

**Office of AIDS (OA) California Planning Group (CPG):
HIV, STD, Hepatitis C & Harm Reduction**

Inspiring Voices: Strengthening Autonomy in Our Communities

**CPG Spring In-Person Meeting Notes
Hyatt Regency, Long Beach**

May 1 – 3, 2023

Decisions

- Community Co-Chair Nominations
 - Yara Tapia
 - Gabriella Leon
 - Danielle Campbell
- Members elected Yara Tapia as Community Co-Chair.

Committee Reports

- ***Youth Committee***
 - Youth Committee agreed on a task to create relatable messages to distribute to communities via video/social media. They can possibly engage with drag queens on that task.
 - They plan to do a needs assessment and use it to create programming that engages youth in a youth-centered, intergenerational way.
 - They explain that this is important because it includes marginalized groups and helps to recruit/retain youth as CPG members. They also want to provide mentorship to youth to prepare the next generation of youth leaders.
- ***Women's Committee***
 - Women's Committee is disappointed about PrEP for cis-gendered women. So they want to develop two PrEP-specific infographics focused on the provider and clients/patients that are education-focused and evidence-based. The infographics will highlight epidemiological trends, the top 5 regions/counties, HSS guidelines, and stigma. They want to have broader conversations about STDs with providers and clients.
 - They discussed the need for more women-centered advocacy in CPG spaces and the need to recruit women into CPG in a meaningful way so that they are not tokenized.
 - They discussed structures for how CPG members are recruited and retained.
- ***Aging Committee***

- Aging Committee agreed for Michael (Mikie) Lochner to be Committee Co-Chair alongside Thomas Knoble.
 - Infographic is awaiting review and approval by management before sending it out.
 - They discussed enrollment in Medicare. When you're eligible for Medicare and you wait too long to enroll, then you will get a penalty for the rest of your life. There are lots of issues around enrollment, and we need thorough training on enrollment process and what you need to do.
 - They discussed starting more conversations around ageism and the aging community and agreed that the aging committee would be the best experts. So Aging Committee wants to focus on this and normalize aging experiences, especially on HIV.
- **Meth Committee**
 - Discussed what their committee restructuring would look like. Framework has buckets to inform stakeholders (CPG members) and broadening the committee to have a focus on fentanyl and meth.
 - They want to hear from subject matter experts and get them to the larger table of CPG.
 - Robyn, Lorie, and Edd will take on the planning around restructuring and getting more subject matter experts into this group.

Suggestions/Recommendations from the Public

- Edd Cockrell (Former CPG member and former Community Co-Chair from Long Beach)
 - Strongly encourages CPG to advise/recommend to OA on what needs to be done around fentanyl and meth overdoses.
 - Also strongly encourages CPG to provide recommendations on workforce support to OA. Ed had a peer who couldn't get off of crystal meth but could've benefited from workforce development. They have seen community health workers/peer-to-peer navigation have great outcomes, but this work is not fully funded.
- Kevin Donnelly (Local Ryan White Planning Council – LA County)
 - Kevin described a challenge from HRSA and CDC to do system planning in status neutral environment. They explained that funding sources are siloed, which makes it difficult to talk about care and prevention at the same time. They would like CPG/OA to provide pointers, ideas, and ways to implement status neutral system.
 - Ryan White was instituted as safety net/payer of last resort. But they have difficulty in finding those payers of last resort. They encourage CPG to look at the Ryan White system and request the federal government to do an overhaul of it because we should be able to use Ryan White funding for prevention, ancillary services, etc. They would appreciate CPG/OA's help with this too.

- Everardo (represents a planning body)
 - Everardo oversees opioid overdose prevention and hopes to align with statewide integration plan and focus on harm reduction.
- Michelle Alessandra Rosario (US Department of Health and Human Services, Office of Surgeon General – Office of Infectious Disease and HIV/AIDS Policy)
 - Michelle is from the US Public Health Service Commissioned Corps that is part of the “Prevention through Active Community Engagement” (PACE) program. They work to support the Ending the Epidemic initiatives in various regions.
- Joe Burke (Executive Director, LGBT Alliance)
 - Joe advocates for Ending the Epidemic and Strategic Plan. Joe asks CPG to get their jurisdictions involved in it.
- Vivian Gallardo (HIV tester/counselor from Long Beach)
 - She identifies as a Latina, transgender, immigrant person.
 - Comment on sending emails ahead of time about the CPG meeting. Didn’t know that CPG existed.
 - Most nonprofits tend to send the same people over and over and don’t provide these opportunities to new people to come. So that could be a potential reason for less representation in these meetings.
 - Thought that presentation around PrEP was helpful but recognizes barriers (i.e. high workload but low pay for PrEP navigators, lack of insurance, referral process)

Discussion: Proposal on CPG In-Person Meeting Travel Scholarship for Community Members
Rafael Gonzalez has proposed for OA to provide travel scholarships for community members to attend the in-person CPG meetings. Rafael Gonzalez and Robyn Learned facilitated discussion to get feedback on this proposal, which is noted below.

- Members think that the proposal is a great idea because it would increase representation (especially from the local community) and provide opportunity for recruitment.
- Members discussed that the community does not know about CPG. It would be helpful to have a media campaign that tells people who we are, what we do, and how they can use their voice. This can go to service providers around the state. It can also help agencies understand how important it is to have a seat at this table and put money into meetings like this.
- Members discussed ideas for funding this scholarship.

- Lorie Violette suggested that each of the committees can have champions from their community of focus and write a grant on peer-led advocacy.
- Isabella Ventura had previously secured \$50k for trans community to attend a big summit. Many companies/foundations provide these kinds of funding opportunities. Isabella is happy to help write grant proposal.
- There was discussion on having organizations funded by General Funds (i.e. organizations funded through Project Cornerstone, Strategic Rapid ART, PrEP Nav, and Project Empowerment) to help send consumers/community members to CPG meetings. Any organizations that receive general funds have more flexibility.
- Dean Jackson's organization is going to be funded by PPIRI, which is through special funds. Dean works with large part of budget in his organization. So Dean can try to see if they can prioritize some funding for youth.
- Evelyn Alvarez asked if Ending the Epidemics funding can be used to fund CPG travel for community members too. Marisa Ramos, OA Division Chief, explained that Ending the Epidemics funding is more flexible. The 6 counties that get this funding are very privileged. This funding is most creative funding from government. So these folks can help out bring people out to these meetings. However, due to the PS18-1802 and Ending the Epidemics extension, many agencies that get these funding are anxious about this situation. It may be a bad time to approach them until we get notice for the new funding.
- Cesar Cadabes stated that we already have a mechanism that plans these meetings and brings our members to communities. Cesar suggested that instead of bringing 1 or 2 community members to the meeting via scholarship, maybe we should bring our meeting to where the community members are and areas that we don't usually go to (i.e. rural areas). OA can possibly look at locations and hotels that accept the State rate.
- Richard Benavidez sees this as a great opportunity for planning bodies to be part of recruitment process for CPG because they are already actively out there recruiting consumers. Gilead community liaison has lucrative budget, and the liaison creatively funded a significant amount to put on a big event. They used sub-recipients as a pass-through. And sub-recipients put that money together to fund World AIDS Day.
- Roger Al-Chaikh – There's pharmacies and then there's big pharma, which are different. It has to be reactive. So it's against their policy to go to community and offer opportunity. They need to be asked the question, and then they can react to it. So we have to advocate for ourselves as consumers.

- Carolyn Melenanin Kualii suggested to look for opportunities outside of state and county funding as there is private funding/people who want to support things like this. One of the things that happened in Carolyn's nonprofit was that younger entrepreneurs pulled funding together by having a group of friends donate a dollar each day. And then, they gave it out to people.
- Robyn suggested that each committee can think about how to get funding.

CPG Member Connection Takeaways

- No report back

Action Items

- CPG members requested digital copies of Leadership Academy materials and presentation slide decks to be sent via email.
- CPG members requested for more information/guidance about doxyPEP. OA to get that information from STD Control Branch and provide it to CPG members.
- Provide information on how to get on the listserv for OA Voice.
- Is OA going to have disaggregated data for AAPI as part of strategic plan? Get answer to question and provide response.
- Email website location to place suggestions around data; provide link to recent health disparities data.