
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY
Thursday, February 3, 2005
1:30 PM - 5:00 PM

St. Anne's Maternity Home - Foundation Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90026

MEMBERS PRESENT

Jeff Bailey	Mario Pérez
Vanessa Talamantes	Diane Brown
Richard Browne	Gordon Bunch
Manuel Cortez	David Giugni*
Jeffrey King	Elizabeth Mendia
Veronica Morales	Ricki Rosales
Rose Veniegas	Kathy Watt
Freddie Williams*	Richard Zaldivar*

ABSENT

Chi-Wai Au
Sergio Aviña
Jose Roberto Barahona

* Denotes present at one (1) of the roll calls

OAPP STAFF PRESENT

Juli-Ann Carlos	Monique Collins	Jay Gabor	Michael Green
Dr. Jan King	Felicia Lacy	John Mesta	Jane Rohde
Marcha Stevenson	Cheryl Williams		

I. ROLL CALL

Roll call was taken at 1:47 PM.

II. COLLOQUIA PRESENTATION

The February, 2005 Colloquia Presentation titled Technical Assistance on Evidence-Based Interventions: Behavioral Social Science Volunteer Program was presented by Dr. Rose Veniegas. A copy of the presentation is on file.

The goal of the presentation by the Behavioral and Social Science Volunteer (BSSV) program, which is part of the American Psychological Association, is to address and identify the need in Los Angeles County for technical assistance on HIV interventions, e.g. those interventions labeled as evidence based interventions or the recommended interventions the HIV Prevention Planning Committee (PPC) has listed in the upcoming HIV Prevention Plan.

The role of the BSSV is to help agencies examine their capacity to implement interventions and to provide technical assistance (TA) for adaptation/implementation of those interventions. The Los Angeles County, Department of Health Services, Office of AIDS Programs and Policy (OAPP) has recently funded forty-five plus agencies to implement programs as broad as Prevention Case Management, HIV Counseling and Testing, Health Education/Risk Reduction, and a host of other programs. Among the programs that have been funded in Los Angeles County are nine programs known as evidence based interventions. These are interventions that have been recommended by the Centers for Disease Control and Prevention (CDC) and they are known as the DEBI (Diffusion of Effective Behavioral Interventions) interventions. This is the reason agencies and community based organizations are hearing so much about DEBI in Los Angeles County, and like many other health jurisdictions in the United States, has adopted this model called evidence based interventions. The CDC has recommended a list of about two dozen or so interventions for implementation in CBOs, STD

settings, health clinic settings, etc. The CDC posts these interventions on a website called effectiveinterventions.org. In the upcoming HIV Prevention Plan, OAPP has taken a broad understanding of what constitutes an evidence based intervention and that includes programs that have been evaluated and shown to be effective here in Los Angeles, programs for which we have sound practice wisdom regarding the effectiveness of these programs, and programs that might be replicating or doing one of the DEBI interventions but in a local context.

Under the CDC Program Announcement titled Interventions in Community Based Settings, the CDC funded several different technical assistance providers for the agencies that receive direct CDC funding. If an agency receives direct CDC funding for one of the DEBI interventions, the primary technical assistance agencies are: AIDS Project Los Angeles, Asian Pacific Islander Wellness Center, ETR Associates and National Native American AIDS Prevention Center.

If your agency does not receive direct CDC funding, how do you get technical assistance? Contact BSSV. BSSV is also funded by the CDC so BSSV volunteers must complete an examination process and must complete a certification process with the CDC that the technical assistance they are providing is appropriate and consistent with what CDC believes should be provided. BSSV is one of the technical assistance partners funded to work with community planning groups (like the PPC), with CBOs that do not receive direct CDC funding, and with other health jurisdiction stakeholders. BSSV links local behavioral scientist with HIV planning and prevention efforts in their communities and these scientists volunteer their skills and experience.

The BSSV has its own website. The address is: <http://www.apa.org/pi/aids/bssv.html>. There are some sample program evaluation tools on the BSSV website, as well as links to other CDC documents that might be of interest.

If you or your agency is interested in asking for technical assistance, please contact BSSV at bssv@apa.org or (202) 218-3993. BSSV has a protocol they follow to track the technical assistance and BSSV staff will work with you.

Requesting Technical Assistance for BSSV

- BSSV Program staff hosts conference calls between your agency and local BSSV
- BSSV Program staff clarifies scope of work and timeline expectations
- Memorandum of Agreement is distributed to the BSSV and your agency
- BSSV Program staff sends an evaluation form to both parties when technical assistance is completed.

BSSV provides the following types of technical assistance to Community Based Organizations (CBOs)

1. Using Theory
2. Defining Goals and Objectives
3. Adopting and Adapting Proven Interventions
4. Evaluation
5. Writing Grant proposals
6. Needs Assessments
7. Presentations/Trainings
8. Strengthening Interventions

BSSV offers the following technical assistance to Community Planning Groups (CPGs)

1. Using Theory
2. Defining Goals and Objectives
3. Needs Assessments
4. Evaluation
5. Identification of a local behavioral scientist to sit on CPG
6. Prioritize Populations
7. Identifying Effective Interventions
8. Presentation/Trainings

QUESTION: (John Mesta) If we identify a training that we would like to coordinate locally (example: Mpowerment intervention), is that something that could be coordinated through BSSV?

ANSWER: (Rose Veneigas) Yes, BSSV would be able to coordinate some type of training around Mpowerment. I am not personally trained as a trainer for that intervention; however, I can provide some technical assistance around the intervention.

III. REVIEW/APPROVAL OF MEETING AGENDA

The draft meeting agenda for February 3, 2005 was reviewed and approved by consensus.

IV. REVIEW/APPROVAL OF JANUARY 6, 2005 MEETING SUMMARY

The draft-meeting summary for January 6, 2005 was reviewed and approved by consensus with the following correction: page 15 – 5th paragraph – 2nd to last sentence in paragraph should end with “Public Health through the end of last year 12/31/03”.

V. PUBLIC COMMENT

- Tracy L. Jordan, County of Los Angeles Sheriff’s Department, announced the Sheriff’s Department 30 second Public Service Announcement (PSA) on the Jail HIV/AIDS Services. This PSA can be seen on Adelphia Media Services through February 13, 2005 from 4:00 pm to Midnight.
- Barbara Crofford, King/Drew Medical Center – OASIS Clinic, announced a Safer Sex Presentation titled “Prepare to Love Your Valentine” scheduled for next Friday at King/Drew Medical Center – OASIS Clinic.

VI. HIV INCIDENCE PROJECT

Qiana Butler, HIV Epidemiology Program, provided a power point presentation on the Los Angeles County HIV Incidence Surveillance Project. A copy of the presentation is on file.

The HIV/AIDS Surveillance is the systematic collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with HIV/AIDS. The HIV Epidemiology Program conducts HIV/AIDS Surveillance throughout Los Angeles County.

Prior to the current diagnostic methods used to determine HIV/AIDS, cases were tracked through death and opportunistic infections. Currently, cases are tracked through a first positive diagnosis through a confidential test. AIDS data is no longer representative of populations affected by the HIV epidemic. For HIV data the window into the HIV epidemic is at an earlier stage of the disease. NOTE: National HIV surveillance is limited to monitoring existing cases NOT new cases.

The overall goal is to create a National HIV Incidence Surveillance System throughout the country, so that new infections can be tracked on a state, national, and local level. The objectives are to:

- Incorporate Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) testing into routine HIV case surveillance
- Estimate HIV incidence rates using a subset of newly diagnosed persons
- Provide data to guide HIV prevention program planning and evaluation

There are thirty-four sites funded to conduct HIV Incidence Surveillance. In California, the State Office of AIDS, San Francisco Public Health Office, and the Los Angeles County Department of Health Services have been funded to conduct the surveillance.

The STARHS test distinguishes between a new HIV Infection and a long-standing HIV infection. A new infection is defined as an infection of less than 12 months. The results are not valid on an individual level; however, the results are only for populations, base estimates and because of this, results are not returned to the client. The STARHS test does require a blood specimen, which can be from a confidential HIV blood test or from a Rapid Test followed by a blood confirmatory. There are certain eligibility criteria a person must meet in order for their specimen to be tested using STARHS.

1. Must 18 years of age or older
2. Must be confidentially tested in Los Angeles County
3. Must have a documented laboratory diagnosis

4. Must not be a previously reported HIV/AIDS case (and we will be able to track if an individual has been previously reported HIV+ through our HIV/AIDS Reporting System [HARS])

The Incidence Estimation will be based on a number of variables, which include:

- The individual's HIV testing history (composed of 10 short questions and HIV Counseling and Testing Sites will be compensated \$15 per completed questionnaire).
- Testing history is collected:
 1. When client returns for HIV test results (post-test)
 2. Or any other follow-up visit that has been scheduled. This does not require consent to obtain the test history questions.

The Timeline

- Meet with the seventeen (17) OAPP funded HCT sites by February, 2005.
- HCT staff training provided by HIV Incidence Surveillance staff will take place in March, 2005.
- Data/specimen collection in April, 2005.
- Transition to private sites will take place in December, 2005.

COMMENT: (Gordon Bunch) The HIV Incidence Surveillance Project is conducted in compliance with the reporting regulations for coded identifier reporting. There is nothing about this project that is somehow different from our HIV Surveillance System. We will not be collecting personal identifying information on individuals.

VII. HIGH-RISK VENUE TASK FORCE

Jeff Bailey reported there was public comment at last month's PPC meeting regarding interventions and activities taking place in the Commercial Sex Venues (CSVs) and the sunset of the AIDS Project Los Angeles (APLA) CSV Initiative contract. The PPC has solicited individuals for a High-Risk Venue Task Force, which will devise a strategy and be responsive to how we target and impact the population that frequent commercial sex venues, particular bars, the internet and so forth. A date needs to be set to meet. A notice with the date and time of the meeting will be e-mailed. Anyone conducting prevention work in LA County is invited to participate.

A meeting of the CSV owners and staff was held at APLA in January. It was agreed the coalition would continue to communicate about issues regarding CSV staff training and funding opportunities.

Trista Bingham reported the meeting was great and that everyone is interested in continuing to work together. Trista Bingham, HIV/EPI and Matt Luchler, APLA, will attempt to pursue another grant for HIV prevention in the bathhouses through UARP funding.

Ricki Rosales reported the City of Los Angeles will review the CSV Ordinance on either February 15th or March 2nd.

QUESTION: (Rose Veniegas) Is there any evaluation or set of preliminary results available about the Popular Opinion Leader that was adapted for use in some of the Commercial Sex Venues in Los Angeles? The CSVI collaborative groups presented in May, 2004 at the PPC, are there more updated information?

ANSWER: (Trista Bingham) HIV/EPI is looking at the data and planning to present to the CSV owners, this could be a Colloquia presentation.

VIII. RAPID TESTING UPDATE

Mr. Pérez announced there were a number of developments that had occurred over the past 12 months regarding Rapid Testing. Mr. Pérez provided the PPC with a Rapid Testing update. A power point presentation was used for the update. A copy of the presentation is on file.

Mario Pérez reported that in Los Angeles County through OAPP's publicly funded counseling and testing programs approximately 70,000 tests will be supported annually. OAPP has been seeing an incremental drop in the number of tests provided. OAPP still relies on a broad number of testing providers to implement testing in multiple venues and settings although there were some notable shifts

from 2004 to 2005 with the new HIV Prevention Programs. A significant proportion of the testing provided in Los Angeles County is done by Community Based Programs.

The disclosure rates vary by testing venue type. We are still not where we should be in terms of overall disclosure rates. The goal is 85%.

An area, which has been of significance to OAPP, is making sure that people who are testing and testing positive learn their HIV status, which is another area we need to significantly improve. As of January 1, 2005, there are 17-funded HIV counseling and testing providers that are community based providers. OAPP has made some adjustments to both the level of support to public health Sexually Transmitted Disease (STD) clinics for HIV testing and a number of clinics that OAPP supports. As part of the Public Health System, there are 27 STD and TB clinics and historically OAPP has funded all of the clinics to implement HIV counseling and testing. Consistent with the CDC's and the State's direction, OAPP did an analysis of those 27 clinics, and looked at testing volume, the proportion of high-risk testers, the number of people being diagnosed in those settings and made a decision (partly influenced by the PPC's recommendation for how much money to be spent on testing) to make an investment of \$600,000 on testing in those Public Health Clinics, a significant drop from what has been funded in the past. The goal is to fund or support testing in venues where we have the highest yields, where we are funding the most positives, where people who are high-risk are more likely to access services. OAPP has a team of Community Service Counselors who provide counseling and testing in either drug treatment programs or court settings. All of the Community Service Counselors have been trained on Rapid Testing and have been phlebotomy certified and they are an additional resource for OAPP to deploy counseling and testing resources wherever the need may be greatest.

The pre-requisites for Rapid Testing are:

- Certificate to perform a CLIA-Waive Test. The application must be submitted to the State of California who reviews the application, approves the application and gives OAPP a license to provide the service. In an effort to quickly deploy Rapid Testing, OAPP decided to apply for a certificate and include all of the OAPP funded testing providers with the expectation that every provider would develop a plan to secure their own certificate. On the current certificate, there are 12 community providers that are included (including mobile testing vans).

Since April, 2003 there has been an effort to certify people for Rapid Testing and phlebotomy. With the leadership and assistance of STD Programs, there were quite a number of people who were certified for phlebotomy. Currently, there are more than 160 counselors who are certified to do Rapid Testing.

COMMENT: (Victor MacKamie) Must a person be a certified phlebotomist, as well?

RESPONSE: (Mario Pérez) Yes, you must be a certified phlebotomist.

Mario Pérez also reported the priorities OAPP has outlined for counselors have not changed dramatically. One is that OAPP expects that counselors have extensive experience conducting counseling and testing before they begin conducting Rapid Testing. OAPP has put most of its energy in counselors or agencies that are high volume and in clinics that have prevalence with low return rates. OAPP is also investing resources in providers that are testing a lot of high-risk persons.

There are enhancements to HIRS that now allow for the collection of Rapid-Testing specific information, so if you are a HIRS user who performs Rapid-Testing (although there are some things OAPP needs to work on related to billing) all the data related to Rapid-Testing service delivery has been incorporated and programmed into HIRS. Lab slips from the Office of AIDS have been made available for use.

Quality Management plans are a requirement. OAPP has samples but all providers are expected to have Rapid-Testing Quality Management plans in place consistent with the State of California regulations. Staff training consists of one training on Rapid-Testing and another on single session counseling.

Through the Advancing HIV Prevention Initiative, there are three different projects and Los Angeles is funded for two of the projects: Project 1 and Project 3. Project 1 includes the offering of routine Rapid-

Testing in high volume, high prevalence ambulatory care settings. There are three providers locally: Los Angeles Free Clinic, Clinica Romero and LAC-USC Medical Center's Ambulatory Care Clinic. Eleven of the fourteen direct service sites offer Rapid-Testing as an option.

QUESTION: (Kathy Watt) Do we know if the Mobile Van from MAP was at one site or more than one site?

ANSWER: (Mario Pérez) The data can be teased out by testing site.

ANSWER: (Victor MacKamie) It was multiple sites.

QUESTION: (Audience) Do you know if all people testing do not know their previous test results?

ANSWER: (Mario Pérez) Do we adjust for previously positives, is that the question? We will have to double check to see how many of these were newly diagnosed positives.

In terms of Rapid-Testing associated with our Advancing HIV Prevention (AHP) Initiative, this is a two-year initiative, which is being implemented at a number of different sites throughout the country, which will be in place through September 2005. Thus far, overall 1,200 tests have been conducted through AHP and 14 people have been diagnosed, with a 1.1% positive rate. This is slightly above the CDC's minimum expectation of 1%.

By next month, OAPP is planning to have on board the CSULB Multiple Morbidity Van, JWCH Multiple Morbidity Van, Bienestar, Tarzana Treatment Centers Mobile Testing Van and Valley Community Clinic Multiple Morbidity Mobile Van to conduct Rapid Testing. In 2005, OAPP will be working with the Asian Pacific Healthcare Venture, Common Ground, El Centro Del Pueblo, El Proyecto del Barrio, United American Indian Involvement, and Watts Health Care Foundation to make sure they have Rapid-Testing capability.

Some of the challenges OAPP sees with Mobile Van Rapid-Testing:

- Follow-up for confirmatory results
- Quality Assurance
- Session length

COMMENT: (Tracy Jordan) Los Angeles Sheriff's Department is still working on Rapid-Testing inside of the Jails, but Rapid Testing is available on the outside of Men's Central Jail (MCJ) on Friday's from 10:00 AM to 3:00 PM and on Saturdays outside of Century Regional Detention Facility (CRDF) in Lynwood from 12:00 PM to 4:00 PM.

QUESTION: (Mario Pérez) Are you mostly testing inmates that are being released at MCJ or friends and partners of people who are under your supervision?

ANSWER: (Tracy Jordan) Services on the outside are for anyone that wants to take part (i.e. an inmate that is being released or has been released, family members coming to put money on the books). For Men's Central Jail, the mobile van used for testing is right next to the Arraignment Court and not too far from where the visitors go to visit their family members.

QUESTION: (Jeff Bailey) A number of providers have implemented Health Stations where people can go and access information, New York recently implemented Health Stations at Rikers Island for visitors, is that something the Los Angeles Sheriff's Department knows about or may consider? The Health Stations are a Kiosk with touch-tone screens people can use to find where to get tested.

ANSWER: (Tracy Jordan) I can't give you any details of the when, where and how.

QUESTION: (Richard Zaldivar) Is this information shared with support services that are provided to the Jails (example: clergy or ministers that provide outreach to the inmates)?

ANSWER: (Tracy Jordan) The information is available. A State of California HIV/AIDS refresher course is available for Sheriff's Department staff and individuals that work as volunteers within the jails.

Next steps in terms of Rapid Testing are:

1. Transition programs off of OAPP's CLIA.

2. Staff managing the programs trained in the following: Rapid Testing certification (in progress), HIV Counseling and Testing certification, Behavior Change Theory Training, Curriculum Development Training, and the Materials Review Protocol Training.
3. Ora-Quick Advanced to be more broadly available.

COMMENT: (Trista Bingham) What I have read is if you have two Rapid test positives, that is like a confirmed HIV positive status, so that may be the rule for UniGold as a confirmatory test.

QUESTION: (Mario Pérez) Does it have to be a different product?

RESPONSE: (Trista Bingham) Yes.

QUESTION: (Mario Pérez) So you can do Ora-Quick twice?

ANSWER: (Trista Bingham) Yes, I think it has to be a separate rapid test.

Mario Pérez reported HIRS needs to be updated to respond to any changes made to Rapid Testing and OAPP has committed to do that. OAPP will ensure the reimbursement tied to rapid testing weighs in all the factors that have been addressed including counseling session time and other implementation obstacles. There will be periodic updates at the State level on Rapid Testing. OAPP currently does not have the capacity to get everyone trained now. There are different steps involved in getting people certified. The first step is counselor certification, which is currently five days. There is clearly a need for technical assistance and follow up training for all of the Rapid Testing counselors. OAPP along with the State Office of AIDS will continue to do further analysis of counselor time cost.

QUESTION: (Elizabeth Mendia) Part of the barrier for us has been to get a CLIA-Waiver from the State. Our agency does not have a physician or medical provider to sign off on the CLIA form. Are all of the OAPP and State funded agencies medical service providers or are there other agencies that are non-medical service providers? If so, how are they getting their CLIA?

ANSWER: (Mario Pérez) They have someone who has assumed responsibility for Rapid Testing implementation in some official way. It may be a member of the Board of Directors; it may be someone who is a consultant to the organization (who state in their consultant capacity they will provide oversight for Rapid Testing and share their State Physician license number).

QUESTION: (Audience) Can we have a copy of this presentation?

ANSWER: (Mario Pérez) The presentation will be posted on the website.

QUESTION: (Audience) Do you have any data that shows whether or not people are more likely to get into care given a Rapid Test or are they more likely to wait for the confirmatory results from traditional test to access care?

ANSWER: (Mario Pérez) I do not have data on that.

QUESTION: (Audience) Do you have an idea of what your false positivity rate is?

ANSWER: (Jeff Bailey) In our mobile unit, none of our preliminary positives have been false. They have been positive cases. Secondly, our return rate in post disclosure has jumped to 98% because of Rapid Testing primarily because tests are confidential, which means that contact information is available.

QUESTION: (Orenda Warren) PROTOTYPES is organizing its Healing the Village Conference and we were thinking about having Rapid Testing on site at the Conference, if a client comes back with a positive result is it necessary to have a counselor trained in crisis interventions or would PROTOTYPES be required to have a mental health person on site to help the client, is there a rule or regulation in place?

ANSWER: (Mario Pérez) From a program financing perspective, OAPP has not been including mental health clinicians or crisis interventionist as part of the Rapid Testing mix. There is an expectation that we have options available for people in case they go into crisis mode.

IX. BREAK

X. ELECTION OF PPC MEMBERS TO CHHS

Vanessa Talamantes reported that the PPC opened up nominations for a PPC representative to the Commission (CHHS) last month. The seat on the Commission is a PPC non-voting seat. Kathy Watt, Elizabeth Mendia and Mario Pérez were nominated.

Question to the body, "Are there any other nominations for the PPC representative seat?"

Jeff Bailey reported at the PPC Executive Subcommittee Meeting, there was a discussion regarding submitting a slate of nominees to the Commission (CHHS). Given there were three individuals that indicated interest at last months meeting and we do not know how things will play out when those names go to the CHHS Recruitment, Diversity and By-Laws Committee. The Commission does not select people for a specific seat but they select individuals based on the need of the Commission. The PPC Executive Subcommittee felt that if the PPC submits a slate of names, perhaps those people could be seated for other seats in addition to the PPC.

Jeff Bailey introduced the motion:

Nominate Mario Pérez, Kathy Watt and Elizabeth Mendia to the Commission on HIV Health Services (CHHS) on the behalf of the HIV Prevention Planning Committee (PPC).

Richard Browne seconded the motion.

The floor was opened for discussion.

COMMENT: (Kathy Watt) When I gave my report at the Commission Meeting about what the PPC had talked about, the Commission indicated that Mario wasn't allowed.

QUESTION: (Vanessa Talamantes) Did they say why?

ANSWER: (Kathy Watt) Because Mario Pérez represents OAPP.

COMMENT: (Vanessa Talamantes) I was not present at the last Commission meeting, so I would assume the reason is, with the current Commission structure OAPP representatives are non-voting members and I am assuming that is why the Commission made that comment. Regardless, the PPC representative seat is a non-voting seat.

COMMENT: (Gordon Bunch) That is exactly the reason why the PPC should send a slate of candidates to the Commission, the Commission needs to make their own decisions based on their own perspectives and their own needs about the person that fills a particular seat.

COMMENT: (Mario Pérez) The Co-Chairs of the PPC had the opportunity to meet with the Co-Chairs of the Commission earlier this week and the PPC Community Co-Chairs will provide a full report. This item was discussed at the meeting. There were a number of areas of confusion that were clarified specifically in terms of the PPC's opportunities to make a recommendation to the Commission that would in fact be considered. There was some commitment on the Commissions Co-Chair's end to take a look at the slate of names forwarded by the PPC. One issue (I think) may merit close review at some point is the opportunity for the PPC seat to vote at the Commission level. I am particularly concerned with having a community member who is the PPC member and on the Commission not having voting privileges, that is something that I think in future months it would behoove the PPC to address. I do understand the non-voting nature of an OAPP staff person but I would encourage the PPC, based on the outcome of selection by Recruitment, Diversity and By-Laws (R,D & B) to have the Commission reconsider that and have the County of Los Angeles review that.

Vanessa Talamantes questioned the floor for further discussion. No response. Vanessa Talamantes asked are there any objections with moving the slate forward.

Jeff Bailey reiterated the motion, "It has been recommended that the HIV Prevention Planning Committee (PPC) forward the slate of three names: Mario Pérez, Kathy Watt and Elizabeth Mendia to the Recruitment, Diversity and By-Laws (R, D & B) Subcommittee of the Commission on HIV Health Services (CHHS) to be representative of the HIV Prevention Planning Committee."

A vote count was taken. The motion passed unanimously.

COMMENT: (Kathy Watt) Along those lines, one of the things the Commission is doing is having trainings after the Commission Meetings each month and it is the perspective new people who have been invited and are supposed to attend. Potential members should attend the Commission trainings. The Commission is going to use this as part of the criteria in selection.

COMMENT: (Vanessa Talamantes) The Commission has requested that the potential members attend the next four Commission meetings.

QUESTION: (Richard Zaldivar) Are we not providing the Commission also, seats on the PPC?

ANSWER: (Jeff Bailey) We will cover in the Community Co-Chairs Report.

XI. COMMUNITY CO-CHAIRS REPORT

Jeff Bailey reported he, Mario Pérez, Vanessa Talamantes met with Al Ballesteros, Nettie DeAugustine and Craig Vincent-Jones on Monday and one of the discussions was around inviting members of the Commission to become voting members of the PPC. The Commission leadership is in favor of Commissioners becoming voting members of the PPC, but the Commission leadership suggested the PPC leadership look at the Policies and Procedures to request one Commissioner. The Commission leadership would not require that person to be part of one of the Commission subcommittees. Given the Commission has been reduced in size and the challenges with getting participation on their own subcommittees, the Commission leadership did not know if they could afford to have two or three people on the PPC that would then not be required to participate in other Commission subcommittees.

QUESTION: (Richard Zaldivar) So, were they not willing to reciprocate in the voting perspective?

RESPONSE: (Jeff Bailey) As far as the PPC being voting members of the Commission, the Commission leadership indicated that was not their choice, that was something that came from the Department of Health Services (DHS). DHS initially wanted the Commission to be a body of fifteen members and the Commission leadership indicated that would not be possible given the complexity of their jobs on the Commission. The Commission has a few non-voting seats like the Health Assessment position, is that correct Gordon? The Commission Co-Chairs indicated they fought strongly to have the PPC, as a voting position, but that was not approved by DHS.

RESPONSE: (Gordon Bunch) I have not been told that.

QUESTION: (Richard Zaldivar) Why is it so important to have a PPC voting seat on the Commission?

ANSWER: (Jeff Bailey) Even though Vanessa Talamantes and David Giugni sit on the Commission, the Commission regards them as Commissioners not PPC members and it is our belief that we would like a person representing the PPC and the viewpoints of the PPC from an informed position; therefore, that individual could weigh in to concerns on the Commission that come up from a PPC perspective and the prevention perspective.

COMMENT: (Gordon Bunch) I think the way to ensure that a person is going to take it seriously and feel committed to the process is to have a vote. It is very difficult to sit around the table when motions are being addressed to feel, at that point, you are not a member of the group.

COMMENT: (Kathy Watt) I feel if the PPC has people on committees and speaking up, the environment will change. My commitment to the PPC Standards and Best Practices subcommittee is hurting because there is a conflict of meetings and I have been going to my Commission Priorities and Planning meetings because I want prevention to be a part of Planning and Priorities. The work of the PPC is very misunderstood. I don't know if we can get on the Commission agenda and get this Power Point presentation that shows a year in review, what the PPC has accomplished, what the PPC did, the Prevention Plan, if that would be helpful but I would ask for the PPC to consider doing something like that because just from the PPC's monthly updates, the Commission is not getting it.

COMMENT: (Richard Zaldivar) I am not questioning how difficult (I know I've had the opportunity) and I don't know if there is a Commission member present, but I would say it was a nightmare to co-chair a committee meeting on the Joint Public Policy. You have a particular mind set on the Commission that is not going to change for awhile. I have seen how much energy and time the PPC has put into this (not

only do we discuss this but people also go to meetings and are victims of rude, arrogant and harshness) and why can't we ask for a higher up influence on this?

COMMENT: (Mario Pérez) The newly adopted Commission structure will include forty-two seats, 16 tied to Service Planning Areas (SPAs), 10 tied to Supervisorial Districts and 16 Institutional (cities, specific programs and/or specific titles or representatives) seats. Of the 16 institutional seats, the 3 non-voting seats are PPC, Los Angeles County Health Assessment and the Los Angeles County OAPP. Although there was an initial recommendation to have fifteen Commission seats, after significant deliberation and planning and revision, the Commission of HIV Health Services walked away with a forty-two-seat model that will be in effect April or May of 2005.

COMMENT: (Kathy Watt) In my committee meeting, it is not like that at all. They value the prevention perspective, I get emails asking me for things and I provide referrals, it is very different. I also believe that because of the large consumer participation in the new Commission seating, it is going to be very different.

Jeff Bailey reported to the group (PPC co-chairs and CHHS co-chairs) agreed to improve communications. There is a lack of correct communication. From this point forward, the PPC co-chairs and CHHS co-chairs have agreed to meet once a month. One of the goals will be to improve communication between the bodies. As a result of the PPC Annual Planning Meeting, the PPC co-chairs recommended one annual joint (PPC and CHHS) meeting where we can share the lessons learned, share success stories and be better partners in planning activities.

Jeff Bailey reported the State of California is hosting its HIV Prevention Summit next week. Mario Pérez and Jeff Bailey will be attending the Summit and reporting back to the PPC.

Jeff Bailey also reported the next UCHAPS meeting is scheduled February 11, 2005 in Chicago. At each UCHAPS meeting, there are peer presentations and at this meetings the presentations will be on effective behavioral interventions and what each group is doing around DEBI interventions.

XII. GOVERNMENTAL CO-CHAIR REPORT

Mario Pérez deferred two items to John Mesta and Michael Green, which were the Prevention Plan and the Annual Progress Report.

John Mesta reported OAPP has received notice from the CDC that the due date on the Annual Progress Report has been extended to May 15, 2005. John Mesta also reported the 2004-2008 HIV Prevention Plan is available on CD-ROM and copies are on the back table. Hard copies will be printed and made available. Once a timeline is determined for the hard copies it will be shared.

QUESTION: (Jeff Bailey) Is there a possibility of uploading the 2004-2008 HIV Prevention Plan on the OAPP website, so that if agencies want to print the plan themselves they can do so?

ANSWER: (John Mesta) We were working with our (OAPP's) Information Services. There are some technical difficulties with the DHS website and getting it uploaded. Once the Plan is loaded on the DHS website, we will send out a notice informing people of its availability.

COMMENT: (Mario Pérez) I think we should congratulate one another for 18 months of work that went into developing a comprehensive HIV Prevention Plan for us here in Los Angeles County. It will serve to guide our prevention efforts through the end of 2008.

Mario Pérez provided an update on the testing in the Commercial Sex Venues. There was a meeting of the LA County Board of Supervisors that addressed some concerns relative to the Commercial Sex Venue Ordinance that Los Angeles County has adopted. The County of Los Angeles has approved the ordinance. The City of Los Angeles is expected to hear their ordinance at a subcommittee level on February 15th. The full City of Los Angeles council will entertain the recommended city ordinance change and hopefully it will be consistent with what the Los Angeles County Board of Supervisors' has articulated and endorsed. If the City Counsel approves the ordinance, there is a six month window for compliance. Los Angeles County does not want to wait until the details are finalized, so as an interim solution, two things will happen:

1. The Los Angeles County Sexually Transmitted Disease (STD) Program will begin to make HIV Counseling and Testing services available through their mobile testing unit at a number of venues through Los Angeles County.
2. OAPP has identified a set of counseling and testing funded providers and has recommended that we enhance the allowable venues to include Commercial Sex Venues. Seven providers have been recommended. OAPP will be making those offers more official upon Board of Supervisors action, which will be heard two weeks from last Tuesday.

QUESTION: (Jeff Bailey) Last time when STD Programs was providing these services, there was considerable reluctance upon a lot of their staff to do that because the hours were beyond their normal hours and a lot of the staff was not comfortable in those venues, has the culture changed in STD Programs and are they really committed to that process?

ANSWER: (Mario Pérez) That is something we can address internally within the department, but the expectation is that resources will be used to help meet the testing needs. An additional point I should have said that may help answer this concern is that OAPP will likely be serving in a coordinating capacity for both the community based providers and the STD Program. In the context of coordination, we will be able to address some of the issues that you have highlighted.

XIII. SUB-COMMITTEE REPORTS

- ◆ **Operations** –Diane Brown reported the Operations Subcommittee is working on a recruitment plan based on demographic and technical needs. The updated PPC Membership Application will be presented at the next PPC Executive Subcommittee Meeting. The Operations Subcommittee also discussed launching a Leadership Institute geared toward youth, this year. A Mentoring Program for new members will be starting this year. The Operations Subcommittee will develop a list of mentors and as new members are appointed to the PPC, the PPC Executive Subcommittee will assign mentors. Jeff Bailey encouraged the PPC members and others to continue to refer/recruit members to the PPC. Jeff Bailey also reported Edward Clarke submitted his Letter of Resignation to the PPC.

Diane Brown reported at the next meeting the revised/updated PPC Membership Application should be available and the Operations Subcommittee is requesting for PPC members to take PPC Applications to their respective meetings and distribute.

- ◆ **Evaluation** – Gordon Bunch reported due to changes in plans for the CRAS Survey, anticipated delays in compiling the Needs Assessment data and further delays in the CDC's release of the prevention guidance document, the Evaluation subcommittee reviewed and revised their Work Plan. The Evaluation Subcommittee intends to complete the gaps analysis in June, 2005. For the next couple of months, the Evaluation Subcommittee will be reviewing a compilation of data to examine the prevention needs of high-risk heterosexual men. A behavioral risk group (BRG) that is not currently identified in our prevention plan.

With the resignation of Cesar Cadabes, Gordon Bunch has agreed to chair the Evaluation Subcommittee until May, 2005 and at that time the Evaluation Subcommittee will select/elect a permanent chairperson.

- ◆ **Standards & Best Practices** – Rose Veniegas reported there was a report/presentation by OAPP staff regarding the expectations of newly funded contractors for prevention services at the last Standards and Best Practices Subcommittee meeting. OAPP requested additional assistance from the Standards & Best Practices Subcommittee regarding HIV Counseling and Testing Standards. The Standards and Best Practices Subcommittee recommended that OAPP review the DRAFT Staffing Qualifications and Recommendations that have been discussed at the Standards & Best Practices Subcommittee Meetings. The Standards & Best Practices Subcommittee is awaiting the release of the qualitative results from the Community Needs Assessment. The Standards & Best Practices subcommittee had agreed to host a Community Forum regarding new interventions that may be needed or adapted for possible gaps that are identified in the Needs Assessment. The Community Forum is scheduled for mid-2005, depending on the results being available. The Standards & Best Practices subcommittee continues to discuss providers training and technical assistance needs related to the DEBI interventions but also related to the broader array of services

that are being offered under the new contracts. Standards & Best Practices requested and understand that an Evaluation template for prevention programs has been made available; specifically for HE/RR so that providers know what topics they are supposed to be addressing.

In looking at the HIV Prevention Contractors listed for 2005, there is a potential area of concern. Personally, in looking at some interventions being recommended for some MSM groups, three organizations have been identified which will be asked to adapt and tailor SISTA (an intervention for African American women) for MSM. This DEBI intervention has as a core element that it be delivered to African American women. The materials are very much geared to gender and ethnic identities for African American women. There has been no data that Standards & Best Practices or myself are aware of regarding the feasibility of adapting and/or tailoring SISTA for MSM. I understand that one agency in Los Angeles was funded for the SISTA intervention and developed an intervention called SAY BROTHER. Whether or not evaluation data is available from that program remains unknown and perhaps that agency might be contacted to offer its evaluation data regarding the adaptability of SISTA for male populations.

COMMENT: (Elizabeth Mendia) There are three funded providers under the school based program, and we have been asked to meet to plan our activities; and we were one of the agencies asked to adapt SISTA to a MSM population and we have not been contacted regarding meeting with the other two providers and it would be my recommendation that OAPP look at bringing the three providers together and given the fact that there is some technical assistance support available through BSSV and we work together to identify what are the steps to really adapt the intervention.

RESPONSE: (Jeff Bailey) The CDC is not going to come to us to see if we need training. We are going to need to be proactive and go after them. Now that agencies have a list, it is imperative to be proactive and make contact with these other agencies through the service planning network opportunities or through the grid.

RESPONSE: (Mario Pérez) There are three providers OAPP has funded for the SISTA intervention. The providers are Bienestar, Foothill and Minority AIDS Project. OAPP does not expect the following BRGs: Men, MSM, MSM/W, and MSM/IDUs to be served by this intervention. OAPP is not funding men for the SISTA intervention but OAPP is funding programs for these three agencies to support male to female transgenders, women at sexual risk and some HIV+ women. OAPP is not moving forward with a program design that is tying a SISTA intervention with services for men. On the grid, the agency is listed, if the agency proposed a DEBI intervention the DEBI intervention was listed, if the agency was serving multiple BRGs, we also identified all of the BRGs served by that agency. In some instances, where a program may have proposed to serve women through SISTA but resources were also allocated to have them serve MSM, then MSM/W as check marked but the MSMs in that case will not be served by the SISTA project.

Mario Pérez indicated OAPP hosted a Successful Bidders Conference on January 25, 2005. A number of these issues emerged and a number of these issues were addressed. There are some follow up issues, one of which are DEBI trainings: OAPP mentioned during the Successful Bidders Conference that the CDC was probably not prepared to get the volume of requests for DEBI trainings that they have received from Los Angeles County. OAPP expects the CDC will come out and train agencies/providers on the respective DEBI they have been funded to do. So far, the most common interventions are Mpowerment and Popular Opinion Leader (POL). OAPP has developed a methodology and OAPP expects to make that technical assistance available.

- ◆ **Commission on HIV Health Services (CHHS) Report** – Kathy Watt reported the Public Comment at the last CHHS Meeting was regarding van transportation being cut from the budget. The CHHS Finance Committee is sticking to its recommendation. There was a presentations on:
 - The Medi-Cal Redesign
 - The Needs Assessment Data and H-CAP by Mitchell Cohen.

The Comprehensive Care Plan is expected to be finalized within the next couple of weeks. There was a discussion around the Commercial Sex Venue.

XIV. STATEMENT OF COMMITMENT

The 2005 Statement of Committee document was issued to PPC members for the purpose of recommitting to the process. PPC Members reviewed, signed and returned the 2005 Statement of Commitment documents to Cheryl Williams. The 2005 Statement of Commitment document will be filed with the PPC member's application.

XV. ANNOUNCEMENTS

- Elizabeth Mendia announced a Transgender Health Care Issues Town Hall Meeting scheduled for next Friday at the Ed Gould Center.
- Mario Pérez announced the 2004-2008 Los Angeles County HIV Prevention Plan has now been released and available on CD-ROM.
- Mario Pérez introduced Dr. Jan King who serves as OAPP's Medical Director.
- Dr. Jan King thanked the audience for acknowledging her and provided some background.

XVI. CLOSING ROLL CALL

XVII. ADJOURNMENT – Meeting adjourned at 4:45 PM.

Note: All agenda items are subject to action.

MOTION AND VOTING SUMMARY		
MOTION: #1: Approve the Agenda order.	Passed by Consensus	Motion Passed
MOTION # 2: Approve the Meeting Summary from the January 6, 2005 Meeting with revisions.	Passed by Consensus	Motion Passed
MOTION #3: Approve the slate of candidates to represent the HIV Prevention Planning Committee (PPC) and forward to the Commission on HIV Health Services (CHHS) Recruitment, Diversity and By-Laws Subcommittee	Passed by Consensus	Motion Passed

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at the Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 2nd Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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