

HIV PREVENTION PLANNING COUNCIL (HPPC)

Steering Committee

Action Minutes From Meeting:

April 27, 2006

Members Present: William Bland, Edward Byrom, Chadwick Campbell, Thomas Ganger, Isela Gonzalez, Emalie Huriaux, Tracey Packer, Perry Rhodes III, and Frank Strona

Members Absent: Gayle Burns

Guests: Alex Kral and Askia Muhammad

Professional Staff: Dara Coan (HPS), Aimee Crisosotomo (Harder & Co), Vincent Fuqua (HPS), Ju Lei Kelly (HPS), Eileen Loughran (HPS), and David Weinman (note taker)

1. Welcome and Announcements

Co-Chair Tracey Packer called the meeting to order at 3:08 PM. She asked attendees to introduce themselves and to make announcements.

Tracey announced that Gayle Burns and Israel Nieves-Rivera attended the UCHAPS meeting and would not be able to attend this Steering Committee meeting.

- Isela Gonzalez circulated information from the Center for AIDS Prevention Studies (CAPS) of UCSF conference she recently attended.
- Emalie Huriaux announced that she would be attending the International Harm Reduction Conference over 04/29-30/06, in Vancouver. She asked if there was any information members would particularly like her to focus on.
 - ⇒ Tracey suggested she gather information on what is being done successfully regarding IDU, including the use of syringe disposal boxes.

2. Public Comment

There was no public comment.

3. Approval of Minutes from 2/23/06 (sic)

Motion was made and seconded to accept the minutes from the 02/23/06 meeting. No objections were raised. The minutes were approved with Chadwick Campbell abstaining.

4. Review of April 13th HPPC Meeting

Members confirmed receipt of the documents entitled, "*Process Evaluation Memorandum (April 19, 2006)*," "*Participant Dialogue Boxes (April 13, 2006)*," and "*Process Evaluation (April 13, 2006)*." Discussion followed (by topic).

Timing and Presentation of Epidemiology (Epi) Data

Tracey offered some background on the presentation of Epi data, including that it usually takes place at the January or February meetings. It was delayed this year due to complexities of collecting consensus data.

- Frank Strona suggested that next year the STD presentation be given at the Council meeting a month preceding the Epi data presentation.
 - ⇒ He felt rushed knowing how much information Willi McFarland was going to present
- Frank also pointed out that there was a lot of member feedback suggesting presentation of the Epi data be the entire meeting

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- Perry Rhodes III noted the suggestion of keeping the Epi presentation in April, as it gives members time to understand the HPPC before jumping into the complex Epi data report.
- Emalie suggested that some of the information on how Willi McFarland reached consensus points in the data could have been de-emphasized.
 - ⇒ She added he should put more emphasis on HPPC relevant information/data.
 - ⇒ Tracey suggested giving Willi that feedback in advance of his next presentation.

The Meeting Process and Room Setup

- Frank suggested using a second (or third) microphone for guests' comments on a stand.
- Thomas Ganger expressed that the overall meeting room setup worked well.
- Vincent noted that in small groups people who don't often speak up in the large group did participate fully in the smaller groups.

Follow-up

- Dara Coan will work with Willi McFarland on the breakdown of Epi data by ethnicity and age.
 - ⇒ She noted that this will not be as detailed as the consensus data, or broken down by BRP, emphasizing that the smaller the population sample size then the less reliable the data.
 - ⇒ She hopes to be able to present such data in terms of trends and rankings.
 - ⇒ A timeline for collating this data has not been established.
 - Tracey noted that Dara would discuss with Willi McFarland what the next steps would be including dissemination of the data.
 - Chadwick Campbell asked about looking at resource allocation by age and ethnicity.
 - ⇒ Tracey suggested that in June the Council have a presentation on funding allocation by BRP as well as by age and ethnicity; at least as far as the available data will allow.
 - ⇒ She noted that would be an appropriate kick-off to that annual Cooperative Agreement.
- Tracey asked for the Committee's consent for such a presentation in June, and consent was given by consensus.

5. Committee Updates

Co-Chairs: Federal, State, City Updates

- Eileen reported on the UCHAPS meeting, including the following.
 - ⇒ All jurisdictions participated in a discussion on Names Reporting. She and Israel distributed fact sheets about Names Reporting for providers and consumers that were developed by the HIV/AIDS Statistics & Epidemiology section. Los Angeles is interested in adapting these sheets.
 - ⇒ Participants met with several legislators whose comments put a lot of emphasis on: the importance of testing; reauthorization of the Ryan White Act, and abstinence.
 - ⇒ Participants also met with representatives of HRSA (Health Resources and Services Administration) and SAMHSA (Substance Abuse and Mental Health Services Administration) of the HHS (Health and Human Services, US Department of).
 - ⇒ The HPLS (HIV Prevention Leadership Seminar) will be in Dallas this year.
 - UCHAPS will have a one-day workshop.

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- Eileen and Israel are participants in the workgroup to develop the 2 hour workshop. Perry will be available to facilitate the workshop along with other members of UCHAPS.
- Tracey noted that UCHAPS is having a bigger national role, which gives the SF HPPC a better voice than in the past.
- Tracey reported that a number of people from SF went to Sacramento to discuss the California ELI (Evaluating Local Interventions) system with technical staff there.
 - ⇒ SF has recently switched to using the federally mandated PEMS system.
 - ⇒ It had previously been decided that collecting data in support of SF's values is the primary role of any data system.
 - ⇒ Hard copies of data forms are being collected and work proceeds on the technicalities of scanning those forms into PEMS.
 - ⇒ Israel met with the NASTAD (National Association of State and Territorial AIDS Directors) and found that they are also speaking out about problems implementing PEMS. Any roll out of PEMS will, therefore, be delayed.
- Tracey reported that the HPPC and CARE Councils' Co-Chairs had their quarterly meeting.
- Frank reported on developments from the CHPG (California HIV Planning Group) including:
 - ⇒ Their next meeting is in SF 06/21-22, 2006 at the Holiday Inn, 1500 Van Ness.
 - ⇒ He suggested members of the HPPC's committees make presentations during the Public Comment portion of the agenda.
 - ⇒ Tracey suggested that this be on the May agenda for the Steering Committee.
 - ⇒ In response to a question from William, Frank said there would be information available regarding grants at WWW.CAHIVPLANNINGGROUP.ORG in the near future.
- William then asked about social marketing funding.
 - ⇒ Tracey reported that at present there no changes in how that funding is administered, although there may be in the future in response to identified needs.
 - ⇒ Frank noted that the SFLI committee continues to bring up social marketing in their discussions.
- Dara announced that there would be a *Survey Monkey* survey about what additional information is wanted from the Epi consensus data.

Membership/Community Liaison Committee reported by Thomas Ganger.

- The Committee would like to have a training on '*Roberts Rules of Order*' during a Council meeting as experience has shown that Brown-bags meetings are not successful.
 - ⇒ Tracey questioned if the training could be at a Steering Committee.
 - ⇒ Emalie questioned if on-line training could be utilized.
 - Ju Lei Kelly will look into this possibility.
 - Frank suggested contacting CARE and others community planning councils to propose collaboration on such on-line training.
 - ⇒ Thomas will take these ideas back to the committee for consideration.
- The Committee discussed the Needs Assessment addressed below.
- Three new community members have applied for committee assignments (as below).
 - ⇒ The applications for were passed around for members' perusal.

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- Perry explained that the policies for community member nominations for committees are made by the third committee meeting - in some cases that is the April meeting.
- Ju Lei noted that there is a *Survey Monkey* circulating regarding training needs of Council members and asked members to execute the form.

San Francisco Leadership Initiative (SFLI) Committee reported by Isela Gonzalez

- The Committee had a brainstorming session exploring what issues to focus on for SFLI in 2007 and beyond.
 - ⇒ The suggestions are being consolidated by the professional and consulting staff.
 - ⇒ The members suggested some "*cutting-edge*" issues.
- Perry added that there was a lot of input, including from the new and proposed members.
- Frank added that many ideas were about new initiatives, with the idea that SF would do them, document them, publish them, and put them into models that others could use.
- Ideas discussed included: growing funding in new ways - from new sources; and the need for strengthening HIV prevention among the incarcerated population.

Points of Integration Committee (POI) reported by Ed Byrom

- The Committee is getting its recommendations together.
- Much of the Committee's attention is concentrating on Late and Non-Testers.
- Mary Kay Parisi made a presentation at their last meeting on the characteristics of late testers.

Strategies and Interventions Committee reported by Emalie Huriaux

- Rather than publishing an addendum to the Strategies & Intervention Chapter of the 2004 Plan, the Committee is exploring drafting a new chapter for the next Plan.
- The Committee has determined that the scope of work is too large a task to address adequately in a single year and so will re-focus on a few aspects.
 - ⇒ Vincent circulated five choices to Committee members for consideration.
- The Committee may suggest Evaluation be the topic of its own committee next year.

Vote on Proposed New Community Members

- Frank asked about the impact of these new members on parity and was told that with the proposed additions the committees would remain within acceptable PIR parameters.
- William asked if it is okay to have a committee with more community than council members.
 - ⇒ Tracey observed that there is no policy about it, as it has never been an issue before.
 - ⇒ She added that it is good that so many people want to be part of the Council's work.
- Chadwick and Thomas expressed concern about SFLI's effectiveness if it gets too large.
 - ⇒ Perry noted that committees often lose some members during the year.
 - ⇒ He added that SFLI's size allows a good deal of small group work, which is positive.
- Isela said that she also had had reservations about the size of the SFLI Committee, but with absences and new voices there has been good community representation.
- William expressed concern about people's level of commitment and suggested that community members be encouraged to attend meetings even if they can't vote.
- Emalie suggested the Membership Committee is the appropriate group to set new guidelines for Committee membership.
- Eileen observed that if approved, the SFLI would have three people from one agency.

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Separate votes were called for each of the nominees, with these results:

- Brett Andrews's membership in POI: 7 Yes, 0 No, 0 Abstention
- Naishin Fu's membership in SFLI: 6 Yes, 0 No, 1 Abstention
- David Weinman's membership in SFLI: 7 Yes, 0 No, 0 Abstention.

All three nominated community members were accepted.

6. Outreach Discussion on IDUs by Alex Kral

Tracey introduced Alex Kral. He provided some background on his years of work relative to outreach. His remarks included the following.

- Over the past 10-15 years over 14,000 HIV tests have been performed as a result of outreach.
 - ⇒ Funding for this sort of outreach ended in June 2005, due to funding directives.
- Priority has been on Needle-Exchange, which has been very effective.
 - ⇒ It cannot, however, work in a vacuum - it is not enough just to make needles available.
- There is a good deal of anecdotal evidence of an increase in needle sharing between sero-divergent people; which will result in resurgence in seroconversion among IDUs.
- He recently attended a meeting of most of the HIV outreach providers as well as the HPS.
 - ⇒ That meeting found that few providers are doing outreach to the IDU population.
 - ⇒ Moreover, many doing MSM outreach are not trained in dealing with IDU issues.
- He would like SF to prioritize outreach and HIV testing to the IDU population.
 - ⇒ He noted he is not asking for funding for his program.
- He then introduced Askia Muhammad, who has been working in outreach since 1985, and whose comments included the following.
 - ⇒ Everyday he sees HIV (+) homeless people sharing needles.
 - ⇒ Some agency(s) needs to do real and effective street outreach.
 - ⇒ He too predicts an increase in IDU seroconversion, particularly among the homeless.
 - ⇒ There is a CAPS study in progress about homeless IDU visa vis the absence of real outreach, and a State study underway about those who are slipping through the cracks.
 - ⇒ In all, he emphasized that the efforts in SF have become, "*Sloppy*."

Questions and Comments

- Perry expressed his awareness and frustration with the situation suggesting that agencies need to find new, diversified funding eliminating the restrictions from current funding.
- Emalie suggested that this is something the HPPC needs to advocate for.
 - ⇒ Some lawmakers, she added, think that since syringes are now available without prescription, and the Epi numbers are stable, needle exchange is no longer needed.
 - ⇒ Her agency deals only with women, distributing needles only one night a week and that she has been surprised how many women are unaware of IDU safety as well as HIV risk
- Frank asked if this is an opportunity for SF to write its own definition for outreach workers; maybe even give the job a new name. He also suggested:
 - ⇒ Outreach needs to be defined and integrated into other activities;
 - ⇒ Agencies must be prepared for real outreach, and
 - ⇒ Circumventing funders' misconceptions about outreach, by finding other funding.
- He added that changes in outreach also impact non-IDU MSM, Sex Workers, and others.

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- Dara suggested acknowledging the urgency of what is being observed, and that the Council could recommend HPS deal with this issue.
 - ⇒ She added that it would be helpful if there was some data verifying this as a gap.
- In response to William's request for clarification, Tracey explained that due to funding changes, the SF Request for Proposals (RFP) defines "*outreach*" as recruitment and referral, not as the provision of outreach services for outreach alone.
 - ⇒ Perry added that real outreach includes multiple contacts with the person including the necessity of establishing a relationship, and is hindered by the recruitment requirement.
- William suggested that his program, funded by DPH, is doing more than recruitment and referral, and asked if providers understand the newer definition of outreach.
- Isela suggested looking at what others are doing to cross-train providers about IDU issues.
- Alex Kral emphasized that SF knows *how* to do outreach; it just needs to be done.
- Frank suggested that the richness of SF's outreach was that it was provided at the time(s) that the client needed it. It was not based on the providers' timeframe.
 - ⇒ He added that William's program, and all other programs, ultimately, will be evaluated on how many people came into the program and/or was referred to other programs.
 - ⇒ This process, he continued, pushes clients into programs they may not be ready for, which contradicts the tenants of Harm Reduction.
- Ed highlighted that "*Treatment on Demand*" is a myth.
- Lisa noted that the Epi data's description of prevalence among the IDU population as "endemic" can lead to complacency, but that it shouldn't be endemic, the prevalence and incidence should be decreasing.
 - ⇒ Alex Kral noted that Willi's numbers do not reflect the impact of the loss of real outreach, and that he suspects that the incidence number will increase (becoming epidemic).
- Ed suggested incorporating Alex's statements into the Epi data; that IDU seroconversion isn't an issue that is going to go away, and SF must not become complacent.

Tracey observed that there have been several good suggestions, and asked what could be done right now and what should Steering recommend to the Council? The discussions led to the following recommendations that were dealt with separately.

1. DPH to look at describing outreach as making services available where and when the client needs them / relationship building, and that evaluation extend beyond recruitment and referral.
 - ⇒ In response to William's question, Tracey noted that contracts renew in July and that the HPS would need to work out the details of how to incorporate this concept. There was agreement by consensus on this recommendation.
2. DPH to ensure that there is appropriate funding for IDU outreach.
There was agreement by consensus on this recommendation.
3. There should be a quick Needs Assessment to quantify the gap reported by Alex Kral.
There was agreement by consensus on this recommendation.
4. Look for alternative funding for outreach to the IDU population.
 - ⇒ Tracey noted that this would take research.

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There was agreement by consensus on this recommendation.

7. **Community Needs Assessment**

Dara distributed the document entitled, "*Possible Populations for Needs Assessment*," copies of which are available to absent members upon request. She explained that 15-20 populations have been suggested and incorporated in this document. The three highlighted are the most frequently requested and feasible suggestions that haven't been studied before. She provided some explanation on the following highlighted populations.

- The proposal for an assessment of the IDU population is not the outreach exploration proposed above.
 - ⇒ The Needs Assessment would be conducted by Harder & Co and the study suggested by Alex Kral should be done by people working with and doing outreach with that population.
- An assessment of youth would need to be specific to a subcategory
- An assessment of the FTM population would be helpful in that there is no data on this group.

Discussion and Comment

- William proposed adding African American MSM, as this group has a particularly high prevalence rate.
- Emalie and Ed asked about the timeframe and how these funds may be utilized.
 - ⇒ Tracey explained that the funds need to be committed by June, and should be used to help the HPPC understand how best to prioritize general funding.
 - ⇒ The turnaround, she added, would be reliant on several factors managed by Harder & Co.
- Ed said that the easiest would be Late Testers, but questioned if this is the most urgent.
- Dara explained that she has done several assessments over the years for the Council and finds the methodology is most useful when gathering information on a little studied group.
 - ⇒ She added that it is not a good methodology for gap analysis.
- Frank noted that there are other ongoing studies looking at Late Testers.
- Tracey suggested looking at why people are testing late.

Discussion followed about what suggestions to bring to the Council. It was agreed that the Committee was not prepared to recommend a single study. There was general agreement that all four of the possible studies should be brought to the Council for discussion and decision after some refinement in their wording.

8. **Agenda for next meeting**

Tracey distributed a draft of the Council meeting's agenda for 05/11/06. She explained that the topics relating to the Native American population were carried over from previous agendas. The Council will also talk through the suggestions for Needs Assessments. No objections were raised and the draft was accepted by general agreement.

9. **Evaluation and Closing**

The meeting adjourned at 5:11 PM.

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The minutes were prepared by David Weinman and reviewed by Eileen Loughran, Vincent Fuqua and Tracey Packer.

*THE NEXT MEETING IS SCHEDULED FOR THURSDAY 05/25/06
FROM 3:00 PM TO 5:00 PM - 25 VAN NESS AVE., SUITE 330A*