



## **Feb. 22, 2006 Meeting Minutes**

**Opening:** Susan Fulmer, the Health Department Co-Chair in the absence of the Community Co-chair, David Mattison, called the meeting to order at 10:10 a.m. Susan notified the group that David's grandmother passed away last night and that is why he was absent.

**HPC Members present:** Monica Adamian, Laney Brackman, Aaron Bryan, Robin Days, Atensia Earp, Rick Felder, Teretha Fowler, Suzanne Freeman, Andy Hall, Tonya Hucks-Bradshaw, Carmen Julious, Patricia Kelly, Virginia King, Les Knight, Mulamba Lunda, Kathleen Pitner, Tim Pitts, Ivan Segura, Larry Walton, Norlica Washington.

**HPC Members absent:** Matt Jenkins, Annette Larsen, David Mattison and Clifton Williams.

**DHEC Staff present:** Kim Brown, Lewis Hicks, JoAnn Lafontaine, Roshan McDaniel, Tony Price, Jennifer Self, Don Smith, Cedric Starks, Doug Taylor, and Dorothy Waln

**Guests present:** Steve Gaither

**Minutes:** The minutes were accepted as presented

**Committees:** Following the administrative report, the group divided into committee meetings.

**Lunch:**

### **Administrative Report**

Donald Wood, the HPC Administrator, gave the administrative report. He reviewed the documents for the meeting to ensure that everyone had a copy. He then presented the financial report, which included the expenses for the month of January, and the proposed budget for 2006. The report was accepted as information. He also reviewed the meeting evaluation from the December meeting.

**Executive Committee Report:** Susan Fulmer reported that the Executive Committee met by conference call on February 16. She also reported that the Membership Committee met following the December quarterly meeting and welcomed the new members.

## Standing Committee Reports

**Care and Support Services:** The committee reviewed and discussed the final version of the SCSN that was submitted to HRSA. They also discussed housing needs and how that can be addressed statewide and explored duplication of services and importance of the best utilization of resources.

**Other topics covered:** (1) Mental health grants and partnering to obtain award in SC (2) Visualization of progress and how progress measured (3) Placing the Comprehensive Plan on both the DHEC and HPC website.

### Action items

- Need to review final focus group data to address the issues identified by consumers in order to validate and respond to these issues

**Needs Assessment:** The committee discussed the following topics:

- Needs Assessment: NASTAD Focus Group Reports
- Survey that has been developed through a joint efforts at USC and Hispanic outreach. Survey now being piloted.
- Vision Leadership Institute has received a grant from OMH to collect HIV-related data from African American women ages 18-24 involved in sororities at Historically Black Colleges and Universities.
- Internet Data Collection – Tim Pitts already collecting data and willing to share.
- Transgender issues and the competence of service providers to appropriately collect and report accurate demographic information.
- SC Department of Education sponsored an event – *Finding Common Ground*- to facilitate communication between providers of *abstinence-based* and *abstinence-only* education. More events are planned and will be widely advertised.

### Action Items

- Submit request for Capacity Building Assistance around on-line data collection. Particularly the development of protocols, strategies and obtaining informed consent.
- Submit request for training for HPC members and service providers in both care and prevention circles regarding transgender issues, including cultural competency, data collection techniques and reporting.

**Prevention:** The Prevention Committee covered the following topics during their breakout session:

### **Safety Counts**

- Steve Gaither reported on SCHAC's experience of conducting Safety Counts.
  - Use recruitment and referral cards for tracking clients.
  - Usually conduct the program in the evening and next morning.
  - Use incentives.
  - Some programs are conducted in house and others off-site.
  - Most of the clients are active drug users and sex workers, 25 years old and older.
- PC members still had questions and agreed to form an Ad Hoc group to conduct a conference call with SCHAC staff.
- Tony distributed AOD data from SAMHSA.
- Lewis distributed a list of DAODAS Early Interventions Coordinators responsible for HIV activities within DAODAS.
- Doug reported that PEMS includes assessment questions on clients drug use in past 90 days. The assessment questions are not consistent with the evaluation questions included with the Safety Counts curriculum. The evaluation questions will be modified to be consistent with PEMS. Currently PEMS will not have a report on drug use. The reports are being prioritized and a report on the drug use assessment questions is something that will or may be developed later.

### **Action Items**

- Form an Ad Hoc group and conduct a conference call with SCHAC staff.  
Ad Hoc Group: Lewis Hicks, Les Knight, Teretha Fowler, Robin Days on call with Steve Gaither and staff.
- Larry Walton will get drug use information from SCDC and have it e-mailed to PC members.

### **Project RESPECT**

- PR is one model for an ILI. Currently there is no DEBI or specific training for ILIs among the HPC's recommended priority interventions.
- Tony shared a chart comparing PR with the QA Characteristics for ILI.

<b>Project RESPECT</b>	<b>ILIs (Per DHEC QA Guidance)</b>
Definition: HIV prevention counseling for the purpose of changing high-risk sexual behaviors and preventing new STDs and HIV.	Definition: HE/RR intervention with a skills component provided to one person at a time.
<p style="text-align: center;"><b><u>Core Elements</u></b></p> <ul style="list-style-type: none"> <li>• Conducting one-on-one counseling focusing on the client’s risk.</li> <li>• Offering HIV-antibody testing with the intervention.</li> <li>• Following the protocol completely.</li> <li>• Focusing on the client’s specific risk behaviors that put them at risk for HIV and other STDs.</li> <li>• Negotiating a realistic and achievable risk-reduction step.</li> <li>• Developing, implementing, and maintaining quality assurance procedure.</li> </ul>	<p style="text-align: center;"><b><u>Defining Characteristics</u></b></p> <ul style="list-style-type: none"> <li>• May be one time, with the intent of sustaining the relationship.</li> <li>• Assists individual in making plans for behavior change.</li> <li>• Supports prevention/risk reduction behaviors.</li> <li>• Facilitates linkages to prevention and other services (substance abuse counseling and treatment, group education, counseling and testing, etc.)</li> <li>• Has an evaluation tool and/or a client record is opened.</li> </ul>

- PR is either a brief 2-session program (20 min. sessions) or enhanced, a 4-session program (3 hours and 20 min).
- Cedric Starks described how they provide ILIs using PR as adapted.
  - 2 sessions totaling approximately 30 minutes.
  - Conduct as a risk assessment and skill building component/session as part of pretest counseling.
  - Conduct condom skills training and PR as a post-test counseling session.
  - Ask clients to come back in 3 months for a follow-up HIV test and 3<sup>rd</sup> session of ILI.
- Discussion:
  - Need flexibility with ILIs.
  - PR was designed for STD clinic setting.
  - VOICES was also designated for STD clinic settings, but has been allowed by CDC and DHEC to be used in “quasi-clinical” settings i.e. LRADAC. So, PR’s implementation settings could be recommended to expand beyond standard clinics, as well.
  - Need specific standards for using PR in other community settings.
  - Still need to look at ILI guidance.
  - If do PR, may still want to enter it in PEMS as an ILI, so we could track multiple sessions.
  - In context of CTRS, conducted as Cedric does, it is really a pretest/posttest counseling and should be counted in PEMS as CTRS.
  - Cons - fidelity, performance indicators, PEM challenges.
  - What about PR with HIV positives?

- Comprehensive Risk Counseling Services is also an ILI, multi-session intervention.
- Summary Pros and Cons for recommending PR.

PROS	CONS
<ul style="list-style-type: none"> <li>• Similar core elements as QA guidance.</li> <li>• Having a more formal/standardized curriculum for ILIs.</li> <li>• Concrete structure.</li> </ul>	<ul style="list-style-type: none"> <li>• Time frame for delivery (+sessions for PR).</li> <li>• May need flexibility to adapt or tailor.</li> <li>• Ideally for STD clinics.</li> <li>• Would need another ILI guidance.</li> <li>• Must put into PEMS as intended/planned.</li> <li>• How would ILIs with HIV+s work? (i.e. refer to testing).</li> </ul>

- Action: A recommendation was made by Monica, seconded by Mulamba, and approved by all that PR be included as a recommended intervention (brief or enhanced), to continue to look for other ILIs, and to consider how RESPECT/ILIs will worked for HIV+s.
- Action: The PC also recommended that DHEC staff identify and schedule training for PR.

**Next Steps**

- Input Form about SISTA and VOICES/VOCES – distribute in March
- Conference Call on Summary of Input Forms – April 13 at 10 am.
- Further Discussion and/or Recommendations – May HPC Meeting

**Presentations**

**2005 Membership Survey Results:** Doug Taylor presented the data analysis from the Membership Survey. Doug Taylor and Roshan McDaniel prepared the report. The membership was given the opportunity to discuss the results and offers suggestions to make the report more efficient and

**2005 Men’s Health Survey:** Susan Fulmer presented the results of the S.C. HIV Planning Council’s Needs Assessment Men’s Health Survey which was conducted in conjunction with the Centers for Disease Control and Prevention and was conducted during the annual S.C. Pride Event in May.

**Updates**

**Care Update:** HOPWA allocation has been received for fund year 2006. We received 1.038 million. Both the five year consolidated plan and annual plan has been submitted to our funder. We anticipate a 2 percent cut in the base money for Ryan White and a small

increase in ADAP money. She also provided the group with a general overview of the final Statewide Coordinated Statement of Need (SCSN). This is the first year that we have done an integrated profile. This year included two new questions that deal with care: (1) our service utilization pattern and (2) an overview of those persons not in care.

JoAnn also reported that the comprehensive plan has been updated by DHEC. A copy is included in your meeting packet. We are working with a HUD consultant to develop a comprehensive housing plan. We are seeking ways in which to increase our housing options in South Carolina.

**Prevention Update:** The DHEC year-end progress report is due April 15. Tony reported that the inaugural HIV Womens and Girls Awareness Day is scheduled for March 10. Dorothy reported the DHEC Office of Minority Health has received a grant from the national Office of Minority of Health to address health disparities. The program is faith based.

Steve Gaither reported that SCHAC has also begun a faith based initiative to assist the faith community with strengthening their HIV programs.

### **Old Business**

**Consumer Focus Group Project Update:** The focus groups have been completed; we are working on finalizing the final report and compiling site specific summaries. All of the identifying information will be removed to protect confidentiality. The information will be shared with the focus group participants. We are still waiting on NASTAD's reported. They participated in the first three focus groups.

**HPC Website Update:** We are exploring securing the domain name [www.schpc.org](http://www.schpc.org). Donald reported that we are seeking someone to create and maintain the website on and asked the group to forward any suggestions to him.

**Other:** We are still seeking a parliamentarian. If you are interested in serving in that role please let David or Susan know.

### **New Business**

**Orientation update:** We held new members orientation on yesterday.

**Tasks for 2006:** Most of our major documents have been finalized. If you have any items that you would like to see addressed at future meeting, please include this information on your evaluations.

**Quarterly Meeting Dates:** May 24, Aug. 22 and Dec. 6.

**Other:** Susan reported that she has received information from NAPWA on their annual National HIV Testing workshop. JoAnn reported that the Now That You Know pamphlet for HIV positive person has been revised and is available on the table.

**Wrap Up/Announcements/Evaluation/Adjournment:**

PALSS will be holding their first annual Friends of Dorothy Gala on March 11.

The Catawba Care Coalition is hosting River Houston on Feb. 24.

Tony reported that the call for presentations for the upcoming presentations for the annual HIV/STD Conference will be going on within the next couple of weeks.