

HIV PREVENTION PLANNING COUNCIL

Minutes

August 10, 2006

The next HPPC business meeting will be held on Thursday, **September 14, 2006**

3:00 - 6:00 PM

Quaker Meeting House, 65 Ninth St, San Francisco

Members Present:

Angie Baker
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Cooley
Michael Discepola,
Emeritus
Thomas Ganger
Isela Gonzalez
Emalie Huriaux
Matt Jennings
Janetta Johnson
Billie-Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
John Newmeyer
Tei Okamoto
Tracey Packer

continued...

Colin Partridge
Ken Pearce
Perry Rhodes III
Chandra Sivakumar
Frank Strona
Abbie Zimmerman

Members Absent:

Dee Hampton*
Joani Marinoff, Emeritus
Gail Sanabria*
Gwen Smith

HIV Prevention Section:

Dara Coan
Vincent Fuqua
Guillermo Gonzalez
Betty Chan Lew
Eileen Loughran
Lisa Reyes
Jen Sarché

Guests:

Michelle Bakken, TL Health
Jeff Klausner, SFDPH STD Prevention
& Control
Carina Marquez, UCSF
Mike Smith, AIDS Emergency Fund
Eiko Sugaro, C2P
Lance Toma, API Wellness Center
Stephen Trickner, Walden House
Mark Utterback, Stop AIDS Project
Alex Williams, TL Health

Harder + Co.:

Aimee Crisostomo
Kym Dorman
David Weinman (Note-taker)

Process Evaluation Team:

Kathleen Roe

* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

Gayle Burns, community Co-Chair called the meeting to order at 3:04 PM. She welcomed attendees and explained that the facilitating duties rotate between the three Co-Chairs. She then introduced Vincent Fuqua to conduct a memorial for Rickie Williams. His comments included the following.

- Rickie Williams passed on two weeks ago.
- Rickie Williams had worked for the Stop AIDS Project and had done a lot of work for the SF African-American community, and will be deeply missed.

In response to Vincent Fuqua's request a moment of silence was observed.

Gayle Burns then asked attendees to introduced themselves and make announcements.

- Michael Cooley announced that he is going back to school and that this will be his last Council meeting as a serving member.

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- ⇒ He will leave his position at the Stop AIDS Project on 08/22/06 and has taken a job at UCSF doing research while studying.
- Michael Discepola announced that he has accepted a new position as Associate Director of the Stonewall Project
- Jen Sarché announced that this would be her last meeting with the HPPC as a representative of SFDPH Research Section.
- Janetta Johnson said that she was at a meeting with people certified to do secondary needle exchange who asked if there is a law restricting doing secondary needle exchange with outreach.
 - ⇒ Lisa Reyes said that HPS could look into the law's limitations.
- Emalie Huriaux distributed two cards announcing upcoming events, as follows:
 - ⇒ 08/11/06 "*We're Not Dead*," a benefit for the SF Needle Exchange; and
 - ⇒ 08/25/06 "*Ladies' Night Benefit*," a benefit for Ladies' Night drop-in program at Muddy Waters Café, 521 Valencia Street.Copies of the announcements are available to absent members upon request. Contact Emalie Huriaux for additional information.
- Tracey Packer pointed out that August 10th was Mike Pendo's birthday and that the lamb gyros are offered in his memory.

The attendees joined Gayle Burn in thanking Michael Cooley for his participation in the Council's work with applause.

Review and Approval of Minutes of July 13th

Motion was made and seconded to approve the minutes from the 07/13/06 Council meeting. There were no objections. The minutes were approved.

General Public Comment

Gayle Burns introduced Jeff Klausner of the SFDPH STD Prevention and Control Section whose comments and announcements included the following.

- Wednesday 09/06/06 there will be a community meeting as explained in the flyer he distributed entitled, "*Report Back from the 16th International AIDS Conference (IAC)*," copies of which are available to absent members upon request.
- He distributed an information sheet from Gilead Pharmaceuticals regarding "*Atripla*," copies of which can be found at www.gilead.com/wt/sec/atripla.
 - ⇒ He announced the approval of this single-dose, once-daily, new HIV medication.
- He distributed copies of an article from the Morbidity and Mortality Weekly Report (MMWR) of 07/28/06 entitled, "*Investigation of New Diagnosis of Multidrug-Resistant, Dual-Tropic HIV-1 Infection*," copies of which are available to absent members upon request. His explanatory comments included the following.
 - ⇒ Incidence of Multidrug-Resistant (MDR) infection is quite rare and that only a couple of documented cases were found in the NY metropolitan area.
 - ⇒ People with the MDR strain do not necessarily progress quickly, and that other factors were the actual cause of fast progression in the individual cited in last year's NYDPH's media release and subsequent reports.

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- He distributed copies of the recommendations of the Mayor's Task Force on Crystal Meth use entitled, "*Consensus Recommendations*," copies are available to absent members upon request. His comments included the following.
 - ⇒ The recommendations were agreed upon in December 2005, and have not as yet been responded to.
 - ⇒ There is an open meeting of the Task Force on 08/23/06, details of which are available from the HPS upon request.
 - ⇒ Use of Crystal Meth continues to have an important impact on at-risk populations in SF, and those with HIV, and he recommends urging response to the Task Force's report.

Member Response

- Abbie Zimmerman asked and was informed that there is no cost to attend the IAC report back and dinner, but that attendees are asked to register in advance.
- Michael Cooley noted that he worked on a subcommittee of the Task Force which was charged with pairing down the recommendations to achievable areas of focus including:
 - ⇒ Substances other than Crystal Meth, including Crack and Alcohol use;
 - ⇒ Communities other than Gay/MSM;
 - ⇒ Social marketing campaigns; and
 - ⇒ Use of new treatment technologies.
- Tracey announced that SF AIDS Office has requested use of some of the CDC funds not used last year and that the request will probably be approved.
 - ⇒ Some of the funds will be used for social marketing projects focused on Crystal Meth use.
 - ⇒ There will be meeting held in September on this topic.
- Tracey Packer also announced a new Health Educator will be starting on 08/28/06 who will be the person primarily responsible for Crystal Meth education, ensuring data is pulled together and is up to date; although he will also have other responsibilities.
 - ⇒ Michael Discepola said that Tweaker.org and the Stonewall Project would be happy to collaborate pulling information together.
 - ⇒ William Bland said SFAF would also like to participate in such a collaboration.
- William Bland then asked about the impact of drugs other than Crystal Meth on HIV's progression / late testers
 - ⇒ Tracey Packer said that this is one of the reasons data needs to be updated; and that the data on hand indicates that Crystal Meth has a direct effect on HIV.
 - ⇒ She added that HPS is committed to collecting and updating such information, including the experience of Council and community members.

HPPC Co-Chairs/Steering Committee Written Report

Gayle Burns asked members if they had received and reviewed the "*Co-Chairs Report August 10, 2006*." No questions or comments were raised. She then introduced Dara Coan to provide background and make announcements.

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- Dara Coan explained that as part of the follow-up on the brainstorming done at the Council meeting (07/13/06) members are asked for input on existing gaps from their personal, community, and/or professional experience.
 - ⇒ She distributed 3x5 cards for members' comments, noting that these along with all of the other input would be researched and reported back to the Council.
- Dara Coan distributed a flyer entitled, "*PalmPal*," copies of which are available to absent members upon request. Her explanation included the following.
 - ⇒ There will be a meeting to discuss a pilot program being run at Magnet using Palm Pilot PDAs to collect information from clients rather than having them fill in paper forms.
- Dara Coan also distributed a flyer entitled, "*Meetings to Discuss the Discontinuation of the PEMS Requirement*," copies of which are available to absent members upon request.
 - ⇒ She noted that providers were sent letters explaining that the CDC's data collection system, PEMS (Performance Evaluation Monitoring System) is no longer required.
 - This news was met with applause.
 - ⇒ She highlighted the meeting 08/11/06 for service providers, and that this would be reviewed at the Steering Committee 08/24/06 - both meetings are open to the public.

Drawing for Harm Reduction Conference in Oakland

Gayle Burns explained the drawing for this conference and that prior to the meeting the following members expressed their interest in attending the conference: William Bland, Thomas Ganger, Isela Gonzalez, Weihaur Lau, Tei Okamoto, and Abbie Zimmerman.

- ⇒ Michael Discepola, Janetta Johnson, Thomas Knoble, and Chandra Sivakumar requested that their names also be added to the list of candidates.

A drawing followed with these results.

- ⇒ Janetta Johnson and Weihaur Lau were chosen as attendees; and
- ⇒ Michael Discepola and William Bland as the first and second alternates, respectively.

Betty Chan Lew will contact Janetta Johnson and Weihaur Lau regarding details.

Presentation by members of the San Francisco HIV Health Working Group

Gayle Burns distributed two documents both entitled, "*A Call to Leadership and Action*," one being a report and the other a presentation. Both documents are available to absent members upon request. She provided some background on the SF HIV Health Working Group, including that Jimmy Loyce, Jr, Deputy Director SF DPH convened it. The members are listed on page 14 of the report. The Working Group is a beginning of discussions and planning of what can be done as federal funding continues to be cut. She introduced Mike Smith, President of HIV/AIDS Provider Network (HAPN) to provide further background. His comments including the following:

- The Working Group's participants included CARE and prevention service providers, members of the CARE and Prevention Councils, and senior representatives of the AIDS Office.
- The Working Group saw its mission as short-term, to create a Call to Action, but now recognize the need for its work to continue into the implementation of suggestions.
- Participants will go back to their communities to explain the situation, distribute the Call to Action, and begin the process of community based planning for the future.

Mike Smith conducted the presentation, his additional comments included the following.

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Slide 2 - Some of the restrictions in the Ryan White Care Act (RWCA) include the condition that 75% of the money must be used on five core issues.

- This is an enormous change to a medicalized model, as opposed to a supportive network incorporating a variety of services.
- It also means a lot less money coming into SF.
- The 'hold harmless' provisions of the RWCA will mean a 28% drop in funding coming into SF.
- The World Health Organization will propose a gradual phasing out of the diagnosis of AIDS, rather it will categorize HIV as mild, moderate, and severe.
 - ⇒ The CDC will no doubt follow this lead and will change the criteria of who gets services based on where people are in this new classification.
- The CDC's medicalization model calls for services to be provided in a medical setting, wherein there is no need for a community based model as it exists in SF.
 - ⇒ This is without regard to the success SF has experienced.

Slide 2 - The group's objection was to act proactively as opposed to reacting each year the CDC's new restrictions and/or changes of definitions or structure.

- SF has had an extraordinary model of CARE and prevention, which has reduced the number of HIV infections, and we want to continue using this community-based model.

Slide 4 - The call to Action tries to describe the current situation and the challenges coming over the next few years, as well as building a responsive community process.

- The report and presentation are intended to invite others into the process.
- Therefore, over the next few months the group will have a series of meetings to keep key constituents informed, and to encourage wider community involvement.

Slide 5 - The Working Group is not sure what form community communications will take, but it may include forums and focus groups.

Slide 6: - The Working Group does not claim to be representative of the whole community and/or all providers, and recognizes the need for greater representation.

- This will be the first city-wide, community plan for services and prevention in the past ten years, one that looks at all streams of funding, not just from the CDC.

Questions and Comments

- Michael Discepola asked if UCHAPS (Urban Coalition of HIV AIDS Prevention Services) and AIDS Action would be involved and how.
 - ⇒ Tracey Packer explained that UCHAPS and AIDS Action are not as yet engaged.
 - She noted that Gayle Burns is a member of UCHAPS.
 - ⇒ Mike Smith noted that the Call to Action looks at how we can extend what has worked in SF, rather than looking at this as how to deal with scarcity of funds.
 - ⇒ He also explained that the Working Group envisions presenting a comprehensive plan of what is needed, comparing it to available funding, and coming up with some ideas on replacing the difference, including earmarking local funds.
 - The community knows what is needed, and what must be done, without regard to funding restrictions from the CDC.
- Ed Byrom thanked the Working Group for its approach and highlighted the need for a cohesive plan that keeps in mind that CARE and prevention do impact each other.

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- ⇒ He noted that there is a successful joint committee of the two Councils (Points of Integration Committee) in which issues are not looked at as either prevention or CARE.
- Tracey Packer noted that this reflects the direction HPPC is moving, including Structural Interventions and how we change the environment so that SF becomes and stays healthy.
- Tracey Packer asked about housing funding.
 - ⇒ Mike Smith explained that SF has spent about a third of its RWCA dollars on housing and that HRSA has always been uncomfortable with this, but has allowed it.
 - He added that SF has prioritized housing as a medical issue.
 - ⇒ Mike Smith explained that all of that housing money will probably be stripped out of the federal funding based on the current version of the legislation and so SF will need to find another source of this funding (\$6 or \$7 million).
 - The City, he added, will need to find ways of moving funding around.
 - ⇒ Tracey Packer emphasized that members and the community need to understand the impact of the changes being proposed by HRSA.

Tracey Packer introduced Lance Toma, Deputy Director of the Asian-Pacific islander Wellness Center. His comments included the following.

- He highlighted that this project puts SF at the cutting edge of community planning in which we look at community and clients holistically -- prevention, testing, and care.
- He noted that it is clear that the funds are shrinking at a faster rate than the epidemic; particularly in communities of color.
- We need to establish a different plan so that we can sustain all of the services and so that SF locally drives which services are provided and how.
- The process needs all groups involved to create a comprehensive agenda for the City.

Questions and Comments

- William Bland asked how much the other sections of the SFDPH, other than the AIDS Office, are involved.
 - ⇒ Mike Smith said that non-AIDS services must be involved for success.
 - He noted that in the past other sections didn't deal with HIV, but that people in the DPH need to be taught how to deal with HIV(+) populations.
- William Bland asked how much is the AIDS Office looking at the broader issues, including that AIDS is a manageable disease particularly impacting poor people.
 - ⇒ Mike Smith added that senior management in the AIDS Office as well as in the DPH are aware that overall good health needs to involve the whole department.
 - ⇒ Tracey Packer noted that it took time getting prevention and CARE talking and working with each other, and now good health needs to expand to all parts of the SFDPH.
 - ⇒ William Bland said that it may look as if only now, as its funding is being cut, that the AIDS Office wants to collaborate with other departments.
- Thomas Knoble said that it is a significant accomplishment to have CARE and prevention working together.
 - ⇒ Gayle Burns noted that there has been a lot of hard work but we have come a long way.
- Perry Rhodes III said that collaboration may seem a bit self-serving, but we need to think of how to talk with other departments and help them get over that possible perspective.

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- Michael Discepola suggested looking at the idea of an AIDS diagnosis as being "*ruby slippers*" and opening services up for people.
 - He suggested looking at how to move people with AIDS diagnoses from services back to work and/or into alternative services.
 - ⇒ Mike Smith said the Working Group discussed exit strategies -- finding healthy ways to help people exit supportive services and help them get back on their feet.
- Michael Discepola said that the Federal Government needs to understand that it can't just turn on and off the funding spigot.
- Billie Jean Kanios said that SF is likely to lose \$6-12 million, but that it is unknown what the complete effect would be to existing non-HIV programs of sharing funding sources.
- Mike Smith said that the Federal system of matching funds punishes success; the better we do at prevention, the less prevention dollars we seem to need.
 - ⇒ He added that this is true of the CARE side too.
 - ⇒ He questioned if SF's new Health Access Plan as proposed would backfire in regards to CDC funding; because it may be construed that SF doesn't need help since it is able to provide healthcare to all.
- Isela Gonzales said that she hears from newly diagnosed HIV(+) people that now they can get housing and other services.
 - ⇒ She observed that there are two different groups: people with long-term HIV(+), who know what is available, and people at high risk or newly sero-converted.
 - ⇒ Communicating with these different groups, she noted, requires different approaches.
- Angie Baker said that young people think that there will be housing for them when they age out of youth services, so this is a challenging situation.
 - ⇒ She added that while providers try to change that attitude among clients, as many of them are capable of independence, but they still need support to be independent.
 - ⇒ Mike Smith said that there is a widespread misconception about housing.
- Ken Pearce said that he has heard rumors that because of the possible redefinition of HIV and AIDS people on Social Security disability, Medicare, and with private disability insurance will have to be re-certified, adding that this is starting to create a panic.
 - ⇒ Mike Smith said that the changes he has seen from Social Security would not be retroactive, although this may be different for insurance companies.
- Ed Byrom expressed concern about the dissemination of information causing panic.
 - ⇒ He said that information about changes in available services needs to be well planned in content and the timing of its release.
- He added that funding for services must not be allowed to be stopped abruptly.
 - ⇒ Mike Smith said that funding for housing from CARE will have to be replaced by SF General Funds, which has the advantage that the latter is not time-limited whereas CARE provided housing will be limited to two-years.
- Ed Byrom then questioned how long housing funds would be available from SF General Funds.
- Derrick Mapp expressed concern that people may make decisions based on proposed, or potential, redefinition of terms and restructuring of funding.
 - ⇒ He pointed out that redefinition or restructure need not be extreme and expressed the need for settled definitions and descriptions of structures.

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- ⇒ He noted that this is not the first time HRSA, or other funders, has changed funding streams and that by working with them we have ensured that our clients got what they needed.
- ⇒ He suggested this is an opportunity to influence funders about what is needed, that SF can be the leader in defining the concepts and structures.
- ⇒ Mike Smith said that this exactly what the Call to Leadership and Action is about.
- Gayle Burns observed that this is only the beginning of the Council's discussions on these topics, and our responses to the actions of our funders.

The attendees joined Gayle Burns in thanking Mike Smith for the presentation, and expressed their appreciation with applause.

Cooperative Agreement

Tracey Packer distributed copies of the presentation entitled, "*2007 Cooperative Agreement*," and the supporting document entitled, "*Review of Performance Measures for 2007*," copies of both documents are available to absent members upon request. She conducted the presentation, which included the following comments in addition to the written text.

- She asked for a show of hands of members who have received a draft of the Interim Progress Report (IPR) and all indicated that they had received it.
- The draft did not include the section on the Prevention With Positives (PWP), which was still in progress.
- This presentation was originally presented at the Steering Committee meeting (07/27/06), but has been edited slightly since then.
- The presentation focuses on plans for 2007.

Slide 4 - the CDC still refers to Counseling Testing and Referrals (CTR), whereas SF using the term Counseling Testing and Linkages (CTL)

- ⇒ In 2007 Community Substance Abuse Services (CSAS) section (now called CBHS - Community Behavioral Health Services) of the SFDPH will hire someone to oversee counseling.
- Mike Discepola asked if there is data on the RNA tests.
 - ⇒ Trace Packer explained that RNA tests are used for people testing negative who have engaged in risky behavior within the previous 60 days and are being tested in the pilot programs at AIDS Health Project (AHP) or Magnet.
 - ⇒ In response to his additional question, Tracey Packer and Frank Strona indicated that they didn't have data at hand regarding the number of HIV(-) rapid tests that came back positive using RNA.
 - ⇒ Frank Strona will email that information to Eileen Loughran for distribution to members.
- Frank Strona also noted that what is being shown in the IPR is not the whole story of what is being done in SF, but rather only information in direct response to CDC's questions.
- As regards the plans for 2007, the CDC asked only about the three issues addressed here.
- Tracey Packer said that SF may get funding to develop a protocol, as a demonstration project, to confirm a rapid HIV(+) while people are still at the test site.
- William Bland asked about the discordant test results reported earlier in the year.

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- ⇒ Tracey Packer explained that the discordance was that some HIV(+) tests results later proved to be incorrect and should have been HIV(-).
- ⇒ It was also determined that there were similar reports all around the country, but all, including SF's were within the specified range of accuracy.
- ⇒ Ideas for explaining these "*discordant results*" vary, and include operator error, and the possibility that flu shots interfered with the results.
- In response to Colin Partridge's question Tracey Packer explained that the questions in the IPR are standard throughout the US.

Tracey Packer asked members to comment on things that jumped out to them upon first reading the IPR. She explained the Steering Committee agreed upon this timetable:

- ⇒ The committee will review the whole at its 08/24/06 meeting;
- ⇒ It will make a recommendation for approval at the 09/14/06 HPPC meeting; and
- ⇒ Based upon approvals obtained at this and its 08/24/06 meeting the committee will send the IPR and Letter of Concurrence to the CDC to meet the 09/15/06 deadline.

She asked if there were any objections to this timeline, and none were offered.

Slide 6 - Perinatal Transmission Prevention

- Colin Partridge asked if plans to use Rapid Testing would be included in the IPR.
 - ⇒ Tracey Packer said that it should be and will be included.

Slide 9 - Last year the CDC project officer thought SF should be more specific on what is being done about assessing capacity needs and it is a topic that will be worked on in 2007.

- ⇒ The new website (www.SFHIV.gov) is reported to be launched in 2007, but is ahead of schedule and will actually be live on 08/23/06 due to the assistance of Matt Jennings.
 - This news was met with applause.

Slide 10 - This narrative is not done yet because the data is still in development. The IPR will mostly quote and use the Plan document for things other than DEBIs

Slide 11 - Still being worked on, and this is where the IPR will discuss the successful collaboration between prevention and CARE in SF.

Slide 12 - There will probably be no new public information campaigns between January and June 2006 due to the July 2004 RFP.

Slide 13 - In 2007 SF would also like to develop a program in which everyone working on PWP can come together and share results and perspectives.

- ⇒ SF may do the same for Health Education/Risk Reduction (HERR).
- ⇒ Tentatively called West/Pendo TECH (Training and Education Center on HIV):
 - Named for AIDS activist, educator, mentor to many working in prevention, and former Council Member John Blake West, and Mike Pendo, former HIV Prevention Section staff member;
 - Will put everything regarding technical assistance and training for providers and communities under one umbrella; and
 - Will be discussed in more detail with the Council later.
- Thomas Knoble suggested including in the West/Pendo TECH's mission statement.
 - ⇒ He also suggested sharing what has been learned with other jurisdictions that may not have the resources and freedom enjoyed here.

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- Frank Strona added that it is also a good place to do training and development of programs that aren't getting funded elsewhere, such as outreach, needle exchange, and other issues.
 - ⇒ Tracey Packer invited members to provide their ideas on their evaluation forms, or in writing later, and the new HIV Educator will work on developing this.
- William Bland suggested including both basic and advanced DEBI training for providers.
 - ⇒ Tracey Packer said that the plans are building program managers' capacities, and that most already have basic DEBI skills and program development / implementation skills.

Slide 15 - This section is still being worked on, members should get drafts in the next week.

- ⇒ Questions or comments about it should be directed to Israel Nieves-Rivera.

Slide 19 - Refer to Willi McFarland's presentation, including the increase in the size of the Gay/ MSM population; thus the rate decreases at the same time the number increases.

- ⇒ Indicator A-2: The Epi Section estimates that this group is about 8% of the total.
- William Bland asked the Incidence Rate for the whole of SF.
 - ⇒ Dara Coan responded that we don't know the exact rate overall, only estimates by BRP.
 - ⇒ Tracey Packer and Dara Coan explained that Incidence is usually reported as a percentage of the At-Risk Populations; and in SF the rates are declining.
- William Bland then asked if we adjusted the projected number of new infections.
 - ⇒ Tracey Packer indicated that we are anticipating a decrease in the number for 2006, but not as much as we had hoped due to the increase in the Gay/ MSM population.
 - ⇒ She explained that in 2004 the estimate was 1,016 new infections, and the goal was reduction to 508 by 2008, which would project about 600 in 2007.
- Responding to Ken Pearce's question, Tracey Packer explained the change in the baseline population size is explained in the footnotes.

Slide 20 - CTL

- ⇒ Indicator B1: Numerator (N) is number of new *confirmed* HIV(+) test results.
- ⇒ Indicator B2: N is the number of new *confirmed* HIV(+) tests returned to the client.
- ⇒ Indicator B3: Denominator (D) is the number of programs' tests processed at DPH labs
 - There are seven organizations funded directly by HPS to provide CTL, and there are 14 other organizations, not directly funded, but get test kits or training from HPS.
 - Of the seven directly funded organizations, five are equal to or greater than the target set in Indicator B1.
- William Bland asked why the number of HIV(+) test results (N) in B1 isn't the same as the number of HIV(+) tests results (D) in B2 [440 and 462 respectively.]
 - ⇒ Dara Coan indicated she would find out if they should be the same numbers, and if not why they are different, and report back to members with an explanation.
- William Bland then asked about the difference between the 440 new HIV(+) test results and the total of 711 new infections.
 - ⇒ Tracey Packer explained that the 711 include tests done in private labs and the 440 tests done by DPH labs.
- Responding to Michael Discepola's question Tracey Packer said that sites being funded for CTL outside of DPH are giving data to the DPH.

Slide 21 - Partner Counseling and Referral Services (PCRS)

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- ⇒ Indicator C1: D is number contacted to have a test, N is the number who got tested and Performance Measurement (PM) is the percentage of tested to those notified.
- ⇒ Indicator C2: D is the total number of PCRS referrals tested, N is the number who tested positive, and PM is the percentage of those testing HIV(+) to the total tested.
- ⇒ Indicator C3: D is the number of all contacts identified, N is the number who tested HIV(+), and PM is the percentage of those testing HIV(+) to the total identified.
 - The difference between the D in Indicator C3 and D in C2 (128 and 56, respectively) is that C3 refers to all contacts of which 72 (the difference between 128 and 56) is the number of people who were aware of their HIV(+) serostatus.
- Michael Cooley noted that the "*Review of Performance Measures*" document provides somewhat fuller explanations of N, D, and PM for each indicator.
- Emalie Huriaux asked if there is a time window for people who were contacted.
 - ⇒ Tracey Packer said that some cases are still open, and that this data reflects only those results which have been confirmed and completed contacts.
 - ⇒ Thomas Knoble noted that City Clinic offers RNA tests for confirmation.
 - ⇒ William Bland also noted that the "*Review of Performance Measurements*" document also explains that (D) is limited to those tested within three months of being contacted.

Slide 22 - Of the total 8,200 births only about 1,200 are at General Hospital, and 1,500 at UCSF, which are the only sources of birth data available.

- Births in private hospitals, or other non-DPH funded venues are not required to, and do not report whether HIV tests were administered.
- Colin Partridge reported that there is a fairly high acceptance rate of testing at General Hospital, even before implementation of universal Rapid Testing.
- Tracey Packer and Colin Partridge reported that prior to Rapid Testing about 49% were tested, and it has probably gone up.

Slide 23 - Although the SF Plan identifies eight BRPs, the Council agreed to recognize HIV(+) people as a ninth BRP for purposes of CDC reporting.

- ⇒ Indicator E2: The CDC sets what the key attributes are, and the Council determines what percentage has occurred.
 - The PM number is not 100% because at any time some members are new and/or unaware of all of the processes used by the HPPC.
- ⇒ Indicator E3: Everything that's in the Plan is in the application, except Needle Exchange, which the CDC does not fund.

Slide 25 - HERR

- ⇒ Indicator H2: Took the data from the ELI system and extrapolated.
- Abbie Zimmerman asked if D in Indicator H2 should correspond to the total D in H1.
 - ⇒ Dara Coan explained that the difference might be that we included Outreach and Needle Exchange in D of H2, but she would check and get back to the Council.
 - ⇒ Tracey Packer suggested that the D numbers should correspond more closely so that the reviewer at CDC doesn't question this.
- Derrick Mapp suggested the notes explain the difference between numbers in H1 and H2.
- Michael Cooley noted that the number of interventions needed to get people into services (H3) isn't useful because people want to participate in some interventions and others not.

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- ⇒ He added that the total number might, however, be useful by intervention type.
- Emalie Huriaux suggested including in the narrative that Outreach builds relationship between providers and at-risk people.
- ⇒ Tracey Packer suggested adding a note to that effect and asked if members would support that. There was agreement by consensus.

Slide 26 - If Evaluation were done the way SF wants this data requested in L2 would be available.

- Michael Cooley noted that Indicator L2 presumes that CRCS (PCM) is the only intervention that impacted risk reduction, which simply is not true.

Tracey Packer explained that members' input is very valuable and that it is important that members understand the IPR.

- ⇒ The attendees expressed their appreciation for the presentation with applause.

Motion was made and seconded to approve the Indicators section of the IPR as presented, including the changes and clarifications noted during this meeting. The vote was by roll call.

Member	Vote
Angie Baker	Yes
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Michael Cooley	Yes
Isela Gonzalez	Yes
Emalie Huriaux	Yes
Matt Jennings	Yes
Janetta Johnson	Yes
Billie-Jean Kanios	Yes

Member	Vote
Thomas Knoble	Yes
Weihaur Lau	Abstain
Derrick Mapp	Yes
John Newmeyer	Yes
Tracey Packer	Yes
Colin Partridge	Yes
Ken Pearce	Yes
Perry Rhodes III	Yes
Frank Strona	Yes
Abbie Zimmerman	Yes
Total	
Yes	19
No	0
Abstain	1

The motion was approved.

Summary, Evaluation, and Closure of Meeting

Gayle Burns reminded members to fill in their evaluation forms. The meeting adjourned at 5:46 PM.

Minutes prepared by David Weinman.

Minutes reviewed by Eileen Loughran, Dara Coan and Gayle Burns.

**The next HPPC business meeting, will be Thursday, September 14, 2006
at the Quaker Meeting House, 65 Ninth Street, San Francisco.**