IHIV Prevention Community Planning Group Meeting
May 15, 2012
10:00 am to 4:00 pm
Indiana State Department of Health
Rice Auditorium
2 North Meridian Street
Indianapolis, IN 46204

Attendance

CPG Members Present				
Emily Brinegar	Rochelle Feldheiser-Keyes	Derwin Gary	Angela Goode	Valjin Harvell
Marissa Miller	Ramon Morton	Richard Nash	Brian Revalee	Nate Rush
Christopher Simons		Thomas Sullivan		

CPG Members Absent			
Bill Anderson	Julie Foltz	Anthony Gillespie	Michael Howe

Co-Chairs Present	
Latorya Greene, Community Co-Chair	Andrea Perez, State Co-Chair

CPG TA Members Present		CPG TA Members Absent	
Mike Exom	Sue Henry	Amanda Copeland	Anita Ohmit

CPG Liaison
Susan M. Newton

ISDH Staff Present					
Cena Bain	Alicia Barnes	Amanda Writt	Rupert Arceo	Darin Foltz	Vivian Arnold

ISDH Staff Absent		
Dan Hillman	Brenda Mason	John Hon

Guest
None Present

General Information

- The meeting was called to order by Latorya Greene Community Co-Chair at 10:10am
- Introductions:
    - Everyone present stated their name, the region and/or population they represented.
- The CPG Mission was read by Susan M. Newton, CPG Liaison
- The Ground Rules were read by Brian Revalee
- Latorya Green, Community Co-Chair reviewed the agenda
    - The agenda for the May 15, 2012 CPG meeting was reviewed and approved.
    - There was a consensus to accept the March 2012 minutes.

Proxies:

Ramon Morton was proxy for Anthony Gillespie
Emily Brinegar was proxy for Angela Goode after 2:40 pm.

Review of March 20, 2012 CPG Meeting Group Assessment Form

Question #8: **What changes would you suggest to make the planning group more effective?**
Comment: A half day CPG meeting would be enough time to accomplish the tasks at hand.
Reply: With the amount of tasks and the agenda, it would be a difficult task to have a half day meeting.
Comment: It is disrespectful for those who are on time to have to wait for other members to arrive.
Reply: **Everyone** needs to come on time.
Question #9: **What suggestions would you like to make to help implement the changes or correct any problems stated previously?**
Comment: Keep group focused and on task.
Reply: Everyone is an adult and should know how to act during meetings. Be on your best behavior.
Question #10:**What would you like to see addressed at future planning meetings?**
Comment: The afternoon today was a waste of valuable time.
Reply: We cannot please everyone at the table. The event that was on the agenda last meeting gives the CPG the opportunity to learn what is going on in each region.
Comment: Community Co-Chair appears nervous and talks too fast
Response: The Community Co-Chair will do her best to slow down and not appear nervous.

Review of Attendance Sheets

One member has resigned due to a new job and limited ability to attend the CPG meetings.

Review of Expenses

CPG members were asked for suggestions they have in regard to the CPG expenses. Suggestions should be sent to Latorya Greene, Community Co-Chair. CPG members were reminded to put requests in early for funding they may want/need to do an event.

Question: **Can we get a projected budget?**
Reply: Yes, the budget will change due to change in membership. A new projected budget will be prepared.

Question: **Is there a ceiling for requesting funds?**
Response: No, but please be reasonable.
Suggestion: Maybe there should be a cap with the ability to look at each project on case by case basis.
Suggestion: Establish a protocol that the Executive Committee would follow in regard to providing funding. Also, have a timeframe for response for receiving funds. Line items: town halls etc. there could be ceilings for each region with the ability to transfer funds to another region that may need the funds.

Executive Committee Report – Latorya Green, Community Co-Chair

- Concerns that were brought up in the group assessment forms for the March meeting were discussed.

Comment: A member wanted more information on the discussion that occurred during the Executive Committee conference call about the New HIV Planning Guidance included in the minutes.
Reply: There are going to be changes in how minutes are written and how things will be handled due to changes in ISDH staff assignments. Things will be done differently. Please share your concerns, suggestions and ideas you would like included in the minutes when you receive your draft copies of minutes.

Division Update, Grantee Meeting and Draft HIV Planning Guidance – Andrea Perez, State Co-Chair

- **Prevention**:
  Neither the Adult Viral Hepatitis position nor the Business Manager position has been posted. Prevention staff is still doing site visits, they are more than halfway done. The site visits are going really well.

- **STD**:
  STD has started their audits of STD sites.

- **Services**:
  Care Coordination began site visits today, Tuesday, May 15, 2012. The Care Coordination Specialist position was reposted with the application process ending on Monday, May 7, 2012. Care Coordination's RFP is complete and award letters have been sent out. There is currently no waiting list on ADAP. Care Coordination is working on a compensation plan for the CHSPAC group.

Grantee Meeting Discussed – Andrea Perez, State Co-Chair
Andrea Perez went over the Grantee Meeting; she discussed what will happen with EBIs going forward.
-Emphasis and De-emphasis of EBIs Interventions for HIV/AIDS

Adobe Acrobat Document

Questions: **Is the 20% decrease in CBA for all EBIs?**
Reply: No, there are some that show a decrease in training but were not on the list to be deemphasized. We are not sure if the CBA will still be available or if the CBA may still be available but just with a decrease in CBA availability.

Andrea Perez, State Co-Chair did a presentation on the Draft HIV Planning Guidance

Adobe Acrobat Document

Comment: A member stated that the Draft HIV Planning Guidance confirmed what the CPG Needs Assessment Committee has already done.

Question: Do you see the plan changing?

Comment: Indiana already has the engagement plan in place.

Comment: Will still need committees to inform the community.

Question: **With the degree of constraints that CDC puts on the State, can the State take the new boundaries and tweak them to fit Indiana?**

Reply: Yes we can, however, some of the pieces of the new Guidance are very vague. It is believed that this is just a skeleton, and how we build around the Guidance is up to us. We do not think that the flexibility is going away. The State's concern is that we do not want to take the flexibility so far that we continue doing things as we always have and are not in compliance with the new Guidance. There are going to be some changes in priorities, goals and objectives that take place within the committees. Some of the committees may stay the same, but some of their products will change.

Response: A member stated that they liked the integration of the chronic illnesses coming together.

Question: **Clarification was asked about what was meant by, "high impact prevention versus what"?**

Reply: This reply will be addressed during the NHAS presentation. This is also going to be based on who the CPG decides are high priority. More emphasis on prevention that will identify disease, keeping them in care will be needed.

Question: **Who is we?**

Reply: We is the ISDH and the CPG and anyone receiving funding.

Comment: It is not really primary prevention with these changes.

Comment: A member expressed fear of getting people to come into this process with everything taken away. A member stated that he liked the collaboration that is built into the plan. The member likes the fact that the ability for members to speak on behalf of the agencies they work for is part of the new Guidance; sharing information about the services and other information their agencies provide.

Question: **Was there talk about different strategies to get people back into care? A member would also like to see more work done in this area.**

Reply: That is a piece that may not be stressed in the guidance. We are trying to look at getting people back into care. Prevention staff met with Wishard Hospital and Mike Wallace.

Wishard Hospital had a question: They have a system in place if someone reports to their ER – if a person is HIV+ but not in care within their system, what can they do?

Reply: We need to come together with a solution on what we are going to do to get people back into the best possible care.

Reply: It is felt that providers are so thirsty for funding, this is why people get lost in care because providers are more concerned about numbers and data and the HIV+ person is not properly linked to care.

Que./Reply: Where do we as CPG members fit into this process? What happens to this body? It feels like there will cease to be a CPG and that there will just be a CHSPAC. If feels like there is an effort to merge CPG and CHSPAC. There is a whole group of people who are not coming to clinical settings for help.

Reply: That is one of the areas where we seem to have flexibility in that the stakeholders don't have to be members. We just need to find a way to get their input in regard to the group. We need to decide who we want to gather information from, mental health, substance abuse and care coordinators? What are we going to ask them, do we want to give them seats around the table? We decide who we bring in and what manner we bring them in.

Reply: It is most definitely a huge hole when clients are brought in to service, providers don't know how to engage the clients, so they put the clients in maintenance status until it is time to renew their Ryan White. There is not true engagement back into care coordination services. Training is a huge hole in this area. It is important to find and retrain the providers so that they know how to engage the clients. We must assess who is welcoming clients into service. Most people don't like change, but there is high turnover in agencies.

Reply: There is a triage program that captures people who fall out of care that would be a way to pull someone from Indiana housing and other related areas.

Reply: A question was sent to CDC, "Was CDC looking to have one solid board?" A list of organizations will now have to be sent into CDC besides a list of representation of populations. There is a lot of confusion regarding the purpose and place of stakeholders.

Question: **Did CDC add this to encourage groups to look at their definition of collaboration? You will get a different look if people have responsibilities other than just showing up.**

Comment: It is getting lost in the sauce when you have agencies competing for dollars, these are questions that need to be asked, are you the right agency to reach this population, do you have the resources needed and are you appropriately trained? We have the opportunity to confront some of these issues. There are ways to work with people.

Comment: Agencies are not funded to meet people where they are, most forms of outreach are traditional.

Reply: No one that is funded by ISDH was told they had to go to the club. The door is open for agencies to determine where they want to do outreach.

Comment: Focusing on collaboration, do we need to shift from bringing people to the agencies and instead going to the people? CBO's are more capable of reaching the people versus the clinical setting.

Reply: It is about taking services where they need to be as opposed to doing business the way we have always done it. In terms of casting a wider net it does involve a shift of where else can we go. We have to knock on the doors. Smaller minority agencies will have to start looking at things in another way. The CPG and the ISDH will have to work with the smaller organizations to ensure they will be able to do the work under the new HIV Guidance.

Comment: It is important to recognize other opportunities to reach people.

Comment: Process - the evaluation piece how does that look? What does the CPG do with that? If we continue to do our evaluation is it just for the CPG?

Reply: The new Guidance is more involved with monitoring. Perhaps the questions under the new Guidance are something that can be done through the evaluation committee. A question that will be asked of all the committees is; do we still need each committee?

Reply: Hope that the CPG doesn't lose sight on what the CPG does have before evaluating what the CPG already has before bringing in a new process. We must make sure we know what we are already doing and where we want to go.

Comment: The plan due date has been pushed back to September 30, 2012. Our CDC Project Officer along with her boss will be here June 6th thru 8th. The CPG and its committees need to look at what we have, what we want to do with this and how do we proceed forward.

Suggestion: More time will be given to committee time to allow committees time to decide how they will proceed in regard to the new HIV Guidance Plan.

Question: Membership for 2013 and 2014, how to proceed with membership starting in September with recommendations being done by November, should this process be put on hold? Should the Membership committee have this conversation?

Reply: Yes, the Membership Committee needs to determine whether it is best to forego the membership process for now.

Reply: Each committee will discuss this during their conference calls, and return at the next CPG meeting and present their decisions.

Reply: There was a suggestion to possibly design a new committee as an ad-hoc to determine how each committee will function or if the committees will be dismantled.

Reply: As some committees go away, other CPG committees can merge with other committees.

Lunch @ 12:00 pm
Meeting reconvened @1:05 pm

National HIV/AIDS Strategy – Cena Bain, Presenting
<u>What you will Learn</u>

Adobe Acrobat Document

- The National HIV Strategy is located on the CPG website*

Adobe Acrobat Document

Question: What is data (Indiana) based on?

Reply: The Indiana data is from Dan Hillman.

- **Concept** of NHAS is that only people who are positive can transmit HIV. The goal is to increase the number of people who are aware of their status. Get them into care and decrease their viral load to undetectable to reduce risk of transmission.

Reply: It is really good that positives are being targeted.

Question: Reducing gay men infections by 20% - Is number 2 and 3 for gay men or just African Americans?

Reply: It is just for African American men.

Questions: So in the piece from preventing people from becoming positive, has there been talk about where the emphasis is going to go?

Reply: Not really, the CDC has said how funds can be spent it gives leeway for this area; preventing people from becoming positive.

Reply: At the last National HIV Convention there was a big emphasis on using treatment as prevention.

Reply: There should be more focus on the stigma.

Reply: We must continue to focus on negatives to use condoms – stay negative.

Reply: One responsibility is to teach about HIV basic facts. The CPG is responsible for keeping the schools on task in this regard.

Reply: Two things: Teachers are being challenged and made to feel more comfortable about discussing HIV. The average person is not comfortable discussing this topic. There are a lot of social barriers. The law says that schools have to teach that abstinence is the expected behavior; however, this does not limit schools from teaching other things. We need to start our conversations with abstinence when discussing this topic with kids and schools. Schools are not funded by CDC and therefore are not obligated to discuss the topic of HIV prevention.

Reply: One member visited a school and there were several classes where the young girls had a "rite of passage" of getting pregnant.

Committee Time – started at 1:50 (30 minutes for standing committees and 15 minutes for ad-hoc committees)

Committee Reports

Epidemiology/Population

There was no report for this committee.

Evaluations

Next meeting will be a face to face meeting on June 18th at 11:00 am. The Evaluation Committee discussed how agencies are handling referrals and how they are tracking referrals. The Evaluation Committee discussed having training on how care coordinators can reengage clients. The Evaluation Committee discussed the protocol for clients in maintenance status. Monitoring – Before bringing on new individuals, we need to right the ship. Get our act together before we invite new individuals to be a part of CPG (stakeholders).

Membership

The Membership Committee is creating the membership matrix. They have set down and looked at it and will make a few changes. The Membership Committee will look at the policies and procedures in regard to how members are selected. They also discussed restructuring the committee.

Interventions

The Intervention Committee's next meeting will be on June 4th at 12. The Intervention Committee will study the interventions that have been passed down from CDC. They will come up with a mechanism to educate the communities. The Intervention Committee will have a more in depth conversation. They are looking at requesting a CBA in regard to the EBIs that the CDC is placing emphasis on. They would like to have the CBA done by September 2012.

Needs Assessment

The Needs Assessment Committee's face to face meeting will be on June 13th to talk about the stigma grant. The Needs Assessment Committee talked about doing a prevention inventory report. They had planned to wait for CHSPAC to get their prevention inventory report done,

however the Needs Assessment Committee will move forward with their own prevention inventory report. The Needs Assessment Committee asked CPG members to put together a list of resources for their regions. They will discuss putting together a format to be used at their next meeting. They discussed what the Needs Assessment Committee needs.

Ad-Hocs - The Ad-Hoc committees were asked to discuss to what degree the committee thinks it should change in regard to the new Guidance and what changes will be needed.

STD
The STD Committee wants to be put on the agenda for the July CPG meeting. They want to do a review on the STD presentation; the presentation will take about 45 minutes.

Policies and Procedures
The Policy and Procedures Committee scheduled a meeting for June 11th at 9:30 am EST. Latorya Greene has assumed the position of Chair. The committee will pick-up with the town hall policies and wait list policies.

Q & A/Old & New Business

- Both the EPI/Population Committee and the Black Men's Health presentation were cancelled.
- The Black Men's Health Presentation will be presented at the July CPG meeting.
- The Advocacy Committee is seeking members.

Public Comment
There was none.

Announcements & Celebrations

- Latorya Greene is four months pregnant with a due date of November 1, 2012.
- Alicia Anderson married Montrell Barnes on April 3, 2012, so she is now Alicia Barnes
- Marissa Miller – Brothers United will hold their 3rd Anniversary featuring the Mr. and Mrs. Grandprix on May 27, 2012 at 7:00 pm at the 10 Night Club.
- Rico Nash and Mike Exom are no longer with the Aliveness Project. They both are full-time employees of Live Savers Training Center.
- Susan Newton will celebrate her 50th Birthday on May 25, 2012

CONGRATULATIONS TO ALL!

Meeting was adjourned at 3:00 pm.

Next Meeting – ***July 17, 2012 at 10 A.M.***