

S.C. HIV Planning Council
Meeting Minutes – August 6, 2013
Brookland Baptist Church Fellowship Hall

Opening: The meeting was called to order by Gary Rhett at 10:10 a.m. Susan Fulmer welcomed everyone to the Council meeting. All persons in attendance were given the opportunity to introduce themselves and to acknowledge the agency they represent.

HPC Members Present

Kabra Benford	Stacey Jennings	Tricia Phaup
Vera Bishop-Wright	LaVonda Johnson	Harry Prim III
Veronica Brisco	Alex Karydi	Gary Rhett
Laura Cahue	Michael Luciano	Amanda Rosado
K. Allen Campbell	Melody Maddox	Pamela Shepard McKnight
Susan Fulmer	Deadra Malloy	Larry Walton
Mary Wright Golden	David Pable	Romie Washington
Adrena Harrison	Angel Payton Harmon	Shehan Welihindha
Keisha Hightower		

Absent

Valerie Daniel	
Lottie McClorin	Glenda Schleich
Wilhelmenia Mathias	Tyrone Small

Ex-Officio Members

Carlos Harris

DHEC Central Office Staff

Linda Brown	Roshan McDaniel	Leigh Oden
Pam Davis	Tony Price	Jennifer Turner
Monetha Gaskin	Bobby Rogers	Charmella Tyler
Lewis Hicks	Janet Tapp	

Guests

David Alexander	Mulamba Lunda	Brie Elliott
Christine Beyer	Stacy Massard	Brian Boynton
Maiava Blackwell	Elizabeth McLendon	Zenovia Vaughn
Martha Bryson	Gerald McNair	Suzanne Vargas
Troy A. Bowers	Lee Patterson	
Dayna Holford	Mariam Sneed	

Staff

Donald Wood

Minutes: The minutes from the June 18, 2013 meeting were reviewed.

Action Item: A motion was made and seconded to accept the minutes with one small correction.

- Delete the reference to CHAMPUS in the Care and Support Committee report.

Presentation

HIV Prevention 2013: Progress and Updates

Reaching the State's HIV Prevention Goals: Progress to Date: Jennifer Turner, HIV Prevention Evaluation Coordinator, provided the Council with an update on our statewide HIV Prevention Goals and Objectives.

HIV Prevention Plan Updates: Tony Price, Prevention Programs Manager, presented a brief update on the HIV Prevention Plan. He also provided a brief overview of the role of the Prevention Committee.

Role/Purpose

To identify and review federal and public health guidelines and recommendations for science-based, proven effective HIV prevention interventions for priority populations; review state and national HIV, STD and viral hepatitis epidemiological and other data related to populations most in need of HIV prevention, care and treatment services; and make recommendations related to IDV prevention implementation issues in South Carolina.

Responsibilities/Tasks

- Be knowledgeable of the different HIV prevention interventions and public health strategies required in the CDC funding cooperative agreement including:
 - ✓ HIV testing
 - ✓ Prevention with Positives (PWP)
 - ✓ Condom distribution; and
 - ✓ Policy initiatives and other structural interventions.
- Be knowledgeable about the SC HIV Prevention Plan,
- Be knowledgeable about the National IDV/AIDS Strategy.
- Be knowledgeable about CDC's High Impact HIV Prevention (IDP) program framework and the CDC reference document on HIP.
- Be familiar with the HIV planning process as detailed in the CDC HIV planning guidance. The results of HIV planning must include: 1) Stakeholder recruitment and identification; 2) Results-oriented engagement processes; and 3) Input into the development of and updates to the South Carolina HIV Prevention Plan.
- Identify, discuss and make recommendations about special considerations for implementing HIV prevention interventions in South Carolina.
- Identify, discuss and make recommendations about special considerations for providing prevention services to priority populations in South Carolina.
- Present recommendations to HPC.

Prevention Committee – Special Considerations for Prevention Interventions: The Prevention Committee presented three recommendations for modifying the current Prevention Interventions –

Condom Distribution

Special considerations related to implementation of this intervention in South Carolina are:

- In the context of severe budget restraints, including the unknown effects of the federal Sequester, providers who receive their condom supplies from DHEC's STD/HIV program need to establish and adhere to immediate prioritization of limited resources. This prioritization focuses on increasing

distribution to persons living with HIV/AIDS, their partners and others known to be at very high risk of acquiring HIV.

- The AIDS Healthcare Foundation (AHF) (www.aidshealth.org) is piloting a national condom distribution plan. AHF is working with South Carolina's community HIV prevention providers to devise a feasible strategy for AHF to provide condoms at no cost to populations and sites that do not meet criteria to qualify as a DHEC STD/HIV program priority. The state's providers should be made aware of this consideration as they conduct their strategic planning for condom distribution. (Note: AHF has already been providing free condoms across S.C. for sites that request them, prior to this new, enhanced initiative.)

Healthy Relationships

Special considerations related to implementation of this intervention in South Carolina are:

- Many areas are very rural in our state. Many areas do not have public transportation or taxi cab service.
- Providing the intervention in a retreat type setting or over the course of several days (i.e. weekend or Wed. – Fri) seems to work better than over the course of 5 weeks. Consideration should be given to adapting the intervention to be implemented in a two-day session or a weekend retreat.
- A person active in substance abuse or actively psychotic may not be appropriate for the intervention.
- A mental health assessment and/or a substance abuse assessment may need to be conducted prior to enrolling an individual in the intervention.
- Many clients entering Healthy Relationship Intervention need to have a clear understanding of HIV and STD transmission. It is recommended that clients have this education or knowledge prior to enrolling.

Many Men, Many Voices (3MV)

Special considerations related to implementation of this intervention in South Carolina are:

- Continue the one-weekend or two-weekend retreat provision of the intervention, versus the seven-session (one session per week for seven weeks) method of intervention delivery.
- Establish statewide support from trained 3MV facilitators to assist other areas due to high staff turnover and lack of experienced staff for this intervention.
- Conduct recruitment for additional facilitators to implement more 3MV interventions, with encouragement to DHEC STD/HIV to seek special funds to provide support in this effort.

After some discussion, all three motions were adopted by the Council.

Adjourn to Committees: The meeting was adjourned to the committee meetings.

Lunch

Call to Order: Following lunch, the meeting was called back to order at 1:24 p.m. by Gary Rhett.

Following the call to order, announcements were accepted from the audience.

HIV/STD Division Update: Janet Tapp provided a brief update on the impact of sequestration on the division's budget. They have had to deal with between a 5 to 6 percent reduction in both CDC and HRSA funding. They division is currently interviewing for a fiscal analyst. She briefly discussed the looming October 1 launch of the Affordable Healthcare Act. Once launched, the enrollment period will continue through March 31.

Budget and Evaluation Update: In the absence of Donald Wood, the program administrator, Susan Fulmer noted that the budget was on target. She also mentioned that the evaluation reports continue to include potential training needs. She will work with James Harris, the DHEC training coordinator, to see how we can accommodate as many of the suggested trainings as possible.

Ryan White Programs: Leigh Oden announced that the division has received their final award letters from HRSA. Charmella Tyler has joined the division as a Program Coordinator.

Roshan McDaniel provided an update on the status of ADAP. They currently have more than 3,000 clients enrolled and 2200 users. The insurance program has more than 1,000 clients enrolled and 833 users. The Medicare Part D program has more than 175 clients enrolled and 131 users. Open enrollment begins on October 1. They are currently revising the Insurance Program requirements.

Prevention Programs: Tony provided updates on DHEC's STD/HIV Prevention Programs <http://www.scdhec.gov/health/disease/stdhiv/index.htm> activities.

- DHEC continues to hope that the CDC will allow for the use of calendar year 2012 unspent funds to be used in late 2013 to reduce the severity of the sequestration fiscal impact. Unspent funds, if approved, may only be used for one-time activities or purchases, such as supplies. A large purchase such as for condoms would be beneficial to the state not just for 2013 but also into 2014. DHEC hopes to get notification on the unspent funds request by later in August or September.
- DHEC's HIV prevention interim progress report for 2013 and continuation application for 2014 is due to CDC by September 16.
- DHEC's application for the next five-year cycle of the CDC STD prevention grant is due September 12.
- DHEC's viral hepatitis prevention interim progress report for 2013 and continuation application for 2014 is due to CDC by August 9.

Administrative Report: Donald Wood sent the HPC members the evaluation report from the April Council meeting. He also provided a brief financial update and sent information on the Council's expenses from the last reporting cycle.

Executive Committee Report: Gary Rhett provided the Council with a brief recap of the Executive Committee conference call that was held on April 11. The committee reviewed and approved today's meeting agenda and discussed future meeting topics.

Standing Committee Reports

Membership: The committee will meet to discuss the 2014-2015 application process. A notice will be sent to all members who need to reapply for another 2 year terms as well as those than will have to sit out a year.

Care and Support Services: Angel Payton-Harmon reported that the committee held a question and answer session with several staff members from Logistcare, a Medicaid transportation provider.

Positive Advocacy: Veronica Brisco reported that the committee met in July. The meeting was very productive. They will be hosting a seminar in September for consumer. The seminar will provide Benefits Overview for Non-Case Managers

Needs Assessment: Harry Cahue reported that the committee is working to finalize the WMSM survey and protocols. They will begin piloting the program in September.

Prevention: No report. The committee presented its recommendations at the beginning of the meeting.

Workgroup/Task Force Updates

Corrections Workgroup: Susan Fulmer noted that the group will meet on September 9 at 1:30 p.m.

Hispanic/Latino Workgroup: Laura Cahue reported that some committee needs more volunteers. They are working on finalizing the results from the Hispanic/Latino workgroup.

African American MSM Workgroup: K. Allen Campbell provided a brief update on the activities of the workgroup. The MSM Institute had 225 registered participants. They were able to provide 65 scholarships.

SC HIV/AIDS Care Crisis Task Force Update: It was reported that the task force has changed its name to the SC HIV Task Force.

Unfinished Business

Future Presentations: The December meeting will include a final report on the Hispanic/Latino Survey and the Ryan White Continuum of Care Data.

New Business

Update from the Co-chairs Meeting in Houston: Susan and Gary provided a brief summary of the Co-chairs meeting which was held in June.

CDC Interim Progress Report: Susan Fulmer reminded the group that the Council will send out a notice about the upcoming conference call to discuss the IPR. A summary will be provided to the Council once it has been vetted by the HIV/STD Division staff.

Announcements

SC HIV/STD Conference – October 23-24, with a pre-conference institute presented by the Harm Reduction Coalition to be held on Tuesday, the 22nd.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Donald Wood,
Program Administrator