

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

**Points of Integration between Prevention & CARE
Tuesday, April 4, 2006
3:30 – 5:30 PM
25 Van Ness Avenue, Suite 330B**

Meeting Minutes

Members Present: Ed Byrom, Bill Blum, Colin Partridge, Matt Jennings, Derrick Mapp, Angie Baker, Billie Jean Kanios, William Bland, Michelle Bakken, Tracey Packer (DPH co-chair),

Community Guests: Thomas Simpson

Members Absent: Ken Pearce, Thomas Knoble

Guests: Maree Kay Parisi

Professional staff: Eileen Loughran (HPS), Vincent Fuqua (HPS), Ju Lei Kelly (HPS), Dara Coan (HPS), John Melichar (HPS), Joseph Cecere (HHS), Aimee F. Crisostomo (Harder+Co.), and Joe Lynn (Harder+Co note-taker)

1. Welcome, Introductions, and Announcements

Bill called the meeting to order at 3:35 PM. Michelle Bakken was introduced as a new community member of the body.

2. Public Comment

There was no public comment.

3. Approval of minutes from 3/7/06 meeting (vote)

There was a consensus that the details in the minutes were appreciated.

Motion 1- 04/04/06: (Ed/Colin) that the Minutes be adopted. (Passed unanimously.)

There were announcements i) by Billie Jean concerning a providers' meeting with Supervisor Bevan Dufty, ii) by Ed concerning Ken Pearce's absence as the result of family concerns, and iii) there was general praise for the last HPPC meeting's retreat.

4. Committee Business

Report from HIV Prevention Planning Council (HPPC)

- The HPPC's Membership Committee has developed an attendance policy for community members on committees. This was presented to Steering on 3/23/06, & will be presented to the full Council for vote on 4/13/06. They are also considering committee make-up to assure PIR (Parity, Inclusion and

Representation) when reviewing community member applications. April 27th will be the final day for getting new members on the Committees. Applications will be reviewed at the 4/27 Steering committee.

- Ed praised the SF Leadership Initiative (SFLI) Committee for their recent immediate response to the CDC “*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings*”. It was explained that the Group had been designed to be proactive and respond quickly to current issues. The recommendations developed by the SFLI committee were approved by Steering, and sent to CDC before the March 29th deadline.
- Tracey reported that the Co-Chairs of both HPPC and HSPC had met the day before to discuss how important it was for the Prevention Council to know what was happening with Reauthorization of Ryan White Care Act because it affects funding issues and programs that could be funded, along with how they might affect both care and prevention.

Report from the HIV Health Services Planning Council (HSPC)

- Bill reported on the California HIV Prevention Group (CHPG) the statewide prevention planning group. He informed the committee that various task forces have been formed to address issues and concerns related to specific groups such as HIV and women and transgender. Recently, an Integration Task Force was formed to focus on issues related to prevention in care settings such as STD clinics (i.e., How can HIV prevention and testing be conducted in STD clinics?). The group will also look at blended funding streams. There will be a CHPG meeting in June, in San Francisco, that will be open to the public. Also, a PWP conference is planned in June with both prevention and care providers. Bill encouraged the committee members to attend and sit in on the Integration Task Force meetings.
- Bill announced that he has been officially approved by HSPC Steering to sit on the Points of Integration between Prevention & CARE (POI) committee as a co-chair.
- John Melichar reported that there were future cuts to be considered on the CARE side. Unlike past efforts in which formulas were used to achieve the cuts, some consideration is now being given to use a values based decision making process.
- Bill reported that, at the Board of Supervisors, there appears to be some support for the HSPC’s budget concerns and discussion of funding to replace the 1.2 million dollars in cuts. It was suggested that the committee can develop some suggestions and recommendations on prioritization and allocation of future funds as it relates to the reauthorization of CARE funds in April and May.
- Bill concluded that there will be a Memorandum of Understanding between HPPC and HSPC regarding the joint Points of Integration committee.

5. Late Tester

- **Presentation on Late testers**

Maree Kay made a presentation concerning late testers (a copy is available by request). Late testers are those whose AIDS diagnosis occurs within 12 months of

their initial HIV diagnosis. She concluded that 40% of those with new AIDS diagnosis are late testers. Generally, they are unaware of their risk or without sufficient access to testing services. Both Angie and William asked Maree Kay for a greater breakdown of some of the statistics presented, particularly age groups for characteristics of young late testers. William also thought it would be helpful to consider the demographics of those with certain modes of behavior and risk practices. Maree Kay commented that a big reason for people not being tested earlier is that they didn't want to know the results. HIV for these people may not be the biggest concern in their lives. This called into question the implications of testing someone before they were ready. Bill noted that some populations of late testers are not accustomed to the availability of care and may not understand the meaning of treatment. Others commented on possible meanings behind the statistics. Derrick, for example, said that the high rate of late testers with private insurance may suggest a continuing HIV stigma shared by folks in that group. This may explain also why Pacific Heights was one of the three areas with higher percentages of late testers (along with Ingleside and Bayview). Concerning the percentages of late testers allocated to country of birth, Dara said she was not sure whether infection occurred here or outside the U.S. Maree Kay also noted that they do not have data on the percentage of the population that would be rapid progressions. William also said that it would be helpful to correlate the findings with death rate and use of HAART. It was also noted that API specific statistics would be helpful.

- **Discussion and brainstorm recommendations**

There appeared to be a consensus that a strategy should be developed that would target those populations with high rate of late testers. Ed noted that the discussion should consider how these factors affect home testing considerations. Tracey suggested targeting the outreach to centers where the demographic groups naturally congregate, not necessarily associated with testing. Centers such as Planned Parenthood already provided testing, but perhaps women's services, GA offices, and hair salons as examples. Angie agreed that community gate-keepers would be an ideal point of attack for any testing outreach. Joseph said that in Texas outreach to beauty salons had been successful. In San Francisco, there has also been an outreach to day laborers in the Mission. Bill noted that while outpatient centers must provide testing as an option, there is no similar rule for inpatient centers. John suggested that we not only focus on who the late testers are but also why they test late. It was also suggested that study be done on why folks think they're not at risk.

- Bill suggested crafting a resolution at the next meeting for approval and advised committee members to send any suggestions and recommendations to Ed, Aimee and himself within the next week. Aimee will develop recommendations related to late-testers based on today's discussions which will be sent to the committee for review prior to the next meeting.
- The co-chairs will invite Henry Fisher Raymond with DPH Statistics & Epidemiology to present data from a study (HITS) on non-testers.
- Aimee will conduct a literature review on late-testers/non-testers and place particular focus on any qualitative studies and data.

6. Parking Lot Discussion

This discussion was taken out of order before the conclusion of Item 4 above.

Aimee explained that it was designed to give flexibility to the group's consideration of

all issues. Tracey noted that some of the parking lot items would be discussed while going through the Work Plan. These items had been placed in the Parking Lot: i) Population Specific intervention; ii) Blood viral load as surrogate for infectivity; iii) Serosorting; iv) Immigrant communities, origins and adjustments; v) Care reauthorization's impact on effective prevention services; vi) CARE's Prioritization and Allocation input for Points of Integration; vii) Structural intervention; viii) Incarcerated population; ix) Integration of California state project; x) Scopes of prevention with HWP work; xi) Infectivity rates attending sero-conversion stages.

7. PWP work in CoEs

- Joseph Cecere gave an informational session on Centers of Excellence (CoEs) and handed out a document identifying the various CoEs. CoEs used to be called Integrated Service Programs (ISPs). CoEs use a multidisciplinary approach to providing services. Through collaborations, CoEs provide services such as primary care, case management, peer advocacy, mental health and other services. Each center has the objective of providing concerted information and services to patients and clients. The contracts for the Centers are now all in place. Each contract specifies the PWP services delivered with varying degrees of specificity. The Centers serve different populations.
- Joseph reviewed the various programs noting the services rendered and the groups involved. The HIV Health Services Planning Council defined severe need clients. Joseph distributed the required language CoEs must incorporate in their contracts. He then corrected his earlier statement that program evaluations would go back to last November. Instead, it was decided not to evaluate objectives for those first few start-up months. March appears to be the start of monitoring for CoE contracts. Quality improvement would be measured through Reggie. The agencies have offered various objectives, including at least one PWP objective.
- Bill noted that Joseph had offered for the committee to meet with the CoE working group to discuss PWP issues. There is a meeting on the second Tuesday of the month for the CoE working group attended by providers from the seven CoEs. The co-chairs announced that they plan to attend the CoE working group in May and that Joseph will request a space on the agenda.
- Bill said it would be helpful to get a short statement of the scope of services offered by each CoE. Joseph said that Michelle Long (HHS) was working on that already for the CARE Council. Derrick thought a presentation on the progress of the collaboration of the CoEs would be helpful. Michelle Long is working on the progress to date of this collaboration.
- Tracey noted that funding of PWP programs was from the prevention side. Bill noted that the state policy requires large counties to set aside 25% of their prevention dollars for PWPs. William suggested that someone may wish to compare the scopes of the various projects for consistency. Others noted that someone can access one service at one CoE and another service somewhere else. Bill said that they would share these thoughts with the CoE working group.
- Joseph will email the "Thinking Big" document to the Care contract providers.

8. Planning for next meeting

The group briefly discussed items for follow-up for the next committee meeting. Bill said there should be follow-up on the populations not testing and why they are not testing. They should also craft a resolution on draft recommendations related to late-testers to be voted on. Also there should be a presentation on any qualitative studies of late testers. There would also be a presentation on the PWP training offered by the AIDS Education Training Center (AETC). There was a further request for greater breakdowns of the youth population of late testers. Linkage to CARE may also be added.

9. Evaluation and closing

The group was asked to complete their evaluations on the Zoomerang online survey. The meeting adjourned at 5:30 PM.

The next meeting is Tuesday 5/2/2006 from 3:30-5:30pm, Room 330A.

The minutes were prepared by Joe Lynn (Harder+Company) and reviewed by Aimee F. Crisostomo (Harder+Company), Vincent Fuqua (HPS), Eileen Loughran (HPS), William Blum, and Ed Byron.

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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