**6/11/15 Getting to Zero SF Consortium Meeting Group Discussion Notes**

Group Discussion led by Susan Buchbinder to identify synergies, gaps and invitations to cross-pollinate ideas among committees and the general consortium. Ideas and feedback were posted on sticky sheets for each committee.

- See more at: http://www.gettingtozerosf.org/6-11-15-consortium-meeting-agenda-slides/#sthash.57PBticv.dpuf

**Steering Committee**

* Suicide is rising: need mental health
* Is there a strategic communication plan?
* Women
* Need steering committee updates on web – how is high-level plan coming together
* How are committee plans viewed and approved to ensure they are aligned and general membership/steering committee has weighed in.
* Coordination with other planning efforts
* Political clout – more $ resources
* Communications: How are we getting the word out to other jurisdictions about our work through G2Z

**RAPID**

* Funding to cover baseline lab work needed for new infections
* Don’t allow eligibility requirements to close the door to care! Care 1st, payer requirements 2nd
* Costs should be tracked – release investment in retention vs. RAPID
* How to make sure vulnerable populations (APIWC others) are offered RAPID
* RAPID with R & K; warm hand offs impact eventual retention. Re-rapid for re-engagement?

**PrEP**

* One stop shop for all queries on how to get access to PrEP (navigators or initial online resource?) GTZ website?
* Older women are at greater risk. Need PrEP outreach.
* Question: How do we counsel patients about cost of PrEP? Does insurance change too quickly to make guidelines for providers to use?
* So many navigators. Who is coordinating them all? Training, same message.
* PrEP DAP for gaps in coverage
* Negotiate a lower price for PrEP drugs (& HIV drugs)
* More PrEP heroes
* Not always an enlightened utopia when it comes to interactions with health care service providers (PrEP)
* How to collectivize the lessons from expanded HIV testing to apply to PrEP – especially when looking at opportunities to engage folks for PrEP
* PrEP education for community pharmacists as Walgreens and CVS
* ACA navigators as well as PrEP navigators
* How to measure missed opportunities, learn what to do differently.
* We need an emergency mobilization to address the number of new diagnoses among young people for women and men under 21 in past 2 weeks at Ward 86!!!
* Older PrEP outreach men and especially women greater risk
* Focus PrEP efforts solidly on bottoms who are not using condoms, and those who present with STDs
* Step by Step “How to open a PrEP clinic”
* Special issues for youth re: PrEP
* Youth, How to access PrEP on parent’s insurance
* PrEP plan should identify what people are target for Y1. Feels like current plan would not reach/support most vulnerable pops but they will need wraparound support services to stay treatment adherent
* Reach out to Planned Parenthood to offer/discuss PrEP
* Tailoring retention for PrEP? Methods. What work follow up schedules?
* Youth education is key in linking people to access and preventing a variety of stigma
* How to reinforce sexual health promotion among pediatric and adolescent providers - maybe using PrEP as a new conversation starter
* Cultural humility training for providers
* PrEP- more focus on trans women and trans men, study hormone interactions

**Retention**

* Represent diversity in staff @ service organizations
* MH S/A capacity
* Mental health providers integrated into each committees esp retention, same with PWID
* How to create a sense of home?
* Cross comm links
	+ Re-RAPID
	+ Tailoring retention for PrEP
	+ Warm handoffs for core changes
	+ Stigma intervention to increase retention
* Focus on increasing supply of housing, mental health and substance use treatment services
* How can we engage young trainees (docs, nurses, pharm, etc) in HIV training, providing mentorship, providing funding for training. i.e. not just focus on training existing providers but target med students, residents, etc in HIV prevention and care training. Contact me to discuss/collaborate. Aliza.norwood@sfdph.org
* Implement on accessible information system across all the DPH/all SF
* Add reps from jail health
* Can we incorporate training on HHOme model, 360 positive health men of color model (home, client centered care) into current training for providers. Maybe collaborate with health care reform group to talk about how to make that works in clinics. –Aliza
* Not always an “enlightened utopia’ when it comes to interactions with health care service providers
* Need mental health services and trauma informed care
* Youth issues represented in this committee
* Interested in volunteering! SamuelBerston@gmail.com
* Cultural humility for health care providers
* Housing
* Where are the private docs?
* Psycho social implications of retention?
* Undetectable older HIV positives
* Centralized HIV resource guide for HIV+ individuals

**Ending Stigma**

* Launch a PrEP clinic at MNHC & Bayview
* Interested in helping: samuelberston@gmail.com
* Use of modalities such as digital storytelling but utilize community members to disseminate
* Remember to include stigma as it relates to taking PrEP (or not taking it) in addition to stigma against PLWHIV
* Interested in joining: Brandon.Ivory@sfdph.org
* Creating a broader concept of stigma which as completely changed in recent time. It crosses the HIV+ community
* Stigma measure to predict LTFU/try stigma reduction as R & R intervention
* Stigma committee should focus some part of effort targeting stgmatizers with former stigmatizer role models. Stigma is a community issue, not just on shoulders of PLWHA
* Tez@letskickass.org

**Miscellaneous**

* information on ad for website GTZ at all pharmacies
* We’re in a tech city. Are they at the table? Tech companies get the tax concessions and are expected to give back in return. How can G2Z benefit from this. Pass in kind support with design, website, d + c
* Ask for our GTZ website to be a link to DPH, magnet, gay pride website + livingsober.org + at the Western Round Up Living Sober Conference
* How will Stigma and PWID groups interface with other groups and vice versa?
* How to get input of youth?
* All committees should intersect with stigma committee 🡪 forum on website? X-posting? All groups should discuss needs related to stigma.
* Get funding initiatives out broadly
* Policy highlight updates
* IDV target efforts to arons with high arrest rates for drugs
* Private sector – need more representation
* Need policy group/report back 🡪 section on the website
* Avoid duplication of services
* Lack of communication between agencies
* Communication
* Lack of sharing of best practices
* Narcan
* Need to involve/invite key members of social media and others .com
	+ Google, apple, facebook, twitter
	+ For their experience in communication/retention
	+ For $$$
* More client/consumer leaders and representatives
* More community members (not living with HIV) at the table