggested that it would be helpful to hear from HIV Health Services on the status of the CoEs.

Tracey reiterated that there's a need for clarification about CoEs—what they are, when they started, how do the prevention dollars fit in with the CARE dollars work. Joseph, Eileen, Vincent and Tracey can work on getting some clarification and discuss it next time.

Bill posed a question to Joseph. He wondered what would be most helpful for HIV Health Services staff in order to establish a strong relationship between HHS and the POI committee.

Joseph recommended having a few CARE providers join this committee or people from those agencies who do not only have to be CARE providers but could be from groups that have both prevention and CARE dollars. Tracey agreed that it might be good to have representation from those organizations.

Joseph mentioned that Michelle Long will be doing a report on CoEs at the next CARE Council.

Billie Jean suggested inviting Michelle Long to this meeting to provide a description of what's happening with the prevention and CARE dollars.

Michelle noted on that handout that the Continuum address is wrong. Continuum is located at 255 Golden Gate.

Thomas suggested that at the next meeting one of the first agenda items should be to discuss what the committee can do to support HIV Health Services staff in collaborating with the committee and in conducting PWP activities in CoEs.

Joseph shared that the CoE working group of providers meets monthly. Their next meeting is on March 14th.

9. Evaluation and closing

Vincent reminded the group that April will be the last month that community member applications will be accepted.

Ed reminded the group to complete the evaluation. Zoomerang surveys have already been sent out to members.

Bill adjourned the meeting at 5:05 pm.

The next meeting is Tuesday 4/4/2006 from 3:30-5:30pm, Room 330A.

The minutes were prepared by Abigail Lopez (Harder+Company) and reviewed by Aimee F. Crisostomo (Harder + Company), Vincent Fuqua (HPS), Edward Byron (HPPC), and William Blum (HSPC).

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.

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