

**HIV Prevention Community Planning Group Meeting Minutes**  
**Tuesday, August 21, 2007**  
**Indiana State Department of Health**  
**Rice Auditorium**  
**Indianapolis, IN 46204**

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**Member Attendees**

Rev. Donald Archey	Ron Haas	Larry Pasco
Diana Bowden	Anna Urias Hail	Laura Prado Reyna
Lois Carnicom	Mark Hughes	Debra Stanley
Cydrisse Dooley	Ramon Morton	Adriana Torres
Paula French	Richard Nash	Jesus Vesga
Tony Gillespie	Ryan Nix	Wendy Woods

**Who Had a Proxy**

Dolly Lozano  
Brian Fisher  
Adrianna Torres

**Actual Proxy**

Debra Stanley  
Ron Haas  
Anna Uris Hail (until arrival)

**Non-Attending Members**

Shola Ajiboye	James Howard
Brian Fisher	Jeff Lane
Ramona Gilmore	Dolly Lozano

**Staff Attendees and Technical Advisors**

Vivian Arnold, ISDH Staff	Larry Harris, ISDH Staff
Cathy Archey-Morgan, ISDH Staff	Susan Newton, ISDH Staff
Jim Beall, ISDH Staff	Cheryl Percy, ISDH Staff
Barbara Burcham, ISDH Staff	Andrea Perez, ISDH Staff
Erika Chapman, ISDH Staff	Dawne DiOrio Rekas, ISDH Staff
Cindy Clark, ISDH Staff	Stephanie Lofton, ISDH

**State Staff and Technical Advisors Not In Attendance**

Jerry Burkman, DIV Director	Bernice Humphrey
Michael Connor, ISDH Staff	Dr. Manoj Pardasani
Sue Henry, IDOE	Serina Kelly, ISDH Staff
Dan Hillman, ISDH Staff	Shawn Carney, ISDH Staff
Terry Jackson, ISDH Staff	

**Visitors**

Ted Forbes, CDC Project Officer	Kathy Thornson
Ramon Reyes, AmeriCore volunteer, Step-up	Aaron Mettly
Kem Moore	

**General Business**

1. Meeting started at 10:07 A.M. with Ron thanking the group for being here for the most important meeting of the year to discuss the Letter of Concurrence, Letter of Concurrence with Reservations or the Letter of Non-Concurrence. The meeting started with *Introduction* of members, name and population they represent.
2. The *Purpose / Mission / Ground Rules* were read by Ron Haas, Community Co-Chair.

### Self-Assessment

1. *Self-assessment* was reviewed. Question regarding # 7. Ron Haas reviewed items covered on the Executive committee conference call. Concerns were raised. The same questions come up in many Advisory committees nationwide. Group unsure regarding exactly what is being asked. There is concern that one-fourth of the respondents answered as unsure if there are hidden agendas. Members need to respond (21 in attendance and only 13 responded to survey, 61.9%). Self-Assessment was accepted, no changes made.
2. **Tony Gillespie recommended before the end of year, CPG should do a retreat with a facilitator. Purpose would be to clarify roles for the CPG, ISDH and CDC. To start with a renewed sense of direction for 2008. Consensus was achieved to implement this recommendation.**
3. **Tony also recommended the self assessments be taken for the past year. And compile self assessments to get a sense of the aggregate overview of the self assessments for a year. To look for trends. Ad hoc committee was selected to define specifics of this: Tony Gillespie, Debra Stanley, and Paula French. Wait 1 year this time maybe do quarterly or bi annually in the future.** The Guidance represents roles and responsibilities for the CPG, ISDH and CDC. CPG to step up to the plate and do the work needed.
4. IDU's concerns were brought up regarding representing their interests. No suggestions presented. Ron Haas clarified that CPG needs to keep in mind our role as a tax payer and our roles as CPG members are two different roles. This might not be the right forum for all topics even if it is the only forum.
5. In item #22, the role of CPG Liaison's is not clear. CPG members are used to a different interaction with prior liaisons. Referred to Executive Committee conference call where this was discussed. There are two ISDH staff who help and have other responsibilities. Request made for a revision of Liaison's role from the prior listing distributed. This is a staffing issue. **Requested more information on Liaison's responsibilities to the CPG. This will be in next month's packet.**
6. Questions arose about the Networking session: **Executive committee kicked this back to policy committee for expansion and clarification.**
7. Larry Pasco announced he had a bad fall and it has been hard to get things done. He has finished the IDU paper for the Advocacy committee. Larry has been taking better care of his health and sorry he has had to be less focus on CPG to be more focused on himself.
8. *Attendance and proxies* were reviewed. (see listings Pg. 1) Currently at 23 community members.
9. *Minutes* were reviewed. On Pg 5, # 11 is unclear. **Barbara Burcham will review the tapes from the last meeting and see if she can make this a little clearer.** Consensus was achieved with clarification request.

### Budget Report

1. *Budget Reports* were reviewed. In Brian Fisher's absence, Barbara Burcham stated the only change made on the Budget was to update the column "Projected & Actual Totals." The months total spent replaces the Projected Total, in order to reflect a more accurate "Grand Total" at the bottom of the column.
2. Question was raised about the monthly charges for Administration fees. Administration fees are based on actual amount of monthly expense, as the monthly cost changes, so do the Administration fees. Budget accepted.

### Executive Committee Report

1. *Executive Committee Minutes - Aug 2, 2007*
2. Page 1 # 6 bullet number 8 should read "we are accused of not talking...".
3. Page 1 # 6 bullet point 3 should read "the CDC officer schedule does not allow time to come to CPG meetings."
4. Page 2 July 17<sup>th</sup> meeting minutes # 1 should read "Ramon Morton questioned experiences listed for members...".
5. Page 2 Absences # 2 delete "only"

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6. Committee reports and additional requests. Position paper on IDU, goes to Advocacy committee. Advocacy committee will review and make recommendations. Larry Pasco stated his concern that if there is major editing to his document. He will be present on Advocacy call when IDU position paper is reviewed.
7. Tony Gillespie comment on content. On page 1 item #2 in the Self Assessment is inaccurate. Conflict in past with me (Tony) is in the past. It is unfair to Barbara since it doesn't have anything to do with now. Ron stated he agrees, but he has received numerous calls and emails from CPG members who have had issues with Barbara and they are making judgments now based on the past. Reminder that staff issues should go to Lois Carnicom or Jerry Burkman. Debra Stanley raised her past issues with Barbara. Ron stated she keeps coming back and that shows her dedication. Donald Archey stated he has no problems with Barbara and we should be very careful when we put things in ink. Anna reminded the group, business is business. Debra Stanley restated her issues. Group agreed to move forward.
8. Consensus was made for the August Executive Committee Minutes.

**Division Update**

1. Larry Pasco questioned a \$98,000 carry over. Is that true? Answer: no. Is there carry over? Lois stated we have applied for carry over, and don't know if we will get it, or how much. It comes from vacant positions, dollars remaining from last year's budget. Majority from not filled or vacant position, not from prevention dollars allocated to agencies. Larry Pasco asked, where will money go? Lois Carnicom stated she had asked for recommendations, but no input except one, was given. The money cannot fill a position or a new project, since dollars are a one time event. Money will go to supplies for agencies to do prevention. Larry Pasco asked if any of the money can be used for CPG? Ted Forbes responded that carry over dollars are funds not used from the full budget for one year. CDC takes that money back, and the state reapplies and then CDC decides. It is a one time deal. Ted stated he had not received the reapplication for carry over dollars yet. CDC encourages programs to apply those carry over dollars to purchase test kits and to increase CTR program.
2. Ron Haas clarified that Tony did submit and it was good that someone stepped up to the plate. What Lois asked for was a recommendation, if there is money, where you would like to see the money go. There is a difference between request and recommendation. **Tony Gillespie made the recommendation that there be specificity when a request is made.** Dawn DiOrio Rekas is a CDC employee. CPG does have federal staff here to ask.
3. Ted Forbes stated he is taking a positive role. We are all adults and represent community. There is no need to conduct meetings in a hostile manner. Respect each others opinion. Confrontational & argumentative does not reach the goal of HIV Prevention planning. Professional approach will make this a better environment to achieve the goals of addressing HIV Prevention. CDC doesn't want CPG to go away. CDC is trying to get CPG's more involved.
4. Debra Stanley asked in the MMP program how will Never In Care (NIC) be selected. Cheryl Pearcy stated that they look at the Electronic HIV AIDS Reporting System (EHARS) program on who has been reported. NIC is starting base is about 110 and continuing to add more. Contact will be attempted, but sometimes the contact information is not good. It may be necessary to contact the original tester, and go into DIS mode to find. We will start in August, go from May to May. NIC has a three month timeframe. Finding the people is the real issue. There will be posters and information to work with the areas. We will try GIS mapping to reach the best areas to get posters and information to help find those who might qualify. If people are not in system, then in essence they don't exist.
5. **A recommendation was made by Donald Archey that if there is carry over money, to get Orasure to CBO's as opposed to OraQuick.**

**Committee Time**

1. Ron Haas announced, go to Committee time. Group will reconvene at 1PM for committee reports. Questions/Comments?

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2. Lois Carnicom announced evacuation routes are posted by the elevator. Please read for future reference.

**Lunch 12:00 P.M. - 1:00 P.M.**

**Committee Reports:**

1. **Epidemiology Population Committee:** Mark Hughes - nothing to report.
2. **Public Policy & Procedures Committee:** Ryan Nix - nothing to report.
3. **Advocacy Committee:** Tony Gillespie reported the last position paper is IDU and requests a conference call. Tony will email Barbara to schedule.
4. **Interventions Committee:** Ramon Morton - nothing to report.
5. **Needs Assessment Committee:** Debra Stanley reported she has reviewed final outline of the needs assessment for upcoming year. Report will be done by September 4<sup>th</sup>.

**Letter of Concurrence / Discussion**

1. Ron Haas reported members received the application packet of Division's recommended proposal last Friday. Ron reminded the group that the proposal has not gone through the whole chain of command as was discussed earlier due to the time limitations. Everyone agreed they received the packet. Lois Carnicom restated the preliminary plan has not gone all the way up the ladder of command. This is a preliminary plan. At this time it has only gone through Jerry and is waiting for all the approvals from the higher ups. If there are any significant changes, CPG will have the opportunity to attach further documentation.
2. Larry Pasco stated currently treatment plus only has \$5000. His concern is they cannot get loan from bank, therefore cannot operate on reimbursement. He has been advised by an attorney not to apply. What will state do for IDU population? Lois Carnicom stated ISDH cannot do needle exchange. We received only one application for IDU. Only 1 applied to only do IDU population. Larry Pasco stated the state is an outlet that can do needle exchange. It's in the policy that went to Advocacy committee. ISDH can fund anything. Lois Carnicom clarified that only 1 program is funded for solely IDU because only 1 applied. ISDH can't help you get a line of credit, but ask other CBO's how they did it.
3. Paula French asked for clarity on the comparison of the descriptions with grid. Lois Carnicom stated the grid is what grants were applied for funding. Until the funding is approved and the contracts completed, it is not final. Paula French raised a need to explain decisions made vs funding applied, County or city. She said 1.2 mil., ½ went to health departments. Health departments are set up to serve the general population, not population specific audiences. The other ½ kept in-house. Only about 300,000 went to population specific prevention programs. We (CPG) came in good faith. She understood it was the attempt of ISDH to fund fewer programs funded at larger amounts to target specific populations. Lois Carnicom explained that the Health Departments stay in compliance with mandates from CDC for CTR/PCRS and to identify new cases. At that point DIS does the tracking for partner counseling and referral, as well as identifying new positives. Paula French stated that Step-Up has 1 test site that has a 11 % positive test rate. Initially positives have to be found and then work to prevent the transmission. Dawn DiOrio Rekas stated all but one of the health departments has a 28% positivity rate among partner testing.
4. Mark Hughes expressed the money is not where disease is. Marion, Lake, South Bend. Funding should follow the disease. Larry Harris stated there is not enough funding. Keep in mind who applied and who did not apply. ISDH cannot force people to apply. If we could get more money it would go into the programs that apply. Tony Gillespie raised questions about allocation. In past funding cycles, regions with the highest burden, money should follow. In January 2007 meeting, we were told fewer agencies would be funded, and the RFP spoke of partnerships. Partnerships don't come easy. Two applied as partnership. Lois Carnicom replied some agencies utilized Memo of Understandings (MOU) to serve as the partnership in the application. Tony Gillespie said why from a regional perspective, why wouldn't that agency get funded based upon the disease burden. Lois Carnicom responded the Division took into account everything, all criteria

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- into consideration. Tony Gillespie is concerned that decisions for agency funding can be based upon performance, should be in writing.
5. Larry Pasco stated that 9 projects say they serve IDU's, and now that might change. Every agency gets funded to distribute condoms. Not a one except Treatment Plus gives out harm reduction supplies. Why does state distribute condoms but not clean cotton swabs for IDU and prostitutes? Do you hold the agency's accountable for the funding they receive? Larry Harris stated this is a proposal they anticipate providing. We will negotiate and that is another process, contract negotiations. None of this is finally approved. Larry Pasco expressed he will let the 100 people know by email that he has no answers for them. Ted Forbes interjected that this is a draft, a preliminary list. Ted will be meeting with Lois and Larry tomorrow.
  6. What Ryan Nix says he is hearing is that this document is what they are going to do? Lois Carnicom stated some may do and some not. Ryan Nix asked do they pick or state picks? Lois answered it's negotiated. Ryan Nix asked about gay white men in Indy. Bell Flower Clinic is there, but what services is it that we are getting? Where the numbers are highest? Larry Harris said ISDH received agency proposals. The state process is we still need to go through the final decision, to set the dollar amount through contract negotiations and what they can afford to do with those numbers. You would have major gaps if these agencies were not funded. Rico Nash concerned if we meet all the criteria, will we get funded? How do you hire someone to do this without the funding?
  7. Debra Stanley referred to questions that were submitted prior and expects answers. Lois Carnicom referred to the guidance on page 23 which states that the internal health department budget is not for CPG review or comment. Debra Stanley pointed out page 11 (IPR) shows the CPG funds. It was agreed that copies would be provided of that page. Lois reminded that this is preliminary. The timeline for updated decisions will be by end of September.
  8. Donald Archey questioned how with due date for RFP on 7/31 and proposed funding on 8-16. That's in 2 weeks you looked and deliberated. Lois Carnicom stated there were thirty reviewers that worked hard on reviewing grant applications. Andrea Perez added the grid says what they can do with their money. We are not saying that they are the only ones that can do it. We want to target the money to follow the disease, and look at what other services or resources are available in the same area. There are other agencies that are available.
  9. Ron Haas pointed out "why didn't I get funded" question is being asked. Ask ISDH outside this area. They do contract with other agencies.
  10. Donald Archey stated, "Allen County refused to sign MOU's with Archey AIDS Foundation."
  11. Tony Gillespie made reference from this to previous RFP processes. Since 2005, there were comments/concerns raised regarding last RFP being flawed. Need TA and look to CDC for it. Part of criteria was that part of the decision based on data entry and existing resources. There have been so many issues with the data entry. Pieces of data lost is problematic. Capacity concerns of vendors because we cannot find a different vender issues. No one wants to provide the services. If decisions are based on methodology, data entry, and capacity, it should be documented. Should have been dealt with prior to the RFP process. Either fix agency or address capacity issues, prior to RFP process.
  12. Diana Bowden's concerned that a large portion goes to county health department for DIS services. They are paid through the STD and prevention grants and local health departments. Always thought they were state employees. I don't understand why their salaries are in this budget. If numbers are so increased in Marion County then why is money not increased to Marion County? A large portion goes to personnel, and don't taxes support county health departments. Maybe not that way in every county health department even with out prevention dollars. Jim Beall clarified the STD program only has 8 Health Departments with DIS. They are responsible for 8-10 counties each for HIV/STD and they came up about 1,000 short. Marion County may have loyalty, but can't count on that everywhere. Majority of people identified at CTS are through DIS. When you say prevention and not DIS, there is disconnect with what DIS actually do.

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- Sites to be a CTS follow up on all possible partners for testing, to confirm treatment of STD positives, to confirm that cases are adequately reported, and to track additional partners. Diana Bowden asked then do CBO's refer to DIS. Response is yes, the requirement is to report to DIS for follow up.
13. Ryan Nix asked performance and all those things are thrown into the mix? Sounds subjective. Lois Carnicom responded that performance was in the RFP. Applications are graded, we took those scores and add in all the other components.
  14. Wendy Woods sees questions being asked are about the same... been going on since 1 o'clock and stuck same question with same answer. We do this every year. Non-concurrence and do it again next year. **Recommend close the discussion.**
  15. Ron Haas raised the question to move on or not. Opened the vote: 12-yes 6-no. Discussion closed.
  16. ISDH staff was asked to leave the room for CPG discussion on the letter of concurrence, letter of concurrence with reservations or letter of non-concurrence.
  17. At 3 pm Ron Haas informed the ISDH staff the group has taken a break and will reconvene at 3:10. Staff will rejoin the meeting.

**Report of the decision on the letter to attach to the application to CDC.**

1. CPG voted by consensus for a letter of non-concurrence. Ron to send to CPG membership by Friday, August 24<sup>th</sup>. Comments back to Ron by Monday, August 27<sup>th</sup>. Ron will forward to the Division for attachment to the application.

**Ted Forbes, Project Officer, CDC Comments**

1. There probably will not be a retreat but some capacity building and TA will be explored. There will be a follow-up site visit report. Remember disagreement is not conducive to the CPG process. You don't have to lose your respect/professionalism to get your point across. I've heard all the good work you have done. My job is not easy. When I meet with state programs I go out into the field. See how they deal with prisoners and shooting galleries. CDC money recommendations go to HHS then the top officials decide, then his director decides what his Divisions get. There was a decision that affected the health dept funding. It affected all funding. I know you have decided to not concur. This is the second one. This will raise flags at CDC. To more closely observe this process. I'm going to read the letter and request more TA and more capacity building. Ted Forbes stressed CDC's focus is CRCS for IDU intervention, not a DEBI. Cookers are a referral under CRCS.
2. Debra Stanley asked is there a requirement that certain mandates be funded? Ted Forbes replied the State can fund Needs Assessment if budget allows or be put in touch with volunteers. Maybe there was a miscommunication. So they hired Luther to continue on with that service. It's State money. Ted Forbes stated he will meet with Larry and Lois tomorrow
3. Ramon Morton stated it's been powerful day, outrage of passion. Someday someone will hear what we are saying. Let there be some serious follow-up. Tony Gillespie stated this is not an easy task for State or for the community. He feels misled and misinformed. We need a level of belief and trust. Reality is if you come from CBO you have those that depend on you. If you do what you are told and don't benefit then you need to go back and explain. TA to deal with conflict would help. When you leave agitated, something needs to be done to make our areas healthy to do good work. TA plan for IN to look at us as a whole. Whether we trust or like each other, we have to come here to get this work done. We need to have a retreat where all can participate in to increase the trust level. Our TA has addressed specific issues/deficits and nothing to address process as a team.
4. Ted Forbes stated you meet monthly and not being paid for your good job. Agencies that are funded, want to be more productive. What I've discussed with Lois, Jerry and Larry is enforcement of the By-Laws, the Guidance. You can get a copy if you don't have it. Tomorrow I'm visiting Rico and Cydrisse. Will try to come twice a year.
5. Anna stated appreciation for your work. Too bad walking out of here today, seeing the aggression we have had today. The recommendations received that were made by the CPG to the state were not followed so by the time we got here, we were boiling. Maybe

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not the best way to handle, but we can always use help. I'd love to see Jerry here all the time. Nice to get these answers directly from her. Jerry should be here to answer what decisions are made at her level. Ted Forbes responded a director needs a clear picture of this body.

**Public Comment**

Ron Haas moved on to public comment and there was none.

**Old Business**

1. Ron clarified Larry Pasco's questions are answered.
2. Cathy Archey Morgan stated only 1 asked for 1 DEBI to bring to Indiana. Need to know who wants more information on what DEBI. Response indicated "Healthy relationships for positives". Ted Forbes asked, Cathy brings DEBI trainings and how will that help? Cathy stated it saves travel cost. Ted asked are they implemented? Cathy responded yes or intend to in the future.
3. **Debra Stanley wants to know will entities get a copy of their scoring. Lois will check and get back with the group.** Ted Forbes stated ISDH will get a letter to those funded or not funded. Tony Gillespie asked in past you had option for a debriefing / strengths and weaknesses. Ted Forbes answered we don't send out score sheet with any application not funded. It's reviewed, funded or not funded.
4. Diana Bowden is concerned the timeline is not adequate. ISDH get from CDC then the RFP then short turn around time. Is this going to be addressed for the future? Ted Forbes stated in the past this agency has been given an extension. Submission is through grants.gov and it will be difficult to post to grants.gov when before this, it was possible. Ron Haas asked why you don't back up your process, to give adequate time for the complete process, like 6 weeks. Ted Forbes stated you know when this is happening. Even though the guidance changes, you are still the same. The RFP for this funding cycle is paired with the IPR. Ted asked who reviews. Ron said everyone, the whole CPG.
5. **Tony Gillespie's recommendation is to have committee review the IPR first and make recommendation to the body.**

**New Business**

1. Ron Haas stated that over the past 6 months he's not been able to do the leadership this body needs and is therefore resigning as co-chair. His recommendation is Executive committee appoint a new co-chair until a person is elected. There is no policy on co-chair resignation.

**Celebrations/Announcements**

1. Donald is 46, today's birthday.
2. Mark it's a blessing to be here.
3. Paula on Friday, Court TV at 8pm is one of our sites, Pendleton Juvenile Detention Center.
4. Jim STD grant sent to CDC because it didn't need a letter.
5. Cathy job well done to everyone who sits around here.
6. Donald sold a lot of books today... have a few left.
7. Jesus is a grandpa 1 month ago
8. Anna thanks Cathy for job with Street Smart training, despite the death of her cousin.
9. Ramon raises the obstacles community faces. Today raises a lot of questions.
10. Tony, Brothers Uplifting Brothers got a small advocacy grant from IN Cares to work with social work intern for a lobby day at the state.
11. Lois thanks to everyone for their hard work and passion.
12. Cathy stated CDC identifies public health as everyone in the community. Celebrate being the community together. The passion in this room, the commitment, can help us to move together towards public health.
13. Kem has been recovering from illness.
14. Anna added our target is IDU's and in 5 years they have 400% abstinence.

**Adjourn 4:10pm**

**Next Meeting – September 18, 2007**