# CALIFORNIA PLANNING GROUP (CPG)
# OCTOBER MEETING NOTES

**CPG MEMBERS PARTICIPATING:** Jena Adams (Community Co-Chair), Joseph Burke, Angel Bynes, Holvis Delgadillo, Susan Farrington, Matt Geltmaker, Liz Hall (State Co-Chair), Dennis Hendrix, Carolyn Kuali'i, Amanda Mihalko, John Paquette, Juan Rivera, Jen Rohde-Budz (State Co-Chair), Colette Schabram, Tony Sillemon, Fred Smith, Deb Suderman, Clarmundo Sullivan, Tony Viramontes, and Michael Weiss (Community Co-Chair)

**INVITED GUESTS:** Mona Bernstein, Pacific AIDS Education & Training Center (PAETC)

**MEETING FACILITATOR:** Eileen Jacobowitz, M.P.A., Eileen Jacobowitz Consulting

**OFFICE OF AIDS (OA) STAFF:** Karen Mark, Juliana Grant, Ayanna Kiburi, Katrina Gonzales, Leslie Knight, Andrea Vazquez, Jenny Olson, Marjorie Katz, and Amy Kile-Puente

## CPG Meeting Goal

To present an update on CPG business and Office of AIDS (OA) activities and to gather CPG input on the statewide needs assessment.

## CPG Meeting Objectives

By the end of the meeting:

1. CPG members will conduct CPG business, including providing a Membership Committee update and voting on the revised Governance Document and new Community Co-Chairs, as well as sharing announcements and updates pertinent to CPG.

2. OA will provide an update on the State's progress in meeting the goals and objectives of the current *Integrated Plan*; and its Prevention, Care, AIDS Drug Assistance Program (ADAP), and Surveillance activities that are helping to achieve those goals and objectives.

3. OA will provide an update on its efforts to develop a statewide needs assessment and updated *Integrated Plan* for HIV surveillance, prevention, care, and treatment.

## DAY 1
## October 28, 2015

## Call to Order/Meeting Starters

- Jena Adams and Michael Weiss, Community Co-Chairs, welcomed the group and introduced the newest CPG members: Collette Schabram and Tony Viramontes.
- Housekeeping details, member packets, agenda, ground rules, meeting goals and objectives were reviewed.

## CPG Business

- Liz Hall shared that the membership application had been updated. The Membership Committee and Community Co-Chairs had reviewed and provided input on revised application prior to it being finalized.
- Michael Weiss gave a Membership Committee overview and discussed the work they will do to ensure membership remains at a healthy level and asked for volunteers for the committee.
- Jen Rohde-Budz presented the revised Governance Document.
  - Jen asked the membership for approval of the revised Governance Document using the Consensus Decision-Making process. The group approved the revised Governance Document.
- Co-Chair nominations: Michael Weiss, Jena Adams, Clarmundo Sullivan

## Office of AIDS Funding Allocation Overview

- Dr. Juliana Grant, Chief, OA Surveillance, Research & Evaluation (SRE) Branch, presented a summary of OA's allocations to local health jurisdictions (LHJs). Dr. Grant also discussed in more detail:
  - Surveillance provides $6.65M funding annually to LHJs from the State General fund.
- Ayanna Kiburi, Chief, OA HIV Care Branch, presented the HIV Care Program allocation formula.
  - RW Part B funding is allocated based on a formula provided by the Resource Allocation Committee of a previous CPG membership.
  - Questions from CPG members led to discussion about funding determined by place of diagnosis compared to residence, outreach to newly released inmates diagnosed with HIV, and Housing Opportunities for Persons with AIDS (HOPWA) restrictions
- Amy Kile-Puente, Chief, OA HIV Prevention Branch, presented the prevention allocation formula.
  - Formula will be reviewed in 2016.
  - Questions and suggestions were brought up by CPG members for the next Prevention formula review around: providing a minimum for small counties and to consider how PrEP is supported in the current formula.

## State Updates (HIV Care Branch)

Ayanna Kiburi, Chief, HIV Care Branch, provided updates and answered questions on the work being done in the HIV Care Branch, including the Ryan White Core Medical Services Waiver, Medi-Cal Waiver Program, Minority AIDS Initiative, Ryan White Housing Demonstration Project, Quality Management, as well as other administrative and programmatic activities (e.g., increased technical assistance, increased surveillance-based linkage to care, revised progress reporting, etc.).

- OA's application for a Ryan White Core Medical Services Waiver was not approved by the Health Resources and Services Administration (HRSA). OA will discuss further with HRSA.
- $1.5M of reallocated Ryan White Part B base funds will be used for a housing demonstration project to improve health outcomes for living with HIV, focusing on communities of color.

## Early Intervention Services (EIS) Panel

- Panel of presenters: Marjorie Katz, Ryan White Policy Specialist in the OA HIV Care Branch; Jenny Olson, Medical Testing Specialist in the OA HIV Prevention Branch; Stephanie Lawson, Principal Administrative Analyst for San Diego County Public Health; Lauren Brookshire, Assistant Medical Services Administrator for San Diego County Public Health; and Brenda Huerta, HIV Services manager for the San Ysidro Health Center (SYHC).

- Panelist presented on the collaboration between Prevention and Care to identify how Ryan White Part B funds could be used to expand routine testing in the SYHC, when prevention funds had ended. The clients targeted were not eligible for Medi-Cal or other payer sources.
- Several things contributed to the success of expanding routine testing. For example, they made it more difficult for providers when a patient opted out (e.g., more database clicks and patient survey), they provides nurses with scripts to educate patients about HIV testing, etc.
- Barriers occurred including: extra step required to allow for confidentiality, reporting issues, and lengthier process than anticipated setting up billing.
- The panel answered questions related to positivity rates, lab component, sharing of scripts, detention centers, documentation, and data availability.

## Public Comment

- Reg Harold brought up issues in San Diego County and that the board of supervisors doesn't allow needle exchange programs. He stated that San Diego County is sloppy and insensitive as far as race goes—San Diego County has Asian split into 3 categories, but considers white population the majority when they are actually a minority. Between black, Asian and Hispanic—they need to focus that down to accurate percentages. Also, they need to take into account economic status, change the categories, and eliminate referring to the white population as the majority.
- Liz Hall, CPG State Co-Chair, read an email question from Ronnie Miranda from Sacramento asking if there are going to be advisory committees for members of the public to be a part of?
    - Liz read OA's response to Mr. Miranda question that stated there was an application process for the public to participate in the CPG, nominated CPG members facilitate information to and from their local planning councils, and the CPG in-person meetings allow for public comment opportunities.

## State Updates (Prevention)

Amy Kile-Puente, Chief, Prevention Branch, provided updates and answered questions on the work being done in the HIV Prevention Branch, including: HIV Demo Projects, PrEP, Syringe Exchange, Partner Services, and Prevention workshops.

- 3 grantees were awarded funding (San Francisco, San Diego and Los Angeles LGBT Center) for innovative projects to increase screening, linkage to care, and retention in care. Includes a PrEP component and an HCV screening component.
- 27 syringe exchange programs were awarded materials to help support their efforts.
- 23 programs were approved to receive Hepatitis C Virus and HIV rapid test kits. OA will ensure these programs have properly trained staff and Clinical Laboratory Improvement Act waivers.
- OA received PS 15-1506 funding for PrEP implementation, which will fund a coordinator to oversee the policy piece of PrEP implementation and general health and wellness for gay, bisexual, and transgender persons.
- OA received $2 million in state general funds to fund a PrEP Navigator demonstration project.
    - Have established a contract with PAETC to develop a strategic plan around PrEP implementation and coordination.
- There will be $3 million of ongoing funding for a syringe exchange clearinghouse that is anticipated to begin in the spring of 2016.
- Partner Services is developing a training for clinical, medical, and testing staff to increase staff capacity and enhance the Partner Services usage rate.

- CPG was invited to attend two upcoming workshops and will receive emails with information.
  - Expanded Testing 2 Day Workshop in December in Santa Ana. "Routine Opt-Out Testing in Healthcare Settings: Implement, Expand and Sustain." Attendees will learn to develop effective, routine, sustainable Expanded Testing programs based on best practices and implementation of quality improvement strategies.
  - Prevention 2 Day Workshop early next year in Berkeley. "Merge Ahead: Steering HIV Prevention in the New Landscape." Will be an opportunity to provide input on how to move forward with HIV Prevention in CA.
- Mona gave an overview of the collaborative efforts between PAETC and OA collaboration for a PrEP strategy, funding at local sites for routine testing, the two Prevention workshops, and potentially a Care workshop.

## PrEP from a Local Perspective in a Rural County

- Michael Weiss from Humboldt County's Public Health gave a broad overview of the PrEP challenges and strategies to overcome the challenges in a smaller unfunded county which included: provide knowledge, disclosure concerns, and cost. They have used the UCSF rapid model for other HIV activities and will use if for PrEP. They created a quick PrEP guide to educate the public on available resources.
- Michael answered questions from CPG members and OA staff about linking clients to medical benefits, and barriers with reaching Native American populations and the outreach they are doing within that population.

## State Updates (SRE)

Dr. Grant, Chief, SRE Branch, gave an overview of the SRE Branch functions and provided updates and answered questions on the work being done in the SRE Branch, including: Data to Care, California Reportable Disease Information Exchange (CalREDIE), Electronic Lab Reporting (ELR), and Medical Monitoring Project (MMP).

- Surveillance data will be used to find people who are out of care and get them into care. Will also be able to identify those who have moved out of state or deceased.
- HIV surveillance data will be integrated into CalREDIE.
- ELR for HIV has begun in the state. ELR will take a huge burden off of local health department.
- MMP collects detailed behavioral and clinical information on a representative sample of people living with HIV (PLWH) in California. MMP plans to interview 200 PLWH by April 2016.

## State Updates (ADAP)

Dr. Karen Mark, Chief, OA, provided the ADAP Branch update on behalf of Niki Dhillon, Chief of the ADAP Branch, who was unable to attend. Dr. Mark provided an update on ADAP enrollment, expanded access to hepatitis C virus medication, expanded income eligibility criteria, state funding augmentations, insurance benefits management (IBM) and medical benefits management (MBM) Request for Proposal (RFP), Pharmacy Benefits Management RFP, plans for electronic system enhancements, and proposed federal 340B Drug Pricing draft guidance.

- Dr. Mark clarified that a single organization could bid and do both the IBM and MBM, and it is possible that organization could get one and not the other.

## Q&A with the Office of AIDS

CPG members had an opportunity to share concerns, ask questions, and give feedback to OA. Key points included:

- Dr. Mark wanted the attendees to know she spoke to Reg Harold, who spoke earlier during the public comment period, and wanted to share their conversation. There are two ways that syringe exchange programs can be authorization in California. The first is through local procedures (i.e. Board of Supervisors) and the second is through an application to CDPH for State authorization. She reiterated his concerns about nomenclature around race/ethnicity and agreed that it is a challenge.
- A question was asked about whether anything can be done to waive the tester requirements for syphilis rapid, finger stick tests, so that more staff can administer the tests?
  - Amy responded that although it is a Clinical Laboratory Improvement Amendments-(CLIA) waived test, non-medical personnel in California cannot by law administer any CLIA-waived test except for HIV Test Counselors who must be trained by an OA-approved curriculum. OA cannot advocate for a change to this law. The CDPH Sexually Transmitted Disease (STD) Control Branch may be interested in making that test available to medical personnel that would like to use it.
- A question was asked on whether OA is aware of or in talks with anyone about viral load testing being done in the doctor's offices.
  - Dr. Mark responded that she was not aware of any point-of-care viral load tests that have received FDA approval to date. The challenge Amy articulated is that unlicensed persons require longer training and have to be more knowledgeable. Meeting client needs is important, but consideration has to be given to not overwhelm the trainers.

**DAY 2**

**October 29, 2015**

## Call to Order/Welcome

Members were welcomed, provided a recap of the previous day, and provided updates regarding members who were unable to attend.

## Update on Progress Meeting Goals & Objectives of Current Integrated Plan

Dr. Grant, Chief, SRE Branch, gave an update on the State's progress in meeting the goals and objectives of the statewide Integrated Plan. There were questions and discussion around ethnic groups, health disparities, and linkage to care. Key points included:

- There was interest in data for different gender groups, ethnic groups other than African American and Hispanic, and subgroups such as youth and Hispanic women. Dr. Grant did not have the data on hand, but offered to send it to the CPG. She also suggested that in the future she provide an update on viral suppression for all subgroups and not just those identified in the specific goals.
- The State is limited in the data it has access to, for example, income, health insurance, and housing status. There is much better data collected on Ryan White clients, who happen to have the highest need in general. There needs to be a more detailed look Ryan White data to see what interventions and settings are working at getting people into care and stabilized. Locally, there may be more comprehensive data on what a client needs to become engaged in care.

- In the national strategy and at the federal level, access for women, partner violence, etc., are gaining attention. In the next Integrated Plan, there may be an opportunity to capture and reflect the need for this work.

## Update on Statewide Needs Assessment & Next Integrated Plan

Dr. Grant, Chief, SRE Branch, gave an update and answered questions on the Statewide Needs Assessment and Integrated Plan. Key points included:

- Three Part A Grantees will collaborate with OA on a joint Integrated Plan - Sacramento, Riverside/San Bernardino, and Santa Clara.
- Due to time constraints the Integrated Plan will be developed in parallel with the Needs Assessment. It was recommended by a CPG member that the State look at what Part A grantees have already done, which Dr. Grant thought was a great starting point.

## Group Activity

Dr. Grant presented the list of nine priority HIV services and four priority populations that will be assessed for the statewide needs assessment, which the CPG helped prioritize at the last CPG meeting. The members were broken up into five groups and assigned two priority areas and one population. They were asked to answer what they would like to know about first the services, and then if time permitted the populations. Each member wrote down the questions they would ask for each priority area and then reconvened as a group to identify the group's top three questions for each area. Each group then reported back to the larger group, which allowed for further discussion.

The top questions for each of the priority areas included:

- Expanded/routine opt-out HIV testing
    1. Who is doing it (e.g. all types of providers)?
    2. What is currently being done to promote and what needs to be done to promote?
    3. What are the attitudes of the public and providers?

- Housing for PLWH
    1. Are HIV-specific housing providers being tracked (by HUD)?
    2. How are providers locating homeless people?
    3. Are programs specifically targeting transitional youth or transgender persons?

- Linkage to care
    1. What are the barriers to linking clients within 30 days?
    2. What is needed to keep those initially linked to care, retained in care (specifically youth)?
    3. What services are essential for patient navigator programs?

- Case management
    1. What is the available system for linking PLWA with case management services in public/private?
    2. How are patients assessed? Are there gaps in current case management assessment tools?
    3. What are the characteristics of patients at the greatest risk?

- Mental health services
    1. Availability of integrated mental health services for PLWH/A.
    2. How are people assessed for mental health? How frequently?
    3. What is the status of trauma informed care as a model?

- Partner services
    1. Does location where PS is offered make a difference in acceptance? (clinic, home, etc.?)
    2. What percentage reveal partners names, and/or location info?
    3. How many identified partners have access to care?

- PrEP
    1. What is availability of PrEP (urban/rural)?
    2. How are providers/consumers learning about PrEP?
    3. Who pays?

- Retention/re-engagement in care (two groups came up with questions)
    1. Who is falling out of care?
    2. Who is successful in re-engaging?
    3. What could the provider/clinic do to assist in making your appointment?
    4. What makes a successful retention/re-engagement program?
    5. Who is currently doing it? Who should be doing it?
    6. Why do clients fall out of care and why do they come back?

- Substance use treatment
    1. Did the treatment program goals meet your goals?
    2. Does the treatment program capacity meet the needs of the population?
    3. How do we measure effectiveness?

There was not time to address the priority populations.

## Community Co-Chair Election

- Clarmundo declined his nomination.
- Each candidate was given a moment to speak.
- Results: Jena and Michael were re-elected as Community Co-Chairs

## CPG Member Announcements/Updates

- Jena shared information about the congenital syphilis situation in Fresno County. The main contributing factor is methamphetamine use. The trend is not going down at this time.
- Mona shared there is a PAETC job position posted on the University of California, San Francisco website.
- Susan shared that she attended the United States Conference on AIDS (USCA). At the conference, there was a focus on the Integrated Plan. There are expectations that California, New York, and Massachusetts will lead the way for the rest of the country. There was also a lot of discussion/information around the deep south, housing, trauma-informed care, and transgender populations.
- Joe discussed the work that has been done and still needs to be done to merge San Diego's planning groups. They hope to merge by the end of December, but will most likely be in March.

## Next Steps

- Liz and Jen presented the 2016 Work Plan.
- Next meeting tentatively planned for April 2016 in Sacramento. May add a day to the meeting to allow for a full public meeting to get input on the Integrated Plan.
- Information will be sent to members about the Prevention Workshops.
- Meeting notes and PowerPoint slides will be posted online.

## Closing

Members and OA staff had an opportunity to reflect on what they will take away from the meeting, which included:

- Using funding creatively allows for more collaboration.
- The idea of bringing together sexual health providers to get more people to the table because there is so much overlap.
- PrEP presentation, especially the counseling piece.
- Cohesiveness, collaboration, and commitment of group.
- Opportunity to engage and make connections with the group, in and outside the meeting.
- The work currently being done between counties and the correctional system. The additional work that needs to be done to better link with the correctional system for those recently released who are HIV-positive. There is a need for more data.
- OA is getting better from getting input. Huge benefit to transparency.
- Meeting helps to realign focus on the importance of daily HIV work.

## Meeting Adjournment