

CALIFORNIA PLANNING GROUP (CPG)

MARCH MEETING NOTES

CPG MEMBERS PARTICIPATING: Jena Adams (Community Co-Chair), Joseph Burke, Angel Bynes, Francisco Cabas (Community Co-Chair), Holvis Delgadillo, Susan Farrington, Liz Hall (State Co-Chair), Dennis Hendrix, Carolyn Kualii, Jesse Lopez, Amanda Mihalko, John Paquette, Juan Rivera, Jen Rohde-Budz (State Co-Chair), Fred Smith, Deb Suderman, Clarmundo Sullivan, Karl Vidt, Channing-Celeste Wayne, and Michael Weiss

INVITED GUESTS

Mona Bernstein, Pacific AIDS Education & Training Center (PAETC)

MEETING FACILITATOR

Eileen Jacobowitz, M.P.A., EJC Consulting

OFFICE OF AIDS (OA) STAFF

Karen Mark, Brian Lew, Juliana Grant, Ayanna Kiburi, Niki Dhillon, Matthew Millspaugh, Alessandra Ross, Katrina Gonzales, Leslie Knight, Emily Phillips, Patricia Bittle, and Aileen Barandas

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 goals and objectives.

CPG Meeting Objectives

By the end of the meeting:

1. CPG members and OA staff will provide an update on CPG business including the Membership Committee, CPG questions and answers process, and SharePoint.
2. 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.
3. Members will provide input on goals and questions that will guide the statewide needs assessment.
4. OA will provide an update on the State's activities to meet the goals and objectives of the *Integrated Plan*, specifically OA-Health Insurance Premium Payment (HIPPP),

quality management, non-prescription syringe campaign, Pre-Exposure Prophylaxis (PrEP), prevention funding, and core medical services waiver application.

5. Members will have the opportunity to share announcements and updates pertinent to CPG business

Call to Order/Meeting Starters

- Jena Adams and Francisco Cabas, Community Co-Chairs, welcomed the group
- Leslie Knight went over housekeeping details and introduced the facilitator, Eileen Jacobowitz
- Eileen Jacobowitz went over member packets, agenda, ground rules, and meeting goals and objectives

CPG Business

- Francisco Cabas explained the Membership Committee purpose and mentioned some of the work they are doing to ensure membership remains at a healthy level. Jen Rohde-Budz introduced the Membership Committee
- Liz Hall explained the process on how CPG members can ask questions of OA. OA will provide responses on a quarterly basis. We will use SharePoint to post questions and responses in the future.
- Leslie Knight shared the benefits of SharePoint and how the CPG can utilize this tool. A webinar will be setup in April to introduce the site to the CPG members.

HRSA Core Medical Services Waiver

- Ayanna Kiburi, Chief of the HIV Care Branch, presented the Health Resources and Services Administration (HRSA) Core Medical Services Waiver (Waiver) application requirements, reasons that CDPH/OA is considering applying for a Waiver, and supportive data and answered CPG members' comments/questions.
 - The overall consensus was that the justification that is required in the Waiver application is complicated and somewhat confusing. Members suggested that OA gather community input and work to make the justification for the Waiver easier to understand to community members. Members suggested that OA vet the justification and Waiver application through the Part A planning councils, work directly with case managers, community advisory groups, and/or have a webinar explaining the process.
 - It was also suggested to consider the need to continue to provide health care services to populations ineligible to receive services through the Affordable Care Act. The suggestion was to keep this need in mind in the waiver application.

State Activities

- **Quality Management** - Aileen Barandas, Quality Management (QM) Nurse in the HIV Care Branch, presented on OA's QM program infrastructure. She described upcoming enhancements to ARIES that will allow QM reports on HRSA's revised performance measures, and several other QM projects.
 - Members commented that more QM work needs to be done to:
 - find consumers who have fallen out of care;
 - record accurate data;
 - work with prevention with positives; and
 - examine if legislation is necessary to allow information to be shared between Medi-Cal and OA.
 - *Currently OA and Medi-Cal have a contract that allows Medi-Cal to share beneficiary data with OA for Ryan White eligibility determination. OA and Medi-Cal can also share information to ensure a person has access to Covered California and Medi-Cal Expansion. Future information sharing needs may be accomplished through a contract with Medi-Cal.*
 - Next steps include developing comprehensive QM data reports and working with contractors to ensure that retention in care and viral suppression is prioritized for all clients.
- **OA Health Insurance Premium Payment Program Update** – Niki Dhillon, Chief of the AIDS Drug Assistance Program (ADAP) Branch, presented an overview of the OA-HIPP Program, including data trends, current outreach efforts, system enhancements, and future plans.
 - There was discussion regarding questions and concerns that members had about: ADAP costs; ADAP data on formulary drugs; the ADAP 6-month recertification letter and self-verification form (SVF); the length of time it takes to get an appointment with an ADAP enrollment worker and medications; the barriers enrollment sites face, especially new ones, and whether each county needs an intake person; gaps in share of costs for other coverage; and cost barriers to training eligibility workers. Responses provided by OA included:
 - ADAP expenditures are decreasing mainly due to clients transitioning to Medi-Cal Expansion.
 - OA developed a comparison chart that compares ADAP and Covered California formularies, which is available on the OA website.
 - Based on feedback from stakeholders, OA will update the SVF envelope and send a copy to enrollment workers to share with their clients.

- *Since the CPG meeting, OA has added language to the outside of the SVF envelope similar to the language on the annual re-enrollment notification postcard. A copy of the updated SVF envelope was sent to ADAP enrollment workers on June 4, 2015.*
 - ADAP is working on an electronic process for verifying client eligibility and moving away from a paper-based system.
 - When clients want to recertify but can't because of scheduling problems, their eligibility time should be extended through that appointment date. Client eligibility can be extended to the appointment date by the Enrollment Worker via submission of an Eligibility Exception Request form to Ramsell.
 - Counties should work with their local ADAP coordinators to create new sites within their local health jurisdiction.
 - Currently, OA-HIPP pays private insurance premiums. OA is working towards establishing a mechanism for paying outpatient medical out of pocket costs to encourage more clients to obtain and maintain private health coverage.
 - ADAP is looking into web-based training and other forms of training for ADAP enrollment workers.
- **Prevention Branch Funding Overview** – Matthew Millspaugh, Chief of the Prevention Program Section, presented an update on the Prevention Branch Funding Overview. The overview included a description of the HIV Demonstration Projects awarded to Los Angeles LGBT Center, San Francisco AIDS Foundation and San Diego County. The demonstration projects emphasize HIV/HCV testing, Linkage to Care/Navigation and have evaluation plans with a look at how the projects in part or in whole can be replicated. Populations emphasized include those at highest HIV risk in California including MSM and specifically MSM of color; some grantees also included incorporated plans to offer PrEP to high risk negatives.
 - Matthew was asked to explain house and ball communities - Community consists of individuals that participate in the drag world, primarily African-American and Latinos who do not have supportive families. They live in houses with a house mother that supports these individuals. These are more prominent in the east, but there is one house and ball in LA and one in SF.
 - A member asked if there was a way for CBOs to apply for test kits. Matthew mentioned OA would possibly be releasing a funding opportunity to for all LHJs to apply for HIV/HCV test kits. On September 3, 2015, OA's HIV Prevention Branch released a materials funding opportunity for HIV/HCV test kits and syringe exchange supplies. The funding opportunity is open to all LHJs in

California; LHJs can apply for either test kits, syringe supplies or both. Syringe supplies are only available to agencies currently approved to do syringe supply.

- **Nonprescription Syringe Sale in Pharmacies - Pharmacist Education Campaign –**
Alessandra Ross, Intravenous Drug Use Specialist in the HIV Prevention Branch, presented an overview of California law that allows pharmacists to sell an unlimited number of needles and syringes to adults, and allows adults to possess needles and syringes if obtained from an authorized source. The OA Prevention Branch is leading efforts to inform pharmacists about this change in law, and how pharmacists can play an important role in halting HIV transmission among people who inject drugs.
 - There was discussion about the law enforcement community and chain pharmacies. Key points included:
 - Law enforcement in different locales varies on how they respond to needle and syringe possession by injection drug users. Some require that individuals offer proof that their syringes came from an authorized source. Consumers should keep a receipt. San Francisco health department worked with their police chief, who issued a bulletin to officers in support of syringe access and alerting them to the fact that possession of syringes by adults is not an arrestable offense.
 - OA has not yet had success talking to chain pharmacy corporations and regional representatives about the campaign because they are leaving it up to their pharmacists to make a decision. OA will continue to work on this. Members made the following suggestions to OA:
 - Make one-on-one contact with pharmacists/techs and educate them
 - Contact all ADAP pharmacies or select the top 10 or 20 and focus on those to work with
 - Collaborate with other syringe-related programs (e.g., diabetes)
 - Help make disposal easier and inexpensive
- **Questions and Answers with OA** - Dr. Karen Mark continued the discussions about the access to syringes campaign and the prevention funding. CPG members had an opportunity to share concerns, ask questions, and give feedback to OA. Key points included:
 - CPG members were encouraged to reach out to pharmacies because it may be more effective when people at the local level speak with pharmacists. A personal connection can be made that can't be made with state staff.
 - There have been attempts to change state legislation on the restrictions on sex workers to be in possession of condoms and syringes, but they have been

unsuccessful. There is currently a bill aimed at addressing the problem. St. James Infirmary has a small grant to work on this issue.

- OA is working on a number of PrEP activities, including: collaboration with the Sexually Transmitted Disease (STD) Control Branch on a PrEP survey for Ryan White (RW) clinics; partnering with PAETC on educating clinicians; PrEP guidelines are being developed; and additionally, LHJs have put together local PrEP provider directories.
- Member suggestions/feedback:
 - o Funds should go toward educating HIV providers about PrEP.
 - o Training and capacity-building should be focused on non-HIV specialists prescribing PrEP.
 - o Training should be provided for primary care providers to become HIV providers and comfortable talking about sex.
 - o Funding needs to be directed toward reaching the younger, non-working patient population because currently contracts do not specify the populations that need to be reached and therefore funding is geared too much toward older individuals.
 - o There needs to be an open dialogue between OA and tribes regarding health care needs because enough funding is not going toward tribal communities.
- Resources and information discussed:
 - o There is a PrEP “warmline” available for physicians to call with questions about PrEP
 - o Project Inform has a new PrEP card so that clients can give information directly to physicians. Information is available on the Project Inform website.
 - o Working with RW clinics to create mentorships within clinics could be helpful in increasing the capacity of non-HIV specialist prescribing PrEP
 - o The work OA is doing with PAETC is creating more awareness and training opportunities for clinical providers
 - o The prevention demonstration projects are required, by law, to serve vulnerable and underserved individuals and populations, including African American men who have MSM, Latino MSM, and injection drug users (IDUs).

Public Comment

- Jen Rohde-Budz, CPG State Co-Chair, read one comment from Robert Lampkins, San Joaquin AIDS Foundation. His comments included questions on funding smaller

communities and how they need more assistance. He said they were twenty years behind in education on HIV. They are waiting on state to give money to smaller communities, but funding is still going towards San Francisco and Los Angeles. Need more equitable distribution of dollars. Number of cases continually increases in small communities.

- Dr. Mark, OA Division Chief, addressed Mr. Lampkins comment – The funding that OA receives is distributed through formulas. Care and prevention funding formulas are available on the OA website. The formulas are determined by the number of HIV cases. HRSA RW Part B funds are distributed through the State to Local Health Jurisdictions (LHJs). Federal prevention funding is based on the number of cases in each county. OA distributes prevention funds to the 19 LHJs that have the majority of the cases in the California Project Area (California excluding Los Angeles and San Francisco). San Francisco and Los Angeles get their HIV prevention funding directly from CDC.
- Deb Suderman, CPG member, brought up an issue in rural north where cases are not funded based on the county clients live in but the county of diagnosis. Feds and OA still use county of diagnosis. Ongoing discussions regarding this issue. Most consumers come to rural areas because it's cheaper to live, but the place of diagnosis is where they are funding.
 - Dr. Mark commented that it has been an ongoing issue that the CDC is looking into. One can argue that prevention funding should go to where the infection occurs, but the care funding should be calculated from the place of residence. The nationwide surveillance system isn't consistently able to track where people live after diagnosis, but efforts are being made to address this problem.
- Michael Weiss, CPG member, asked if someone from Humboldt tests positive in San Francisco, is the diagnosis reported in home county or San Francisco.
 - Dr. Mark responded that the county which gets to "count the case" for funding purposes is the county where the client lives at the time of diagnosis, not the county where the test was actually performed.

The Next Integrated Plan

- Dr. Juliana Grant, Chief of the Surveillance, Research, and Evaluation (SRE) Branch, discussed the HRSA, CDC, and Housing and Urban Development (HUD) requirements for identifying service needs and gaps through the statewide Integrated Plan. She also reviewed the OA goals and plan for updating the Integrated Plan.
 - There were questions, comments, and concerns from members on whether they should continue with their local health jurisdiction planning and how the state

and local plans will parallel or coordinate. Members also pointed out the importance of lab data. OA responses included:

- HIV Care Program (HCP) contractors are not required to complete a LHJ needs assessment and Service Delivery Plan in the current and next contract year. A Management Memo suspending this requirement was distributed to HCP contractors.
- OA Surveillance is sharing more lab data with local programs. SRE is doing analysis of the data and sharing what they are finding with programs. They are working on creating easy to use tools to share additional information.
- SRE is currently developing a continuum of care for each LHJ. They are trying to create an automated process so that in the future it can be done more quickly.
- California is far ahead of other states in regards to integrated planning. OA would like the statewide integrated plan to also be useful to LHJs.
- The combined guidance from HRSA and CDC that is expected to be released in spring 2015. It should clarify whether states can submit a statewide integrated plan in coordination with local jurisdictions.

Group Activity: What do you want to know?

- Dr. Grant presented a list of HIV services that OA had identified as priority areas to assess for the statewide needs assessment. She asked for members for input on the list and to provide additional services that they felt were important to assess. As a result, some of the items on the original list were modified, removed, or combined with others. The final list of 47 HIV services were posted around the room and CPG members were provided ten adhesive dots to vote for the services they felt were most important to assess. The top ten HIV services that members voted for were:
 1. PrEP
 2. Mental health
 3. Substance use/abuse
 4. Retention in care
 5. Housing
 6. Medical case management
 7. Cultural competence/sensitivity
 8. Comprehensive medical care
 9. Harm reduction for Injection Drug Users
 10. Transportation.

There was further discussion about the exercise and the services that were selected and not selected. The Ryan White program did not get any dots, but the consensus was that it is already being assessed and it encompasses multiple services.

- Dr. Grant presented a list of subpopulations that OA had identified as priority populations for the statewide needs assessment. She then followed the same procedure that she used for the HIV services exercise, but instead members had five adhesive dots to vote with. The top five (out of 35) subpopulations that members voted for were:
 1. Incarcerated and recently released
 2. MSM of color
 3. Transgender
 4. Younger MSM
 5. Substance users

There was further discussion about the exercise and the services that were selected and not selected. Some subpopulations did not receive many dots, but the consensus was that there is already sufficient data on them.

CPG member announcement/updates

- Carolyn Kualii shared information about National Native HIV/AIDS Awareness Day and distributed a handout to help promote awareness.
- Amanda Mihalko shared a positive experience her health department had in working with the California Rural Legal assistance (CLRA) to help get a client into care. She recommended CLRA as a resource for rural counties.
- Channing-Celeste Wayne shared that the San Francisco Eligible Metropolitan Area has finally started integrated its care and prevention planning groups and it will be completed in early 2016. She will be attending AIDSWatch in April and is also working on finding a legislative sponsor for an HIV decriminalization bill next session.
- Mona Bernstein shared that the AETC competitive application was just submitted. It is for four years of funding. There was a loss of funding in this region and more money was moved to other parts of the country, especially the South East. Mona also briefly discussed an article that Liz had distributed on her behalf that looked at what it takes to reduce HIV incidence, with “case studies” from four jurisdictions. She encouraged the group to look at the article and see if there are things we can implement as a state.
- Dennis Hendrix shared that he will present to the Board of Supervisors in April on the state of AIDS in Kern County. They will discuss prevention strategies, reiterate success of the bridge program, and work on changing attitudes.

- Bob Reed, member of the public, wanted to remind the CPG that it's important to keep a close eye on individuals that transition out of RW and into Covered California or private insurance so they aren't lost in the system.

Next steps

- Jena and Francisco distributed and briefly went over the 2014/2015 CPG Accomplishments
- Jen distributed and briefly went over the 2015/2016 CPG Work Plan

Meeting Adjournment

