



HIV PREVENTION COMMUNITY PLANNING GROUP

Tuesday, July 17, 2012

**Indiana State Department of Health, Rice Auditorium
Indianapolis, IN 46204**

AGENDA

10:00 a.m. – 10:10 a.m.

Welcome: Andrea Perez, ISDH Co-Chair

Self-Introductions: Each member introduced themselves. There was one visitor present

Ground Rules: Darin Foltz read the Ground Rules.

Review of Agenda: Latorya Green, CPG Co-Chair

10:10 a.m. – 10:30 a.m.

Approval of CPG Minutes from May 2012

There was a consensus to accept the Minutes for May 2012.

Review of Group Assessment Form

Members thought there was good conversation in regard to the Guidance.

Review Presenter Assessment Forms

No comments questions or concerns were stated

Review of Attendance Sheets

There were no corrections to the attendance sheets. There were two resignations. Michael Howe and Susan Henry, TA, resigned. The attendance policy was reviewed and members were reminded that, "If you miss one meeting you will receive a letter to inform you that after two absences you will be removed from the CPG".

Review of Expenses

There were no questions or concerns in regard to the expenses. The projected budget was reviewed. If everyone attends all of the remaining meetings the CPG will have \$12,633.04 left over. If you have any suggestions on how to spend the remaining balance please submit them by October to Latorya Greene, CPG Co-Chair.

10:30 a.m. – 10:45 a.m.

Executive Committee Report –

Presented by Latorya Greene, Community Co-Chair

The Executive Committee will discuss the new Guidance in more detail. The Executive Committee is working on a draft and the Committee will discuss the functions of the CPG committees; should they stay the same or change. It is believed that all committees will experience some change. Each member's participation is needed for this process. The Executive Committee will also discuss the Indiana HIV Jurisdictional Plan and the HIV Prevention plan to determine what will be the functions of the CPG committees. The Executive Committee will discuss timelines also.

Division Report

Presented by Andrea Perez, ISDH Co-Chair

Prevention: The Prevention RFP will cover 2013 thru 2015, it is almost completed. It will go through the approval process; Larry Harris and Dr. Howell.

STD: There is a delay with the STD portion. There are changes that mirror the NHAS and changes in the Prevention grant.

Hepatitis: The Adult Hepatitis grant is still being written it will be a 5 year grant. Perinatal Hepatitis staff started the prenatal provider survey and record review.

Services: There is no waiting list. Services is still awaiting Guidance from the State in regard to the Affordable Care Act. Care Coordination audits are ongoing. SPSP audits have started. The Care Coordination Assistant position has been filled and the new person will start on Monday, July 23, 2012.

10:45 a.m. – 12:00 p.m.

Committee Restructure Discussion

Latorya Greene, CPG Co-Chair - Presentation; HIV Planning Guidance – CDC March 2012

-See Presentation –

The following questions were presented to the CPG:

- What are high impact programs? Where those with the most needs (have the highest risk) are searched out and served.
- What is result oriented process? Evidenced based- SMART goals and objectives
- What is HPG? HIV Planning Group
- Should we change our name to HPG? This has not been decided.
- What are stakeholders? People who have some type of interest and have something to contribute; engaging a broader group. The words care and treatment have been added to HIV prevention. We need to make sure we are including those who provide treatment and care.

The Health Department, CPG Member and CDC Responsibilities were discussed. The Fundamentals of the process were also discussed.

Question: What is the purpose of the transgender seat on the CPG?

Reply: Your presence is the voice of this population, to remind the CPG that there needs to be more done in regard to this population.

Reply: The data may not show what you expect because those outside of our umbrella; doctor offices, health/medical clinics, may not be gathering the needed information so therefore, it is not reported accurately.

Reply: Transgender is not a risk. It is the act that is the risk so the information is most likely being reported as MSM.

Reply: There was previously a recommendation to do a special population needs assessment, this needs to be taken up with the needs assessment committee.

Reply: In terms of the data what is in Luther is all testing activities funded by the ISDH HIV Prevention with the exception of the SPSP program.

Latorya Green, CPG Co-Chair went over three objectives stated within the Guidance – follow link to see presentation



Adobe Acrobat
Document

Membership - Objective One

- Other suggestions were looking at Interventions and EPI working together as one committee.

Needs Assessment - Objective #2

- It was suggested to utilize some of the methods that were traditionally used by Needs Assessment Committee to gather information from the stakeholders. The Needs Assessment Committee will take on the bulk of the work around the engagement process.

Evaluation

- How will the Evaluation Committee work along with the plan? The Evaluation Committee will be in charge of answering the monitoring questions in the new Guidance:

New Guidance Monitoring Questions

1. To what extent did HIV service providers and other stakeholders who can best inform the coordination and collaboration of HIV prevention, care, and treatment services participate in the planning process?
2. To what extent did the engagement process achieve a more coordinated, collaborative, and seamless approach to accessing HIV services for the highest risk populations?
3. To what extent was input from HPG members, other stakeholders, and providers used to inform and monitor the development and implementation (or update) of the jurisdiction plan?
4. To what extent was surveillance and service data/indicators utilized to inform and monitor the development and implementation (or update) of the jurisdiction plan?

Interventions:

Question: Could the Intervention Committee possibly become the stakeholders committee?

Reply: The new guidance was not to undo or redo what was already being done. We need to just incorporate care and services into our plan. We do need to make some modifications. We need to expand some things.

Reply: What I got was that we need to think about how useful things are going to be. If we keep things as they are then we need to figure out how we will use them.

Question: How do you see the CPG in terms of the interventions that we do, do you see the CPG as a body that needs to be strengthened?

Reply: Will get back to you.

Reply: We will always need interventions we can possibly switch our roles as consultants.

Reply: Interventions we need to look more at the care and treatment.

Reply: Prevention is treatment.

Reply: The last part of Objective One talks about indentifying organizations that can work with the CPG. See the CPG being four standing committees taking on the three objectives.

Reply: One concern is giving responsibility to one committee may result in the committee not pulling its weight which would reflect back on the whole body. I have seen Andrea and Cena have to do the work of the whole committee because the ball got dropped.

Reply: On the call some states were already doing what the CDC was requesting?

Reply: The states were angry because they had to do a Jurisdictional Plan. Other states stated that they had a combined program, prevention, care and service and didn't feel like they should have to re-write a plan.

Reply: The response from the CDC facilitators stated that if you have a plan that is inclusive of what we want then submit it. This is about taking what you already have, determining the base line and moving forward.

Question: Is there a plan to look at combining with services/CHSPAC?

Reply: Not at this time. There would have to be a mandate from CDC and HRSA or both groups coming together to say we want this.

Reply: We do have to figure out a way to do what we do together, prevention and services.

Reply: The State writes the plan with the input of the CPG who then monitors the plan.

Reply: It will be more difficult to monitor the plan because it will cross over into care and services. We need to decide if we will have a tool to use.

Question: What are next steps? What do we need to do to move the process?

Reply: The Jurisdictional Plan is due Sept 30th, we need to decide which committees need to take over the different objectives.

Reply: Add to the task of the ad-hoc committees. We need to retool how the ad-hoc committees should function.

Question: Should the Policy and Procedures committee become a standing committee due to so many policy changes that will take place?

Reply: There really aren't that many policies to be addressed. We should leave it as it is.

Below are the committee objective tasks:

Membership/Stakeholder – Objective #1

Needs Assessment /Engagement - Objective #2

Epi/Intervention - Objective #3

Evaluation Committee – Will answer the monitoring questions in the new Guidance.

Epi, Interventions, Policy and Procedure, Advocacy and STD as ad-hoc committees

Reply: The CPG was in agreement in regard to the assignments of the objectives.

Question: Do we want to allow members to shift committee assignments around?

Reply: Yes members will be allowed to move to a committee that is more suited for them. Members always have the option to change committees.

Reply: We will send a sheet around with the committees and members will be able to choose the committee they want to serve on at the end of the meeting. This list will be sent out to members.

12:06 p.m. – 1:10 p.m. LUNCH

1:10 p.m. – 1:30 p.m.

PS12-1201 Jurisdictional HIV Prevention Plan

Andrea Perez presented the Jurisdictional HIV Prevention Plan

The purpose of the document is to give instructions for writing the prevention plan. There is not too much more in these instructions than what was in the Guidance. Pg 5 – Submission procedures. The plan is due September 28th not September 30th. Things that need to be included Epi profile, Needs Assessment, we may submit the research agenda as an attachment, the letter of concurrence and document about the CPG's engagement process. We can't really document the engagement process at this time. What we will do is talk about what we plan to do.

Comment: I thought it was stated on the call to submit what you already have and later include updates.

Reply: Susan is working on comparing The Plan that was completed in 2012 and taking out those things that are extra and determining where the gaps are. She is also looking at the Comp plan completed by Services to see what we can use. A draft of The Plan with revisions will be completed by the end of August. The CPG will have two to three weeks to review the plan. At the Sept 18th meeting the CPG will then make a determination to decide if the letter will be concurrence, non-concurrence or concurrence with reservations. Latorya will then have two weeks to complete the letter before submission of the plan on September 28th. The Needs Assessment committee will also present what they have proposed for the Engagement Process at the September meeting.

Question: Do you already know what things the Needs Assessment Committee needs to look at and address?

Reply: We know what is in the Guidance.

Question: Is the engagement material all that is needed for The Plan?

Reply: No, we will need information about the other committees and how they plan to address the three objectives.

Reply: We want to talk about what we already have in place that fit these requirements. Then we want to talk about the stakeholders who are not involved and how we want to involve them in the CPG process.

Question: Will this be the job of the membership committee?

Question: In the planning that was done in December, does it include a good deal of information of our outreach engagement process?

Reply: It does to a certain extent. It contains information about how we recruit.

Comment: CPG members should have a copy of The Plan by September 3, 2012

Question: The only task from the body is from the Needs Assessment to get information to Susan, or are the other committees also?

Reply: The Needs Assessment Committee along with the new committees needs to address the objectives that they will cover. This information should be forwarded to Susan by at least two weeks before Sept 3rd which is August 24, 2012. For the committees that are newly established it is suggested that you go to the plan cut and paste where needed to adhere to the new Guidance.

1:30 p.m. – 2:30 p.m.

Committee Reports

1:30 p.m. – 1:45 p.m.

Membership Committee

Brian Revalee

The purpose of the membership matrix was presented. Regional representation is based on the December 2011 Epi data and CPG member distribution to determine what the seats would look like. The Membership Committee added three at large seats. When Epi identifies any emerging trends we will not have to go through this process again but can add an at large seat. The committee wanted to have a little bit of fluidity so that we can make this a living guide and not so strict. The Committee also looked at the roles of the TA and stakeholders and proposed to turn TA and stakeholders into an advisory group. The advisory group will do much of what TA currently does. The standard is that TA will not be required to be at the meetings at all but the CPG will seek you out for your advice as needed. TA will be reached out to through surveys, emails etc. All members will be required to attend at least one meeting per year to be determined (possibly the orientation meeting). Made sure we kept PIR so we would have diversity. We have the 9 regional seats represented from all 5 of the priorities set by CDC; 2 BMSM, 2WMSM 2BAAF, 1 HIV+. The draft presented by the membership committee was approved with the following changes:

- Remove "high risk" from the Heterosexual AA Female
- Remove the following populations (Heterosexual Hispanic Female, Transgender, Incarcerated/Recently Released and Minority IDU) and replace with "At-Large" seats to which priority will be given to "populations to watch" as determined by our CPG.
- Added an additional "PLWH/A" seat as well as "Region 10" seat.

Comment: Seems that HIV+ should also have 2 seats.

Reply: One of the at-large seats will be changed to a PLWHA seat.

Question: Where did #19 in the matrix come from?

Reply: It was one of the populations to watch.

Question: Was this just a one year process to watch these populations?

Reply: Yes, this is why we will fill spots with at large members representing regions.

Reply: We are at 62% capacity. Last month we were currently at 68%.

Question: What do you see the role of TA?

- Reply: You would be asked to do questionnaires, sit in on town hall meetings, more of an as needed basis but welcomed to all meetings.
- Reply: We will put together a packet to send out to possible stakeholders explaining who we are, what we are doing and what we want to do and how the stakeholders can fit in.
- Reply: Those who had no affiliation with HIV but are motivated to serve would fit into the at large seats.
- Question: Is there still a consumer advisory board?
- Reply: No they are a part of CHSPAC.
- Question: How far down the line do we go before we invite people to join seeing we are at the 62%?
- Reply: The Membership Committee has decided to work on the process before inviting any new members as we build our process.
- Comment: When you say someone fills one seat but covers multiple categories, and they can be moved to fill that seat to open up another seat – it seems that we may end up being over represented by one group.
- Reply: The committee will need to continue to be aware of the seats and how they are being filled.
- Reply: If we abide by the by-laws and PIR then we will not see this happening.
- Reply: With the additional focus on outside folks it will remedy this potential problem.
- Reply: Change all populations to watch to at-large and then give the seat a title.
- Reply: When you talk about heterosexual men and populations to watch and making sure we have our PIR we are not addressing this population. We need to be inclusive of these populations.
- Reply: When the Prevention RFP comes out there will be a new regional map with 10 regions instead of 9. We will use an at-large seat for the 10th region. We will send a copy of the new regional map out.

The CPG was in consensus with the changes for the membership matrix

1:45 p.m. – 2: p.m.

Needs Assessment Committee

The Needs Assessment Committee held a face-to-face meeting with Dr. Beth Meyerson, Dr. Titi Okoror and Dr. Priscilla Barnes to discuss stigma. It is suggested that the membership take a look at the data from the study. Anita Ohmit gave a presentation about the findings from a Black Men's Health Study conducted by the Indiana Minority Health Coalition.

2:15 p.m. – 2:30 p.m.

Policies and Procedures Committee

There were three policies that were discussed:

- Revision to membership process – see handout sent with July 17, 2012 CPG materials. The three changes were voted on and the changes were accepted
- Revision to Community Co-Chair election policy – see handout sent with July 17, 2012 CPG materials. The committee will revisit this policy to compare it to the policy on page 24 of the CPG by-laws.
- Requesting funds from the CPG for town halls and town hall procedures – It was suggested that we table this policy and come back to it.

Comment: The title needs to say Community Planning Group; it should state that for submission and approval the information should be sent to the CPG Liaison.

2:30 p.m. – 3:00 p.m.

Q & A/Old & New Business

- Yesterday, July 16, 2012 the FDA approved Truvada as pre-exposure prophylaxis (PrEP). Is there information available about the study on this product? If anyone has this information, please forward it so that it can be shared with the CPG members.

- Elwood Aspire has moved to Anderson the new contact information will be sent out.

- A request was made for data that is available about Transgenders.
 - Reply: The Division asked Dan Hillman for data and he has already given us what he had. This can be redistributed. In terms of pulling info from Luther, if you let us know what, specifically, you are looking for we can provide it.

3:00 p.m. – 3:15 p.m.

Public Comment

There was no public comment

3:15 p.m. – 3:30 p.m.

Announcements & Celebrations

Emily Brinegar – The Illuminate and Mpowerment of Positive Link will be having a retreat September 28 – 30th in Bradford County for MSM and bi-sexual men. The cost is \$40 with scholarships available.

Next Meeting – *September 18, 2012 at 10 A.M.*

Adjourn