

California HIV/AIDS Planning Group

Tuesday, June 19, 2007

8:00 a.m. – 5:00 p.m.

Location: Monterey, California

Members in attendance:

Frank Strona, Freddie Williams, Kevin Farrell, Peg Taylor, Ellen Swedberg, Sabina Laveaga, Bonnie Williams, Dr. Christopher Ried, Bart Aoki, Fernando Sanudo, Rosana Scolari, Joe Acosta, Dorothy Kleffner, Sharla Smith, Sylvia Britt-Raven, Precious Jackson, Sylvia Young, Greg Mehlhaff, Maria Baldovinos, Jeffrey King, Cynthia Davis, John Melichar, Debra Lyn McCarthy, Paul Sanchez, Cesar Cadabes, Shoshanna Scholar, Ricki Rosales, Bamby Salcedo, Benjamin Ignalino, Don Soto, Laura Thomas, Joy Rucker, Sharyn Grayson, Rachel Anderson, Tim Daniels, Denice Williams.

Members not in attendance:

Jeff Bailey, LeRoy Blea, Michael Cunningham, Anthony Huynh, Bill Musick, Mauricio Perez, Leslie Poston, Steven Tierney, Jason Tokumoto

Facilitator: Sue Strong

Ca Department of Health Services, Office of AIDS Staff:

Amy Kile-Puente, Gail Sanabria, Chris Krawczyck, Jeff Byers, Susan Sabatier, Steve Berk, Richard Iniguez, Matt Facer, Valorie Eckert, Clarissa Poole-Sims, Brian Lew, Matthew Millspaugh, Mary Geary, Chris Borges, Mandisa Oongqo, Liz Voelkert, Cynthia Smiley, Marilyn Miller, Kathy Russell, Therese Ploof

Community (non-members):

Michael Green (OAPP), Barbara Weiss (ADP), Dave Kilburn (San Luis Obispo), Bobby Bowens (Harm Reduction Services), Odessa Dubose (CDC), June Mayfield (CDC), Ethan Brown (Monterey County), Hilary McQuie (HRS), Monique Collins (OAPP), Jamila Shipp, Carrie Broadus, Judith Fitzpatrick (UARP), Dennis Hendrix (Kern County).

California HIV/AIDS Planning Group

Tuesday, June 19, 2007

8:00 a.m. – 5:00 p.m.

Meeting Minutes

Location: Monterey, California

8:15 a.m. – 8:20 a.m.

Welcome/Call to Order

Agenda Review

Frank Strona, *Chair*

8:20 a.m. – 9:45 a.m.

Office of AIDS Reports and Updates

HIV Care Branch – Peg Taylor, Chief

Please refer to handout

Questions:

If OA increases funding for capacity building, is there a focus on special areas?

- Client advocacy
- Treatment education

For additional funds, were decisions for proposed spending made in-house or did OA seek community input?

- The process is long and complicated through the Governor Schwarzenegger administration. OA takes into account what has been learned from various planning councils as to what the needs are and knows what the administration supports

How is TMP dispersed? There is was an increase in funding but some counties took a cut.

- Peg will have to get back with an answer.

When will ARIES data be available to access?

- Not yet available at the State level. Special requests can be made for specific reports. Please contact Susan Sabatier at the Office of AIDS.

Have any counties applied for waivers (for core medical services)?

- Only two counties have applied nationally and one of the two is Orange County.

What were the reasons OA initially did not want to apply for the Minority AIDS Initiative (MAI)?

- By the time HRSA released the RFA, OA only had four days to put together a competitive 80 page application. The Los Angeles commission supported OA by contacting and involving the Governor's office which resulted in OA being able to get the application approved at lower levels.

HIV Education & Prevention Services Branch – Kevin Farrell, LCSW, Chief

Please refer to handout

OA is implementing a new ordering process for ordering OraQuick Advance Rapid Test Kits. The current process is ordering kits through California AIDS Clearinghouse, but now the kits will be ordered directly from OraSure. This change allows us to negotiate a price directly through OraSure which should enable an increase in the amount of kits provided statewide. Currently, about 75-80,000 kits are distributed a year and that number may increase to 100,000 kits this year.

Questions:

Now that OraSure is being discontinued, will there be additional rapid testing trainings for those local health jurisdictions needing to transition to rapid testing?

- OraSure is not being discontinued. The Oral Fluid used to process the kits has been discontinued and OA is currently working on finding more solutions to address this problem.
- Yes, we are going to provide additional trainings for Rapid Testing.

Comment: An acknowledgment of how great it is that OA has put out funding for Syringe Exchange Programs.

Request: A presentation on where we are identifying African American women turning up positive by Office of AIDS.

Who does OA consider low-risk?

- It is easier to say what is considered high-risk. OA identifies high risk as any individual engaging in behavior that puts them at risk of being infected by HIV, for example, MSM, IDU, etc.

EPI Research Projects – Matt Facer, PhD

Please refer to handout

We are currently averaging about 1800 cases reported a month in the past seven months. As of May, over 16,000 have been reported.

Questions:

In project 9-10, how are transgender persons recorded?

- This is not a surveillance project so the clients will not be categorized.

For the SB 1159 evaluation project, is the data from surveys or the official databases?

- OA is currently reviewing existing data and determining which additional data will be needed.

Are there any surveys or projects now or in the works to address transgenders and more information regarding transgenders?

- ARIES and HIV 6 have a separate gender to separate transgender data but it is all self reported.
- C&T is addressing through training to ask transgender question rather than assume gender.

State Prevention Plan Update – Chris Borges, OA

The members of the work group have been chosen and each task force is represented. The members are: Rachel Anderson, Carrie Broadus, Timothy Daniels, Cynthia Davis, John Melichar, Ricki Rosales, Paul Sanchez, Sharla Smith, and Ellen Swedberg.

A face to face meeting took place on May 10 and was followed by a teleconference on June 4. The next face to face meeting will take place on July 12. OA is in the process of hiring a writer.

9:45a.m. – 10:15 a.m.	Respectful Engagement and Discussion	Sylvia Britt-Raven, Sue Strong, <i>Facilitator</i>
------------------------------	---	---

10:15 a.m. – 10:30 a.m.	Break
--------------------------------	--------------

10:35 a.m. – 11:25 a.m.	Funding Training	
	Peg Taylor <i>Chief, HIV CARE Branch</i>	Office of AIDS
	Kevin Farrell, LCSW <i>Chief, HIV EPS</i>	

Questions:

Did OA consider collaborating with Local Health Offices for MAI application?

- There was not enough time.
-

10:45 a.m. – 12:00 p.m. CHPG Continuing Business
Implementation Reconsideration

Ellen Swedberg, *Co-Chair Elect*
Sue Strong, *Facilitator*

Motion:

- That in 2007, new members serve two-year terms,
- That, in 2008, new members serve a one-year term, with continuing members completing their terms, and
- That in 2009, all members apply and those appointed serve a three-year term.

Alternate Implementation: Amended motion

- Members who are in their first term and would need to apply for a one-year (2008) term would be considered an additional year and thus be eligible to apply for a three year term in 2009. Members in their second term would need to sit out (2008) to be eligible to apply for a three year term in 2009. (Members would submit a letter of intent, not an application).

Consensus vote: 3 red cards

Formal Vote: Passes with 1 red card and 9 abstentions

Consensus vote on new implementation plan: 2 red cards

Formal Vote: Motion passes with 2 red cards and 7 abstentions..

12:00 p.m. – 12:10 p.m.

Kathy Russell, Chief of the ADAP Section, is retiring from state service.

12:10 p.m. – 1:30 p.m. Lunch

1:30 p.m. – 4:30 p.m. Task Force Breakouts

*Rolling Break

Members

4:30 p.m. – 4:45 p.m. US AIDS Conference Report Back

Jeff Byers, *OA*
Joe Acosta, *Member*

This year's conference will take place November 7-10 in Palm Springs. The theme is "One Family, One Voice, One Spirit" and the focus will be on the Native American Community. This event will be a celebration of life.

For more information regarding registration and scholarships please visit the website: www.nmac.org

4:45 p.m. – 5:00 p.m. Announcements

Sylvia Britt-Raven is resigning from CHPG to pursue her educational goals in Atlanta, Georgia. Best of luck to her!

Bamby Salcedo is now employed at the Los Angeles Children's Hospital where she is a project coordinator. Her main focus will be working with transgender adolescents.

Precious Jackson has been elected the new chair of the Women's Task Force.

Jeffrey King is resigning from the CHPG.

5:00 p.m.

Adjourn

California HIV/AIDS Planning Group

Tuesday, June 19, 2007

8:00 a.m. – 5:00 p.m.

Location: Monterey, California

Members in attendance:

Frank Strona, Freddie Williams, Kevin Farrell, Peg Taylor, Ellen Swedberg, Sabina Laveaga, Bonnie Williams, Bart Aoki, Fernando Sanudo, Rosana Scolari, Joe Acosta, Dorothy Kleffner, Sharla Smith, Precious Jackson, Sylvia Young, Greg Mehlhaff, Maria Baldovinos, Cynthia Davis, John Melichar, Debra Lyn McCarthy, Cesar Cadabes, Shoshanna Scholar, Ricki Rosales, Bamby Salcedo, Benjamin Ignalino, Don Soto, Laura Thomas, Joy Rucker, Sharyn Grayson, Rachel Anderson, Tim Daniels, Denice Williams.

Members not in attendance:

Jeff Bailey, LeRoy Blea, Michael Cunningham, Anthony Huynh, Bill Musick, Mauricio Perez, Leslie Poston, Steven Tierney, Jason Tokumoto, Dr. Christopher Ried, Sylvia Britt-Raven, Jeffrey King, Paul Sanchez

Facilitator: Sue Strong

Ca Department of Health Services, Office of AIDS Staff:

Amy Kile-Puente, Gail Sanabria, Chris Krawczyck, Jeff Byers, Susan Sabatier, Steve Berk, Richard Iniguez, Matt Facer, Valorie Eckert, Clarissa Poole-Sims, Brian Lew, Matthew Millsbaugh, Mary Geary, Chris Borges, Mandisa Qongqo, Liz Voelkert, Cynthia Smiley, Marilyn Miller, Kathy Russell, Therese Ploof, Tom Gray

Community (non-members):

Michael Green (OAPP), Barbara Weiss (ADP), Dave Kilburn (San Luis Obispo), Bobby Bowens (Harm Reduction Services), Odessa Dubose (CDC), June Mayfield (CDC), Ethan Brown (Monterey County), Hilary McQuie (HRS), Monique Collins (OAPP), Jamila Shipp, Carrie Broadus, Judith Fitzpatrick (UARP), Dennis Hendrix (Kern County).

California HIV/AIDS Planning Group
Wednesday, June 20, 2007
8:00 a.m. – 5:00 p.m.
Meeting Minutes

Location: Monterey, California

8:00 a.m. – 8:15 a.m.	Call to Order Agenda Review	Freddie Williams, <i>Co-Chair</i>
-----------------------	--------------------------------	-----------------------------------

8:15 a.m. – 8:25 a.m.	Office of AIDS Response to March CHPG Recommendations	Kevin Farrell, LCSW
-----------------------	--	---------------------

IDU / Substance Use

Recommendation #1

That OA provide staff and resources to give technical assistance to all counties to implement 1159 (Disease Prevention Demo Project)

At this time, OA does not have the staff to devote to this request. This recommendation will be considered again at a later time.

Recommendation #2

That the OA website be inclusive of IDU related information.

The process to post information on a state website is difficult; there are many levels of the approval process. This may change as the Department of Health Services split and we become the Department of Public Health.

Recommendation #3

*That OA prepare a report on available data that clearly identifies the sexual risk (for HIV infecting) for IDUs. **For June Meeting.***

Alessandra is providing the information.

Care and Prevention Integration

Recommendation #1

California's HIV/AIDS response is guided by a set of recommendations forwarded by the CHPG and that have been historically in the form of a 5 year California HIV Prevention Plan and a multiple year California Comprehensive HIV/AIDS Care plan.

In light of the dramatically evolving HIV/AIDS epidemic and resulting response strategies, and given California's integrated care and prevention planning body as well as the CHPG's emphasis on integrated care and prevention services through its creation of the Care and Prevention Integration Taskforce.

Recommendation #2

We recommend California's HIV/AIDS response be guided by an integrated statewide HIV/AIDS care and prevention plan that incorporates:

- *a full epi profile*
 - *care and treatment resource allocation recommendations*
 - *prevention resource allocation recommendations*
 - *identification of priority populations*
 - *identification of priority interventions and service categories*
-

-
-
- a summary of care and prevention program outcome indicators
 - all other required components of a comprehensive care and prevention plan.

Furthermore, this integrated care and prevention plan should be complemented by an addenda on an as needed basis but at least once during the 2009-2013 planning period.

At this time, the Office of AIDS will continue to work on the individual plans for each branch with a commitment to integration kept in mind.

**8:25 a.m. – 8:45 a.m. Universitywide AIDS Research Project
(UARP)**

Bart Aoki, *Member*

On July 1, 2007, UARP will change its name to California HIV/AIDS Research Program (CHRP)

Please refer to powerpoint presentation posted on website.

Questions:

Regarding the UFO Program, did UARP fund this? Yes.

What border health projects are currently being conducted?

- Surveillance study of migrant farm workers
- Current pilot program in Fresno among migrant workers
- Collaborating with Mexico to research migrant workers traveling back and forth across the border.

What efforts are made to get people of color into the research programs?

- It has been challenging. Specific populations are targeted (eg. African American Women rather than a mix)

What is the budget?

- Most of the funding comes from state legislature in the University line item, but this amount varies. This is in addition to private funding.
-
-

8:45 a.m. – 9:30 a.m. MSM Tool Kit

Tom Gray, *OA/STD Liaison*

For more information visit the website: www.stdcheckup.org

Questions:

Is the material going to be available in Spanish?

- Yes. It will be bilingual and bi-cultural.

There is a challenge with non-gay identified Latino males. Many are testing positive for STDs and HIV. Take into consideration other populations that may go under the radar but need routine testing as well.

- Other populations are being looked into. We would like to integrate African American Women, Youth and other emerging populations.

Is Kaiser supportive and involved?

- Yes, they do want to integrate this into their system. We are still working on making the kit available in major Kaiser sites.

What efforts are being made to reach those who don't self-identify as MSM?

- The project is specific but the guidelines encourage recognizing those who need to be tested regularly.

What is the significance of the 8 ball?

- It is meant to be a conversation piece, to get the conversations started around STDs.
-
-

Were the focus groups culturally diverse?

- Yes.

Alternate test sites should be listed and available.

- The website is more consumer friendly and will provide that information.

The physicians should be trained on how to talk about sex with women of color.

- Dr. Chris Hall is very interested in moving the focus in that direction next.
-
-

9:30 a.m. – 9:40 a.m. Public Comment

1. June Mayfield – Centers of Disease Control and Prevention
 2. Ethan Brown – Monterey County
 3. Dennis Hendrix – Kern County
-

9:40 a.m. – 9:50 a.m. Consumer Story

David Kilburn,
San Luis Obispo

10:00 a.m. – 12:00 p.m. Task Force Breakouts

Members

12:30 p.m. – 1:30 p.m. Lunch

1:30 p.m. – 3:00 p.m. Task Force Breakouts

Members

3:15 p.m. – 3:20 p.m. Announcements

Kevin Farrell

The Governor has appointed a new chief of the State Office of AIDS: Dr. Michelle Roland. She will begin in her new position on July 1, 2007.

**3:20 p.m. – 4:30 p.m. TF Reports to Membership
Recommendations**

General Session

Women's Task Force

Precious Jackson, Chair and Dorothy Kleffner, Co-chair

- November 2006 – recommended disbanding
 - 4 weary band members
 - CHPG said no...we need you
- Today – strong, articulate, focused committee
 - 20 – 25 women and men in attendance
 - Many clear, committed voices
- Initial goal for the year was to educate the group about:
 - Data
 - Systems
 - Geographic differences
 - Racial/cultural differences
 - The overall environment

What's happened so far

- Presentations:
-
-

-
- Carrie Broadus – Civil Rights and Health Care
 - Traci Bivens – Common Ground project
 - Valorie Eckert, OA, - “Eve’s Bite of the Apple”
 - Kevin Farrell, OA, the New C & T Program”
- Women who are African American and Latina are disproportionately infected, no matter their risk behavior, when compared to white women.
 - AA women are 3.4X more likely to test positive and Latina women are 1.3X more likely to test positive, when compared to white women.
 - Of those who report a male partner in the past two years, women who have only one partner are more likely to test positive than those with two to five partners.
 - There is a significant percentage of infected women who have unknown risk or who have been assessed to have no identified risk or who are in a monogamous relationship who test positive. (18% White, 22% AA, and 30% Latina).
 - In projections based upon the new model for counseling and testing, using the proposed high and low risk categories:
 - Approximately 13% of positive tests would have been grouped in “low risk” categories:
 - Of those in the low risk categories that were positive, approximately 75% had no identified risk and the majority of these were women.
 - No identified risk
 - An issue for women who are not able to specifically identify how they got infected according to the current validated risk groups:
 - Usual behavioral risk categories do not apply to these women.
 - The collection of data that leads to no identified risk delineation does not help us understand the intricacies of how these women are at risk for infection.
 - Must be addressed in order to get to the root of infections in women – many of the questions that should be addressed need to reflect the knowledge of a woman’s partner.

The Work Ahead

- To develop recommendations for establishment of additional “high risk” categories for counseling and testing, which would describe sub-categories of risk specific to women.
- To examine the various forms used to identify risk behavior and determine recommendations for change in those forms designed to capture risks specific to women.
- To ask the OA to develop additional data for the WTF use, including geographic/zip code analysis relating to HIV/STD infection rates among AA and Latino, as well as AA and Latina.
- To further examine various questions that might be answered through ELI and ARIES.
- To examine successful linkage models that move HIV+ women from testing to care.
- To establish a strategic plan and goals, so that the work is prioritized for the immediate and near future.

Recommendations:

1. That two – three members of the WTF be included as members of the statewide group that is currently developing intervention/prevention materials for use in high- and low-risk testing situations.

Motion passes by consensus with four abstentions.

2. That the OA involve the WTF in every community input and review processes for OA activities and systems changes (for example, development of a women’s tool kit, interventions, research, prevention materials, resources, etc.).

Changing “all” to “every.” Motion passes by consensus with five abstentions and one purple card.

Recommendations to steering:

That a presentation on racial disparities in HIV among women based on the Counseling and Testing data be made to the CHPG in November 2007.

Gay/MSM Task Force

Tim Daniels, Chair and Don Soto, member

2006-07 Activities:

-
1. Data and information collection (Done)
 2. Data and information review (Done)
 3. Prepared Action Plans (Done)
 4. Review Action Plan
 5. Analysis of plan and possible policy recommendations
 6. Elected Chair and Co-Chair

MSM/Gay Task Force – 2 Major Goals

1. Increase dollar allocation to AA MSMs.
2. Increase education and information regarding effective prevention interventions targeted at AA MSMs.

Care/Prevention Integration

Sabina Laveaga, Chair and Monique Collins, Co-Chair

Accomplishments:

- Identified topics for work plan
 - Integration of CP and RAC Activities
 - Prioritized Key Focus of TF
 - Case Finding
 - PCRS (Prevention and Care Settings)
 - HIV Testing (Testing Partners in Care Settings)
 - Social Marketing (Poster Targeted Towards Testing Partners)
 - Ensure that the Five Year Statewide Prevention Plan Includes CPI Language
 - OA Research – Centers of Excellence
 - Provide Input Into New Counseling and Testing Guidelines
 - Define Marginalized Populations
 - Linkage of LEO and ARIES
 - Develop a framework for both Care and Prevention that mirrors goals, objectives, timelines and measurable outcomes.

Next Steps:

- Request to Steering for CPI to meet in early August 2007
- Request to Steering for professional facilitator
- Review results from Care survey in August and provide information to CPI representatives on Prevention Plan Development Group

Substance Use/IDU Task Force

Rachel Anderson, Chair

Current Projects:

- Guidance document for SEPs
- Framework for IDU wellness aimed at OA funded service providers

Recommendations:

1. That OA request STD Control Branch adapt the MSM tool kit for Medical providers on working with IDUs. This would be done in consultation with the SU/IDU task force.
Motion Passes with three abstentions and two purple cards

To Steering:

1. Schedule a one hour presentation at November meeting on addressing mental health issues in combination with
-

HIV, substance use and other issues.

Transgender Working Group

Bamby Salcedo, Chair

Accomplishments:

- Reviewed the Framework for Gay Men's Health and Draft IDU Framework
- Discussed the need for OA to ensure agencies that train HCT Counselors provide transgender sensitivity training
- Discussed the need for OA to ensure that counselors actually ask the gender question
- Update on status of transgender survey
- Discussed cross-communication between TG working group and Women's TF
- Laid out contents for Framework for Transgender Health

Next Steps:

- Request TG data presentation for OA
- Review of current CTR guidelines – Specifically LGBT section
- Request two meetings on August 24th and September/October 2007
- Further develop framework

4:25 p.m. – 4:30 p.m.

**General Session
Adjourn**

Freddie Williams
