

California HIV/AIDS Planning Group

Wednesday, November 14, 2007

8:00 a.m. – 5:00 p.m.

Location: Sacramento, California

Members in attendance:

Frank Strona, Freddie Williams, Kevin Farrell, Peg Taylor, Ellen Swedberg, Sabina Laveaga, Bonnie Williams, Dr. Christopher Ried, Bart Aoki, Rosana Scolari, Joe Acosta, Dorothy Kleffner, Sharla Smith, Precious Jackson, Greg Mehlhaff, Maria Baldovinos, John Melichar, Debra Lyn McCarthy, Paul Sanchez, Cesar Cadabes, Shoshanna Scholar, Ricki Rosales, Bamby Salcedo, Don Soto, Laura Thomas, Sharyn Grayson, Tim Daniels, Denice Williams, Jeff Bailey, LeRoy Blea, Michael Cunningham, Anthony Huynh, Mauricio Perez, Leslie Poston, Steven Tierney.

Members not in attendance:

Jason Tokumoto, Cynthia Davis, Mario Perez, Rachel Anderson, Sylvia Young, Joy Rucker, Benjamin Ignalino, Fernando Sanudo

Facilitator: Sue Strong

Ca Department of Public Health, Office of AIDS Staff:

Dr. Michelle Roland, Amy Kile-Puente, Gail Sanabria, Chris Krawczyck, Jeff Byers, Susan Sabatier, Steve Berk, Facer, Valorie Eckert, Clarissa Poole-Sims, Brian Lew, Matthew Millsbaugh, Sandy Simms, Mandisa Qongqo, Cynthia Smiley, Dr. Juan Ruiz, Mary Ann Selvage., Jennifer Rohde, Dennese Neal, Shelley Vinson, Estella Kile, Catherine Lopez, Carol Russell, Cynthia Aguayo, Kama Brockmann, Teena Evans, Alessandra Ross, Melvin Shaddock, Reggie Caldwell

Community (non-members):

Barbara Weiss (ADP), Monique Collins (OAPP), Jamila Shipp, Rachel Robinson (Harm Reduction Coalition), Dean Gioshi (California AIDS Clearinghouse), Kathleen Irwin, Mario Gonzales (Latino Advisory Board), Eddie Martinez (Latino Advisory Board).

California HIV/AIDS Planning Group

Wednesday, November 14, 2007

8:30 a.m. – 5:00 p.m.

Meeting Minutes

Location: Sacramento, California

8:30 a.m. – 8:45 a.m.

Welcome/Call to Order

Agenda Review

Frank Strona, *Chair*

8:45 a.m. – 9:20 a.m.

Words From New Office of AIDS Chief

Michelle Roland, MD

Division Chief – Michelle Roland, MD

Introduction by Steven Tierney (San Francisco AIDS Foundation)

Dr. Roland has been involved with HIV and AIDS since 1985 when a close friend became infected.

Dr. Roland's main vision for the Office of AIDS includes a focus on three areas:

- *Integration* – Currently, the OA is a patchwork of programs developed in response to statewide problems as needed. It is time to take a step back how things connect and what programs can work together. This includes taking a look at what resources can be shifted to accomplish the goal of integration.
- *Statewide Coordination* – coordination with other public health agencies, county health departments and community based organizations; participating in Visioning Change (CHRP project); and attending community planning
- *Re-evaluating where OA is going with research* –to achieve effective research projects to develop a meaningful menu of interventions

9:20 a.m. – 10:40 a.m.

Office of AIDS Reports and Updates

HIV Care Branch Peg Taylor, Branch Chief

Please refer to handout

Extra ADAP dollars will be shifted to other Care Programs – EIP, case management, capacity building, etc

Working on the 2006 recommendation from resource allocation (*see handout of recommendations with OA response*):

Where are we now...

- Passage of Ryan White Care Act
- Division of Departments - Public Health and Health Care Services
- Appointment of AIDS director – Dr. Michelle Roland
- ARIES is online
- Working with internal departmental agencies to collaborate (STD, Medi-Cal, etc)
- RFA – building capacity for benefits counseling
- Expansion of care services (including PCRS)

Next Steps...

- To expand collaboration with other state agencies (mental health, rehabilitation, housing, social services, rural health, women's health)
- Explore parameters
- Planning stakeholder's meeting
- Pilot
- Thoughtful, will-informed, inclusive process

HIV Education and Prevention Services Branch

Kevin Farrell, LCSW, Branch Chief

Please refer to handout

New rapid test kit ordering process – directly through OraSure

- This should help expand RT and continue to provide free test kits to those who need it, statewide
- Special thanks to Dean Gioshi and the California AIDS Clearinghouse for helping with rapid test distribution

The cooperative grant to CDC renewal has been extended to 2009, possibly 2010. This gives OA more time to put together a more comprehensive program to include new programs (for example, syringe exchange with federal dollars)

AB 682 passed which eliminates HIV specific consent. This will hopefully expand HIV testing in the medical and private settings. It may also accomplish an increase in testing utilizing other funding sources.

OA received a grant from CDC for testing in non-traditional settings. With this grant we have implemented rapid testing in the emergency departments of Highland Hospital, Summit Hospital (both in Oakland) and San Francisco General. One goal is to link patients immediately with Care services and begin a social network to find others infected or at risk of being infected.

AB 110 passed which allows the use of state funds to purchase syringes. OA currently is funding ten syringe exchange programs (SEPs) and the bill will hopefully increase our capacity to fund additional SEPs.

Effective January 1, 2008 the African American Advisory Board will be split off as a separate body.

Drew Johnson, former chief of the HIV Education and Prevention Services Branch, has been appointed as Assistant Chief of the Center of Infectious Diseases.

HIV/AIDS Epidemiology Branch Juan Ruiz, MD, MPH, Dr. PH, Branch Chief

Please refer to handout

EPI is working on names reporting with limited time frames. Currently, all 61 Local Health Jurisdictions (LHJs) are reporting by name.

As of October 2007

- 22,000 AIDS cases have been reported
- 147,000 HIV cases have been reported

Emergency regulations were developed and approved in January 2007 and have been reapproved two times since then. By December our full regulation packet will be submitted for final approval. A two-day stakeholders meeting will be held in April to discuss remaining issues of concern regarding the regulations.

\$2 million for HIV reporting (07-08) was distributed among 11 LHJs based on the count of non-name, code based HIV cases and AIDS cases

There continues to be improvements and implementation of ARIES. Nevada is paying a fee to adopt ARIES in their state.

Development of US/Mexico research project. This project is a collaboration with New Mexico, Texas, Arizona, Mexico and NASTAD.

- Completed the first two chapters of the profile
- Hopefully will have the published early 2008

Study on youth involving five counties, University of California, San Francisco, Community based organizations, AIDS Healthcare Foundation.

Two phases

- Qualitative Phase I – currently collecting data on youth using narcotics ages 14-25
- Results/data from phase I will guide Phase II – the quantitative phase

The 2008 International AIDS Conference will be held in Mexico. This is an important opportunity to collaborate with Mexico, not only for California but for the U.S.

State HIV Prevention Plan Laura Thomas, MPH, MPP

- The deadline has been pushed back from December 2007 to April 2008
 - Next meeting of the working group is this Friday following the CHPG meeting
 - The group has reviewed the EPI profile
 - A list of focused populations has been created
 - A list of effective interventions has been created
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Counseling and Testing Restructure Sandy Simms, Chief, Counseling, Testing and Training Section (C, T & T)
Introduction of Sandy Simms as the new Chief of C, T & T

Historical information:

- 1995 the Counseling and Testing model was created
- In 2002, feedback from the local level informed OA that this one-size-fits-all model was no longer working
- There was significant burnout in the field; a fact significantly impacted by the implementation of Rapid Testing
- In addition, proposed legislation was introduced that would have mandated how California runs the counseling and testing program.

OA's Response:

- Stakeholder's meeting held
- From this meeting three statewide working groups were formed (data, reimbursement, program)
- Development of the new C&T model – the two tiered model

January 2008 the new C&T program will be implemented along with our new statewide data collection system LEO. This model includes both high risk and low risk interventions.

10:40 a.m. – 11:50 a.m. Office of AIDS Roundtable
Facilitated by Sue Strong

Michelle Roland, MD
Juan Ruiz, MD, MPH, Dr. PH
Kevin Farrell, LCSW
Peg Taylor

Sabina Laveaga (Imperial County) would like to lobby in support of the Early Intervention Program as OA begins to re-evaluate programs.

Leroy Blea (CCLAD Representative, City of Berkeley) – How are the governor's budget shortfalls affecting planning, statewide?

▫ (MR) The governor has asked to reduce the general fund budget by 10% across all the agencies. OA has been asked to take a look at how much the cut would be and how that cut would affect our programs. OA will submit our analysis to the governor's office and he will have to decide what budget cuts he makes.

At this point, we don't know what to anticipate, but it is always on our minds. It could affect many programs. OA's budget has a significant amount of general fund dollars.

Bamby Salcedo (Los Angeles County) – Is it in your plan to get extra resources for a development department?

▫ (MR) I've been thinking of leveraging. We have a lot of data but not enough people power to derive specific information from our data. I'm looking toward partnerships with research agencies. We need to get our name on projects that are going on throughout the state.

Rosana Scolari (San Diego County) – The reality check of people power to implement ARIES has been challenging. Sometimes that 10% admin. cap is not enough to meet the data requirements.

▫ (MR) As a researcher, I am aware that more questions will be asked than can be utilized but we will continuously try to refine requirements

▫ (Susan Sabatier, Chief, Care Research and Evaluation Section, Office of AIDS) Please bring your admin concerns to OA so we can work with your county.

▫ (KF) Each element is attached to a constituent, so it is definitely difficult to minimize the data collection requirements.

Joe Acosta (Riverside County) – Thanks to Michelle for attending the National AIDS Conference held in Palm Springs. Regarding extended technical assistance, can you expand on your plans?

▫ (MR) My personality is to put things out there that I'm thinking without exploring the details. It is difficult for me to state timelines on four months into my position. A management retreat is being planned to address these topics.

Sabina Laveaga – How do you plan to address integration between LHJs and Indian Health?

▫ (MR) I cannot comment at this time. I will need more information.

Shoshanna Scholar (Clean Needles Now, Los Angeles County) – I have concerns about integrating IDU into the big picture.

▫ (MR) I will not eliminate the specialists – currently, IDU, African American, Latino, Perinatal, Transgender and Women.

But these specialists will find links in other departments to integrate. Specialists, currently housed in Prevention, will make connections with CARE staff, EIP staff, etc.

Bamby Salcedo – Can you elaborate on the research projects regarding young MSM and the US/Mexico border? And will they include transgenders?

▫ (JR) The study on youth is in coordination with five LHJs, OA staff, and community organizations. It will include MSM between the ages of 14 and 25 using narcotics and other stimulant drugs. The five LHJs didn't know where to find this population. We are trying to find where they are and what current services they are receiving. TGs are included.

The US/Mexico Border study will include 20 states in Mexico as well as the four border states mentioned earlier. We will share data, examine data and look at what needs to be addressed across the board.

Leroy Blea – Community Planning can seem uneven. Do your plans include helping these planning bodies address similar issues?

▫ (MR) Expectations are unclear for these groups. There has to be ongoing dialogue and liaisons between these groups.

Bart Aoki (California HIV/AIDS Research Project (CHRP)) – The role of Community Based Infrastructure. We need some leadership if we are going to continue.

▫ (MR) Strategic Restructure of services means that every agency currently providing services may not need to exist. OA may not have the decision power behind it but our decisions will impact and may lead to it. But the melding of these programs may be the way to go. OA should provide more leadership in the community planning process.

John Melichar (San Francisco, Dept. of Public Health) – In regards to handhelds and separating counseling and consent. The CIF (Counselor Information Form utilized in C&T) should be up to a client to fill out will OA consider this route?

▫ (KF) The form is a data collection tool, a guide for the counseling session, and a reimbursement tool. This form can be a training tool for new counselors, especially in counties that experience high turnover.

▫ (Chris Krawczyk, Chief, HIV Prevention, Research and Evaluation Section) Incorporating technology to relieve the data collection burden has always been on the list. Currently, OA is incorporating mechanisms to download data collected on these devices into our LEO system. We will continue to explore developing technology into our programs.

▫ (MR) Data collecting and counseling should be separated. I have asked for more scrutiny on the CIF form. I am currently working on melding these philosophies.

My ideal is to separate into two parts

1. data collection
2. counseling session

I am not convinced that this is the most useful data.

Rosana Scolari – Regarding the US/Mexico Epi profile, I want to acknowledge the leadership and wisdom of these issues. This is not one side or the other, but a region. What is the timeline on this project?

▫ (JR) The four states and Mexico will review in the next 6 to 8 weeks the first two chapters. Hopefully in the first quarter of 2008. The other chapters are held up due to lack of staff in other states. NASTAD and other states will help with analysis if data is provided.

Dorothy Kleffner (community member) – what do you see as the role of CHPG?

▫ (MR) I will address this issue more tomorrow. My impression and concern is, how much preparatory work do we do at the OA level before it is brought to CHPG for input and response? But we want to balance with a more organic approach where CHPG brings the problems to the attention of the OA. I want to utilize the expertise in the most efficient manner.

Ricki Rosales (City of Los Angeles) – How do you envision incorporating agencies not associated with local health departments?

▫ (MR) I will continue to meet with CBOs as well as with local health departments to get as much exposure as possible. I am working aggressively with CCLAD to express their needs to OA. I am always trying to think of ways to incorporate OA in activities.

Denice Williams (San Diego County) – Have you had an opportunity to visit San Diego?

▫ (MR) I went to the center where many service providers were represented. And I will be attending a planning council meeting in January.

Steven Tierney (San Francisco AIDS Foundation) – Can a position be developed to take a look at all the maximum funding opportunities available in the state?

▫ (MR) I will have to think about that.

Ricki Rosales nominated
Sharla Smith nominated

12:00 p.m. – 1:00 p.m. Lunch

1:00 p.m. – 2:15 p.m. Women and HIV in California

Valorie Eckert, MPH
Office of AIDS

Introduction of Valerie by the Women's Task Force Co-chair, Dorothy Kleffner
Please refer to handout of presentation.

Comments:

- The way we think about risk behavior and time frames is not working for women. OA should concentrate on exploring what are the right questions to ask women. We are failing women by not developing interventions in time frames that work for women
 - There needs to be a new paradigm on how we talk about women
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2:15 p.m. – 4:45 p.m. Task Force Breakouts

Members

4:45 p.m. – 5:00 p.m. Roll Call in Task Force

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California HIV/AIDS Planning Group

Thursday, November 15, 2007

8:30 a.m. – 5:00 p.m.

Location: Sacramento, California

8:35 a.m. – 8:45 a.m.

Call to Order

Agenda Review

Freddie Williams, *Co-Chair*

8:45 a.m. – 9:05 a.m.

**Co-Chair Elect Nominees Speeches
Co-Chair Elect Voting**

Sharla Smith – Representative from the California Department of Education

Ricki Rosales – The City of Los Angeles, AIDS Office

9:05 a.m. – 9:15 a.m.

Consumer Story

Ava Gardner,
Sacramento

9:15 a.m. – 12:00 p.m.

Task Force Breakouts

Members

12:00 p.m. – 1:00 p.m.

Lunch

Co-Chair Election Results Announced

Congratulations – Ricki Rosales

Acknowledgment of outgoing chair, *Frank Strona*

Freddie Williams

1:00 p.m. – 2:30 p.m.

Task Forces Report to Membership

General Session
Members

Membership Committee Report back: (Ellen Swedberg)

Two teleconferences since the last CHPG meeting

August 21st

September 17th

CHPG application was modified

Currently on the CHPG website (final date to submit an application is December 5).

Reflects the changes in membership terms

Clarifies the commitment by members

Highlights parts of the application that are required for consideration

Membership also recommended changes to Organizational seats:

One member from CCLAD

CCLHO will be replaced by Mental Health representative

Brought to steering on October 4th

Member suggestion:

Membership should look in to adding a seat for either Corrections or the Department of Rehabilitation.

Gay/MSM Task Force Report back: (Tim Daniels, Chair, and Craig Hutchinson, co-chair)

CHPG approved recommendation (2006):

For designated LHJs to create an Action Plan to adequately address the HIV prevention needs of African American gay men/MSM.

Action Plan Goals:

For C&T: To increase testing for African American gay men/MSM

For Health Education and Risk Reduction: To provide effective HIV prevention services for African American gay men/MSM

Designated Tiers

Tier One: Alameda, Contra Costa, Long Beach, Los Angeles, Riverside, Sacramento (additional CDPH/OA action necessary), San Bernardino, San Diego, San Francisco, Solano

Tier Two: Berkeley (pending), Fresno, Kern (additional CDPH/OA action necessary), Orange, Pasadena (pending), San Joaquin, San Mateo, Santa Clara (additional CDPH/OA action necessary)

Action Plan Status

Received 13 of 18 plans

Task Force conducted a simple analysis of plans at a meeting in September 2007

Task Force will request that the LHJs amend their plans to include:

HIV C&T goals

Completion of an intervention template

Addressing Latino Gay Men/MSM

Activities from this meeting

Reviewed basic Latino gay men/MSM data

Received overview of the Latino Advisory Board

Future activities for Task Force in 2008

Look at Latino Advisory Board (LAB) report

Comprehensive presentation on Latino gay men/MSM data

Assess current research for Latino gay men/MSM

Expand the membership of the Task Force to include LAB members and other experts

Look at care and prevention issues

On-Going Task Force Activities

Monitor African American Gay Men/MSM Action Plans

Monitor the implementation of the Gay Men's training

Questions:

What is the intervention template?

A pilot was conducted at three community based organizations with the template. These CBOs submitted their feedback which was discussed in task force as a group. The Office of AIDS will be hiring an intervention specialist to survey what services are being offered to African Americans.

IDU/Substance Use Task Force Report back: (Steven Tierney and Shoshanna Scholar)

Framework for Injection Drug User Health and Wellness

The Framework is based on the following 8 key principles:

Drug users have a right to protect their own health and the health of those around them.

Drug users should have the means by which to protect their health, including access to sterile injection equipment sufficient to meet their needs.

All drug users should receive accurate, non-biased and non-judgmental information on illicit drugs and other substances, designing, delivering and evaluating effective services.

All drug users should receive the same level of care as any other individual accessing health care or social services.

Drug users should have access to drug and alcohol treatment on demand.

Providers should recognize the valid and valuable expertise that people who use drugs can give to

Health care and social service professionals should ensure that the provision of services to drug users is not contingent upon the individual's agreement to enter drug treatment, or abstain from drug use. Service providers must not withhold appropriate treatments or services from drug users.

Services should be provided in a manner that encourages engagement and retention in care.

Prioritized Recommendations

The Task Force developed three major recommendations for IDU Health and Wellness.

Promote and advocate for IDU health and wellness through the inclusion of harm reduction policy in services to IDUs funded by the Office of AIDS.

The first recommendation will be accomplished by:

Developing a California cross-agency task force to address the health and wellness needs of IDUs in California. The cross-agency task force will develop a working, evidence-based definition of harm reduction to provide guidance to funded agencies.

Developing and enhancing relationships with SEPs, AIDS Service Organizations (ASOs), drug treatment providers, law enforcement, mental health providers, pharmacists, medical personnel and others to help with the implementation of the IDU health and wellness campaigns.

Develop technical assistance and capacity building for local health jurisdictions, CBOs, and community HIV planning groups in the design, delivery, and evaluation of appropriate and effective HIV prevention and health services for IDUs in California.

The second recommendation will be accomplished by:

Developing a comprehensive IDU health curriculum based on the Framework for CDPH/OA-funded providers.

Implementing a comprehensive IDU health curriculum for CDPH/OA-funded providers.

Providing a comprehensive IDU health curriculum to community partner organizations to ensure the providers' competence working with drug users.

Offering technical assistance and capacity building to CDPH/OA-funded providers that request and/or require it to ensure competence while providing HIV and STD prevention, HIV health services, and health promotion for IDUs in California.

Disseminate the Framework to AIDS directors, HIV prevention directors, HIV care and treatment directors, SEP directors and HIV care and prevention community co-chairs in California's local health jurisdictions.

Include by reference this framework into State Office of AIDS contracts for services to IDUs.

Develop a procedure that incorporates compliance and oversight with this framework into the contract monitoring process.

Questions:

Is there an outreach component?

Yes

Who would make it operational?

If adopted, the Office of AIDS would make it operational

Will the task force be here next year?

Pending on the outcome of the vote

Motion passed by consensus.

As a task force, the members would like to recognize Alessandra Ross for the commitment of going above and beyond for the work this year.

Recommendation to Steering Committee:

A new task force – Substance Use/Harm Reduction Task Force for 2008 CHPG

IDU / Substance Use Task Force Work Plan

This IDU/SU task force has completed its work and with the adoption of the framework, there will exist an implementation plan which does not require a CHPG Task Force.

We are recommending to the Steering Committee that they create a Substance Use Task Force to take on the multiple challenges connected with substance use beyond injection drug use.

We recommend this Task Force take on the following four primary goals:

Develop a research agenda to address Substance Use related barriers to HIV prevention and AIDS care.
Develop strategies to remove those barriers and to enhance impact of OA resources in removing barriers.
Look at correlation of incarceration, substance use and HIV prevention and AIDS care.
Develop strategies to enhance collaboration between OA and DADP.

Prevention and Care Integration: (Sabina Laveaga)

Accomplishments:

- Integrated new members from RAC
- Developed and implemented survey to collect statewide data on existing integrated programs
- Adopted a prevention poster for clinical settings developed by OA Care Section

Recommendations:

1. Recommend that OA Care and Prevention programs share a common definition of PCRS and that data collection systems (ie. ARIES and LEO) collect the same variables.
2. Recommend that PCRS be available and reimbursable in all OA funded clinical and care settings.
3. Recommend that C&T be available and reimbursable for at risk partners of HIV positive individuals in care settings.
4. Recommend that OA expand access to the PCRS training for treatment and care providers.
5. Recommend that OA direct the CAC to develop educational materials that integrate care and prevention messages.
 - Recommend that OA allocate dollars to the CAC contract which will allow care providers access to CAC materials.

Motion passes by consensus.

Work plan for 2008

Goal: Integrate prevention messages/activities into care and clinical setting.

Objective 1: Identify obstacles that prevent risk reduction messages/activities from being integrated

- Staffing Roles
- Look at consumer and provider perspectives
- Have a panel come and share some perspectives on what works and what doesn't
- Funding

Objective 2: Identify opportunities to integrate prevention messages/activities into care and clinical settings

- Look at clinic flow and how we can integrate prevention into the flow
- Staff roles/linkages to prevention interventions, staff etc.

Objective 3: Identify the various types of case management activities and how they differ

- Care: Psychosocial CM, Medical CM, Transitional CM
- Prevention: CRCS

Women's Task Force: (Precious Jackson)

Activities 2007

- Reorganizing
 - New Members, New Leaders, New Vision
 - Extended use of CHPG web site
 - Out-of-meeting and extra meeting work
 - Reviewing
 - Expert Presentations about Women's Issues and HIV
 - Provided women-specific input to Client Assessment Questionnaire and Client Information Form.
 - Re-establishing Priorities
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- Extended discussions of issues, data and data needs
 - Focused priorities for 2008

Big Issues

- In summary, the WTF believes that current methodologies for identifying, testing, counseling and linking HIV+ women to care and treatment are not working adequately.
 - Too many women have “no identified risk,” and others’ identified risk factors do not reflect when they were likely infected.
 - There are huge, disproportionate impacts of HIV in women of color that we can’t adequately explain and are not adequately responding to.

Recommendations: Priority One

The WTF recommends and requests that the OA develop a plan to collect and analyze the necessary data to respond to the following questions:

- What regions, areas and/or zip codes demonstrate the highest numbers and rates of death among women who are HIV infected?
- What regions, areas and/or zip codes have the highest rates of newly diagnosed HIV infection among women?
- What regions, areas and/or zip codes have the highest HIV prevalence rates shown by the counseling /testing and registry data?
- What regions, areas and/or zip codes have the largest numbers of HIV+ MSM who report having sex with both men and women?
- What regions, areas and/or zip codes have the highest rates of HIV+ heterosexual men?
- What regions, areas and/or zip codes have the highest rates of HIV positive women giving birth?
- The WTF requests that the plan for development, analysis and reporting of this information to the Task Force be presented for comment, input and discussion no later than March 2008.
- The WTF requests a status update and any available data and analysis at its June 2008 meeting.
- Report the full findings of the study to the WTF by October 2008, to the extent possible.

Priority Two

The WTF recommends that the OA design and convene a consensus meeting, involving HIV specialists, related experts, HIV infected women and members of the WTF, to develop a new model. The model should identify the concepts, language, perceptions, cultural/ethnic issues and other factors (e.g., poverty and domestic violence) that influence the acquisition of HIV infection in women in California.

Motions Passed with consensus.

Work plan for 2008

1. Working with the plan, data and analysis of the information requested from the OA in Recommendation/Priority 1, the “Hot Spot Analysis” (March, June, and November).
 2. Receiving further information about the local variance allowance in the new Counseling and Testing model (March).
 3. Continuing discussion and analysis of issues around “no identified risk” reporting for HIV+ women, in conjunction with OA efforts (March and extra strategy meeting).
 4. Working with the OA to design and develop the consensus meeting described in recommendation/Priority 2 (March and extra meeting).
 5. Requesting information re: the purpose of each question on the CAQ and CIF forms to identify whether the purpose actually works to provide accurate and important information about women.
 6. Analyze ways in which these forms can be modified to better meet the needs of women. Issues to be addressed include, but are not limited to: the time frames that are relevant to assessment of risk behavior among women, identification of data that must be collected across all who test (men, women and children), whether there are alternate methods to collect data in order to better reflect the real risks of women for acquiring this infection (June).
 7. Develop recommendations relative to the identification, testing and linkage to service for women, including
-

development of counseling content keyed to cultural/ethnic values specific to women (November 2009).

Technical assistance and ongoing support for these efforts will be required from the OA.

The women's task force would like to thank the Office of AIDS for all its support and Sue Strong for her facilitation and help.

Transgender Working Group: (Bamby Salcedo)

Accomplishments

- Discussed TG specific language in CTR curriculum
 - No specific LGBT section
 - No specific language around identity
- Met with the TG Center of Excellence in SF
 - Collaborate on completion of framework
- Transgender Survey
 - TG Center of Excellence committed to putting together online survey
- TG Framework
 - Layout:
 - Intro/Purpose
 - Data
 - Strengths
 - Barriers/Challenges
 - Rights and Responsibilities
 - Recommendations
 - Other Resources
 - References

Recommendations

- Ensure that the curriculum for HCT counselors in California include training on accurately collecting gender information in CTR programs.
- OA to initiate conversations with other state entities to strategize on more efficient data collection specific to TGs.
 - Eg. STD Branch, Drug & Alcohol, Mental Health, etc.

Motion passed by consensus.

Work plan for 2008

- Continue the development of the Statewide Transgender Framework.
- Work with the TG Center of Excellence to review and enhance the framework and compile the findings from the TG survey.
- Present the framework to the steering committee of the CHPG for review and approval.

Comments:

Member Joe Acosta would like to thank Bamby for providing a strong voice for the transgender community.

Announcements

The application for CHPG 2008 is available on the website, www.cahivplanninggroup.org
Please do your part to recruit new members.

2:30 p.m.

Adjourn

Members
