

California Planning Group

Sacramento, Sheraton Hotel

June Meeting Summary

Day One: Wed, June 16, 2010

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| 9:00 a | Welcome and Agenda Review | Ayanna Kiburi, CPG OA Co-Chair Brian Lew, CPG OA Co-Chair |
| 9:10 a | Review April Notes Review Questions and Answers Document | Jeff Byers, Office of AIDS |

Announcement: Peter DeMartino has resigned from CPG. The vacancy will not be filled at this point because CPG membership remains above the minimum of 15 members (this minimum was established during the restructure process).. If additional vacancies arise, they may be filled at the end of the year. To be further discussed.

Will OA consider hosting CPG meetings in areas in the state other than Sacramento, in the spirit of attracting public comment? Because of reduced funding, and the opportunity for Office of AIDS (OA) staff to attend CPG as needed, it has been decided to host the meetings in Sacramento. OA staff will, with CPG input develop additional vehicles for the public to comment during CPG meetings.

Is there going to be a relationship between CPG and Advisory Network? Yes. Any feedback requests that OA receives through the advisory network will be presented in a periodic report that will be fed back to CPG and Advisory Network for comment.

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| 9:30 a | Update from the Office of AIDS, Department of Public Health OA Division | Michelle Roland, MD, Division Chief, Office of AIDS Brian, Ayanna |
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Health Care Reform –

- Funding opportunity announcements will be available soon. There will be a 21 day turnaround time. The minute guidance comes out, sequester and write ASAP.
- The second piece is the high risk insurance component of the legislation which will be enacted in the next few weeks. CA applied to administer its own high risk insurance pool. The main component that would change is the legislation limits premiums to market value rates which may not currently be affordable.
- The major impacts will happen in 2012-13, and the details of how they will unfold are yet to be seen.

California Conference of Local AIDS Directors (CCLAD)

- OA's main customers
- Tamarra Jones is the chair elect of CCLAD

Department of Corrections and Rehabilitation – Transitional Case Management Program

- The intent of this program is to link released inmates who are HIV+ into Care within 90 days.
- OA is working with them on capacity building, and encouraging Local Health Jurisdictions (LHJs) to make connections to provide this type of assistance.
- To date, this has been a positive partnership.

Department of Alcohol and Drug Programs (ADP)

- SAHMSA set aside funding specifically for HIV testing and providing care for people in treatment.
- OA has a small group of staff working with ADP to develop a pilot for counseling and testing and care. Staff is providing training and technical assistance to ADP to begin entering data into OA's data collection system, LEO.
- The beginning stage of this collaboration is focused on testing, but OA is also interested in the Care component.

CDC Expanded Testing Grant

- This year the focus of this grant is on African Americans, Latinos, IDUs, and MSMs..
- The awards have yet to be announced but California should receive between 2.5 – 3.5 million.
- OA is currently developing a Request for Applications (RFA). LHJs, Community Based Organizations (CBOs), medical facilities, or partnerships within 18 identified LHJs will be eligible to apply. This includes the 15 LHJs currently receiving Prevention Funding from OA (LA and SF are excluded because they are eligible for funding under this FOA as well), plus three LHJs receiving Minority AIDS Initiative (MAI) funding.
- OA will be seeking community input on the development of the RFA.

Health Disparities Framework

- OA has finalized the Health Disparities Framework.
- The framework outlines information OA needs to define the impact on a specific population. Population profiles are developed and then a population action plan developed. This information will be included in the Epi profile.
- Another component of the framework is in regards to leveraging resources and information dissemination. A focus on identifying funding, training etc., to help make sure that people have access to these resources.

TLC+ Think Tank

- Obstacle: Can we utilize surveillance data to identify those who have never followed up with treatment or have fallen out of care? (Not possible right now)
- In our financial climate, this is not something we can sustain at a statewide level.

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| 10:00 a | SharePoint Demonstration | Calvin Lee, Office of AIDS |
| | OA Sharepoint Contact: Jen Rohde | Jennifer.Rohde@cdph.ca.gov |
| 10:30 a | Break | |
| 10:45 a | Create a Roadmap to an integrated plan – Activity | |
| | Jeff Goodman, Community Co-Chair | |

Why create an integrated plan?

The plans have always been separated because of the different funding streams. The separation has caused problems since on many levels prevention and care programs are and should be linked. The EPI data is reflective of the populations that both prevention and care are trying to reach. And with the current lack of resources, it gives us an opportunity to spend our resources more effectively.

An integrated plan could also bridge the gaps that exist within OA, by creating a framework for internally connecting the Prevention and Care Branches.

The national strategy is also moving towards integration. For example, for the first time Ryan White has a testing component.

Jeff Goodman's presentation – *handout*

LA Commission website has larger versions of slides for Jeff's PowerPoint presentation.

Who are the stakeholders for a state vs. local plan, and are there differences?

- Primary stakeholders are Michelle Roland, management team and staff. They have to make the decisions and implement them wisely.
- Department of Public Health
- Health and Human Services Agency
- The Governor

12:00 p **Lunch**

1:00 p **Roadmap Activity Discussion +Homework** **Valerie Rose, Community Co-Chair**

Valerie's presentation - *handout*

Highlights from the Comprehensive Plan

- The factors that influence (SF)
- Questions (SF)
- Simplicity (SD)
- Drivers/Super co-factors (SF)
 - Driven by data
- Explicit in description of criteria (SF)
- Reasoning for integrating Care and Prevention (HI)
- Weighted formula used for theoretical frameworks (LA)
- Flow to common subcategories (WI)

What was missing from the Comprehensive Plans?

Cofactors-Contextual factors

- Diversity in the state of CA
- Painting a picture of the state
 - Similarities and differences in geography
- Qualitative data
- No depth to the meaning of the planning group process (Connecticut)
- San Francisco's plan is different in that it has a concentrated in the epidemic
- Many plans did not do a good job in setting goals and objectives
- Unclear on what their population is (Wisconsin)
 - Priorities need to match funding
- Use more data from summative evaluation (LA)
- Outcome and evaluation

1:30 p **Workgroups Discussion** **Members**

3:00 p **Break Out Report Back** **Members**

Breakout: Outline the Essential Elements of the CPG Care & Prevention Plan:

- ✓ Every group thought there should be some sort of introduction within the context of health disparities.
- ✓ One group talked about a background section. i.e. history of the epidemic in CA, pieces of leg. That guide and direct our work.
- ✓ Coordinated needs assessments and community assessments on the Care and Prev. side.
- ✓ Looking at the provider and consumer perspective.
- ✓ Looking at where systems intersect in terms of that needs assessment
- ✓ Priority populations preventions and services keeping in the mindset of priorities based on self set criteria.
- ✓ Who are populations affected?
- ✓ Goals and objectives for the clients and for the interventions we will be describing
- ✓ Activities, how do we get there, outreach, how we collaborate and leverage other resources w/the office of aids.
- ✓ Monitoring and evaluation. Qualitative, quantitative and surveillance
- ✓ Challenges and opportunities that we face as well as ops that we face with resources.
- ✓ Next steps. What now? Timeline for next steps.
- ✓ Policy and regulation chapter,
- ✓ Media and public resource chapter
- ✓ How are we addressing the needs of California?
- ✓ Ways to incorporate strategic framework as either an overlay, or if this is a plan or model that flows from that.

3:30 p

Community Planning/Advising/Public Information/Communication

Brian and Ayanna

NPIN and Service Referral Line

OA is bringing the HIV hotline in-house. This hotline, which was both a hotline and a website, was a 24 hour line run by the San Francisco AIDS Foundation. The line will now be and business hours (8 to 5) line with two OA staff. Any calls received after hours will automatically be transferred to the National hotline. The website portion will be hosted by NPIN, which is the national site, where California will have it's own mini –site. The new service referral line will be run under both prevention and care. For the sake of management the call lines will be staffed within the prevention unit.

California AIDS Clearinghouse

For many years, LA Gay and Lesbian Center provided educational materials and condoms upon request. This service has been brought in-house. Agencies can order these materials directly from the Office of AIDS by submitting an order to: CACOrders@cdph.ca.gov

The Resource Identification, Dissemination and Linkage (RIDL)

The RIDL Task Force identifies and disseminates non-OA resources to support LHJs, CBOs, clinical providers, researchers and consumers. RIDL identifies prevention, testing and care service funding opportunities, relevant research funding opportunities, and training, technical assistance, capacity building and community education resources. RIDL also disseminates information about research studies that are recruiting participants and connects operational researchers and providers who may be interested in working together.

Dissemination includes updates to the OA website and marketing of this web resource to stakeholders. Current email dissemination relies on contact lists initially created to provide budget information and will be refined to provide a targeted, email alert system as part of the upcoming "Advisory Network."

Focus areas include:
Funding Resources; Training, Technical Assistance and Capacity Building Resources;
Enrolling Research Studies; and Connecting Providers with Operational Researchers

4:30 p **Roll Call/ Announcements/ Adjourn**

Day Two: Thurs., June 17, 2010

9:00 a **Welcome and
Agenda Review
Review of Key Points from Day 1** **Ayanna, Brian
Jeff B.**

9:15 a **Activity: “Communicating Across
Cultures”** **Amy Kile-Puente, Office of AIDS**

Key elements from communication style groups:

Pay attention to everyone
Good communication
Inclusivity
Respectful of silence, do not misinterpret as agreement or “checked out”
Using small groups
Use of written exercises
Humor
Respect for one another
Engagement
Taking time outs, lulls in order to process and move forward

10:15 a **Break**

10:30 a **Data Parking Lot Issues** **Valorie Eckert, Office of AIDS
Susan Sabatier, Office of AIDS**

Valorie will provide a glossary up on SharePoint, or a brief description of each dataset, and the limitations go with each.

If CPG determine that there is data that would inform the process which is not already available, how will OA get that data research compiled or generated?

- First OA will determine if that information is available any where else.
- Consider alternate sets of data, etc.
- OA will not set up a specific study, but they can look for other studies that have been done CPG members should also be prepared to ask San Francisco and LA’s Epi people since other studies are going on throughout the state for CDC.
- OA is willing to break down information from current data that we have to support CPG.

Action item: CPG should have a process for the best way to get information needed, whether through SharePoint, a direct contact at OA, or when CPG meets.

12:00 p **Lunch**

1:00 p **Group/Committee Work**

Governance Work Group

Jeff Goodman
Brian Lew
Cheryl Barrit
Bob Lewis
Alex Washington
James Nicacio
Daniela Torres
Faith Bolton-Davis
Erica Armstrong

Plan Architecture Group

Tim Vincent
Michelle Roland
Scott Singer
Carolyn Lieber
Tom Lambert
Valerie Rose
John Melichar
Tamarra Jones
Shelley Facente
Ayanna Kiburi
Brian Lew

2: 30 p

Break

2:45 p

Integrated Plan Timeline Discussion/ CPG Calendar/ Next Steps Brian, Ayanna, Jeff G, Valerie

Tentative Timeline

Next meeting – September
Two products: Governance and Architecture Groups

Meet in December (15 and 16)
Work groups preliminary presentations

Meet in February (2011)
Complete drafts/ideas/recommendations

Meet in May
Write/revise/review

Final product to OA by October 2011

4:00 p

Roll Call/ Adjourn

Next Meeting: Wednesday and Thursday, September 1 and 2, 2010 in Sacramento.