DC HIV Prevention Community Planning Group		Meeting Minutes
GROUP	HIV Prevention Community Planning Group	
MEETING TITLE/TYPE	Full HPCPG Meeting	
DATE / TIME	August 12, 2010	5:30 pm – 8:00 pm
LOCATION/ROOM	HAHSTA, 64 New York Avenue, Fifth Floor Conference Room	

ATTENDEES/ROLL CALL: 9 voting members were present

Member	Present	Absent	Member	Present	Absent
Melina, Afzal		x			
Kristen Degan, Alt.		x	*Michael Pryor, APRA*		x
Natalia Averett		x	Richard Rice, MA		x
Paola Barahona, Community Co-Chair	x		*Laureen Lynch-Ryan, Alt.*		x
Geno Dunnington, Alt.		x	**Nestor Rocha, Government Co-Chair**	x	
Susan M. Blake, Ph.D.		x	*Melissa Sellevaag, STD Control*		x
Mark Baker	x		Ron Simmons		x
Chris Bryant		x	*Ken Pettigrew, Alt.*		x
Cyndee Clay		x	Hazel V. Smith	x	
Debbie McMillian, Alt.	x		Rev. Dana Tolliver		x
Manuel Diaz-Ramirez		x	Isaiah Webster III		x
Lisa Fitzpatrick, MD		x	Pernell Williams	x	
Calvin Gerald	x		*Farima Camara, Alt.*		x
Ronald Harris	x		Zenovia Wright		x
Daniel O'Neill	x		A. Toni Young		x
David Mariner, Alt.		x	Terrence L. Young		x
Anadia (Sharmus) Outlaw		x			
HAHSTA Staff	**Present**	**Absent**	**HAHSTA Staff**	**Present**	**Absent**
Donald Babb		x	Dr. Nnemdi Kamanu Elias	x	
Stacy Cooper	x		Carolyn Thompson	x	
Guest	**Present**	**Absent**	Genevieve	x	
Dr. Pierre Vigilance, Director, DC Dept. of Health	x				
Margaux Delotte-Bennett	x				
Danziel Bright	x				
Steve Cherenfant	x				

AGENDA	
Item	**Discussion**
Call to Order	The Meeting was called to order at 5:35 p.m.

Approval of Agenda	A request was made by Paola Barahona, Community Co-chair to approve the agenda. Nestor Rocha modified the agenda, informing the group that Dr. Pierre Vigilance, Director, DC Department of Health will not be able to attend the meeting due to issues with numerous power outages across the city impacting some of the health care facilities. Instead, he announced that Dr. Nnemdi Kamanu Elias, HAHSTA's Interim Senior Director will update the group on a new HAHSTA Program and that Dr Elias will visit the group from time to time to discuss new HAHSTA initiatives. Ronald Harris motioned to approve the Agenda. It was seconded by Hazel Smith **Vote:** The agenda was approved by unanimous consent.
Approval of Minutes	Ms. Barahona recommended the group table the review and approval of the July minutes until the next meeting to allow participation from more members. There were no objections.
Introduction of HAHSTA's Interim Senior Director	Mr. Rocha introduced Dr. Elias, HAHSTA Interim Senior Director. She started at HAHSTA in 2009 as Chief Medical Officer and when Dr. Hader resigned, she agreed to accept the appointment until a nation-wide search can be performed. During her tenure, she not only wants to ensure HAHSTA's smooth transition, but wants to do more to treat those with HIV/AIDS and prevent the spread of HIV. Dr. Elias is a physician; she performed most of her clinical work in San Francisco at a General AIDS hospital during the heart of the epidemic, where she began her work in HIV. From San Francisco, she moved into the international AIDs area, working on HIV issues in Tanzania, the Netherlands, and is now back in DC to work on the domestic epidemic. HIV is a passion for her and she sees her work in this field as long-term. Her goals for HAHSTA and the District are that everyone with HIV knows their status and gets linked to care and the goals and outcomes of care; and those that are not HIV position remains HIV negative. She commended the CPG for their work on the prioritization of the populations and specifically because their work was lead by the data and information. She is pleased that the CPG follows the data and does not focus on what the agency has done in the past or what they think might be needed. Dr. Elias stressed the importance of using data to identify the populations in greatest need and that all decisions should be driven by the data. Another important issue she stressed was to focus on measuring the effects of their efforts. She also encouraged the group to explore the ideas of prevention that may not normally be considered prevention, like housing as prevention. It is felt that those in fragile housing situations tend to have less improved health care outcomes and poorer access to care. In addition, the group was advised to stick with what works, "condom" work, "testing people" works and to not move away from those simple goals that work, but also think in new ways of what else can be done in prevention to keep people healthy and what else works.

	Dr. Elias also discussed a newly launched program titled "Red Carpet Entry." The program was launched in June and is designed to promote expeditious access to HIV services. According to Dr. Elias, in keeping with HAHSTA's general mandate of ensuring that everyone who is HIV positive gets linked to care, the Department started the Red Carpet Entry Program with their main partners. The Red Carpet Entry Program is also based on data. There was concern that individuals are unable to promptly get appointments for care because of the length of time it takes to confirm an HIV positive diagnosis. The Red Carpet Entry Program was started in response to this problem. The Program has three (3) main components but first background was provided related to how the program's development process began. Dr. Elias explained that the Department is guided by the 4 "Rs" and in care everything HAHSTA does can be linked to the 4 Rs: - The 1st "R" is ***Recruitment*** – getting people into care and helping people navigate the complexities of the health care system. - The 2nd "R" is ***Recapture & Re-engagement*** – lots of people that were provided care have fallen out of care. This "R" is for the recapture and re-engagement of people who have been out of care six months or more. - The 3rd "R" is ***Retention*** – now that people are in care, keeping them in care. - The 4th "R" is ***Results*** – getting healthy outcomes.
Red Carpet Entry	Red Carpet Entry is essentially getting people into care once an HIV positive diagnosis is determined. The commitment of Red Carpet providers is to provide expeditious access to care. When an individual gets an HIV positive diagnosis or is HIV positive, once a Red Carpet provider is called, the individual can get an appointment within 24-48 hours and in some cases the same day. Red Carpet Entry goes to the basics. The full benefit of testing can only be realized if people are linked to care. Data shows that about 1 in 3 individuals newly diagnosed with HIV do not get linked to care in a timely manner. It is known that the earlier an individual is linked to care the better they are in the long-term and those who are not engaged in care die sooner. In June 2009, HAHSTA met with primary care provider to define what the program would look like and what it would be called. Providers were invited to submit their thoughts and over time the Red Carpet Entry Brochure and the program was developed. Providers were then asked if they could get people into fast track appointments, could they offer a contact *(called Red Carpet Concierge),* what should clients bring to appointments; what are the hours providers would be available, and what the program would actually be. In summary there are three main aspects to Red Carpet Entry: 1. New appoints within 24-48 hours 2. Clients having access to what is called the Red Carpet Concierge (someone who could be paged or called on a cell phone to get people into care as soon as possible).

3. A phrase clients can use, like "I am here to see Dr. White," *(this refers to Ryan White)*, or I'm here for "Red Carpet Service" or "I'm here to see Dr. Care." Red Carpet providers will offer clients the above three basic services.

HAHSTA ask providers (their community partners) to explain the Red Carpet program and distribute the Red Carpet brochures to their clients. Dr. Elias also suggested that individuals diagnosed with HIV need an experience HIV provider. She indicated that clients tend to receive better outcomes from clinical professionals that are experienced in HIV treatment and care. HAHSTA encourages providers who conduct HIV testing to link clients to care with experienced HIV providers.

There are currently eight (8) providers that have signed up for participation in the Red Carpet program and Unity Health Care is coming onboard with seventeen (17) sites. There is a potential twenty-five (25) sites available for Red Carpet Entry services.

The program's promotions include distributing the Red Carpet brochure across the city and with hopes of greatly improving timely access to HIV treatment and care.

Dr. Elias opened the floor for questions. Ron Harris followed with the question, "what is HAHSTA doing about funding for ADAP." The response was funding for ADAP comes from the Federal Government, DC get no local funding for ADAP and with more people getting tested and needing medication, there is concern about the pressure to ADAP for AIDS drug assistance. The good news according to Dr. Elias is as of July 1, Health Care Reform expanded access to Medicaid allowing more individuals that have relied on ADAP and Ryan White to obtain services through Medicaid taking the pressure off the ADAP. The DC Council provided a small amount of funds for the next fiscal year to get the Department through the crunch, but Health Care Reform will truly address the problem.

Mark Baker had the next questions, asking "if data was available to determine whether the program is working." His experience was the program is not working well. From a specific referral of one of his clients, the provider's staff was unfamiliar with the client phrase. Upon arrival to a provider site, the client referred by Mr. Baker asked to speak with Dr. White and the provider's staff did not recognize the request. Dr. Elias agreed that any program that's implemented should have an evaluation component. Mr. Baker recommended soliciting the input from participating providers who actually refer clients to evaluate the effectiveness of the program.

Next Pernell Williams asked if HAHSTA has data to help identify other barriers or delays to care and treatment for HIV clients and what are the plans to get this data. Dr. Elias responded yes and the data is mainly data from other cities and national data. Daniel O'Neill recommendation examining EPI data. Dr. Elias stated the Department will work toward specific initiates to identify and address barriers to care specific to DC efforts.

	Mr. O'Neill asked how the Red Carpet Entry program is being marketed. The response was it is currently marketed to Non-HIV primary care providers and community based group that conduct testing. The Department makes available most of its materials to providers to distribute to members in their offices waiting for care. Pernell Williams stated he likes the brochure, but stressed that may people do not like to discuss HIV and wanted to know if there was push-back because the brochure has HIV all over it. Dr. Elias indicated they heard similar comments when they were developing the program. She solicited input and asked how would the group market a program like Red Carpet and who would they solicit? Mr. Williams recommended distributing material that did not identify HIV and just referred the individual to care. HAHSTA is actually developing appointment cards for providers to schedule the appointment while referring the client. Calvin Gerald recommended a lapel pin that staff of providers could wear. This suggestion was well received by HAHSTA.
International AIDS Summit	Next, Mr. Rocha introduced Dr. Pierre Vigilance, Director of the DC Department of Health. He spoke to the group about his recent visit to the 2010 International AIDS Summit in Vienna, Austria and the 2012 International AIDS conference scheduled for Washington, DC. With the strong work that has been done in the District to turn the epidemic around with respect to using more data, a lot more input and integrating approaches, Dr. Vigilance said these are the type of approaches to HIV intervention, HIV treatment that get highlighted during the summit. The summit itself is an endpoint. The 2-years leading up to the conference provides an opportunity for lots of engagement and improvements to how well we cooperate across different agencies and NGOs between the District and corporations and obviously to continue to do a better job of what HAHSTA does and a better job treating people who need HIV services; to show the best practices here and learn from others best practices used elsewhere. According to Dr. Vigilance, the Vienna Conference was interesting; Central Europe was different, a colder environment, about 20,000 people attended the summit. The conference has not been held in the United States in 20 years, due mainly to restriction on travel into the U.S. for HIV positive travelers. The restrictions were lifted in January this year and provide an opportunity for those infected to visit the US for treatment and other purposes, including an opportunity to attend the summit in 2012. The focus of the 2010 conference was human rights, and rights now essentially. People from all over the world attended and there was a significant focus on funding from a global AIDS perspective. The conference in DC looks to have about 25,000–30,000 participants. The major piece is not the paid participants which will make up about one-third (8,000-10,000) participants, but a free and open to the public section, a Global Village; a somewhat grassroots segment with a variety of different populations, seminars, and town hall meetings. The Global Village is not as formal as the plenary

	sessions for the paid part of the conference. The grassroots community education work goes on mostly in the Global Village, which is a great opportunity for the CPG and community organization to participate. Dr. Vigilance announced that Ron McKinnis *(the only IAS staffer in the US at the moment, actually based in Geneva)* is already in DC and has an office at 441 4th Street NW (Judiciary Square). Mr. McKinnis will reach out to the CPG and others to put together the community component. There are a number of different planning committees; the science committee; local logistics committee *(a number of Government officials, local and national will sit on)*, and a community committee. He will be reaching out to the CPG formally to engage the membership to help with the community piece. Dr. Vigilance did not have the theme for the conference yet, but he indicated human rights will be a major push. 2012 will be a huge political year in the U.S. and he wanted to see what use the conference could be to help get more resources into public health in general and specifically into HIV. In addition, Dr. Vigilance spoke about the Global Business Coalition and that within HIV there has been a deliberate effort to engage the non-government side of civic life. The Global Business Coalition, Pfizer included are around the table to discuss how to push some of the programs. There has been lots of coordination through the Chamber of Commerce and Board of Trade more specifically to help identify corporate partners and help put forth a health and wellness message. Dr. Vigilance also spoke about the effort to better integrate services within the Department of Health and across agencies, specifically to work in a more coordinated manner with the Addiction Prevention Recovery Administration (APRA) and Mental Health, the Department of Child and Family Services and trying to engage other agencies that have not had a traditional role in health. Mr. Williams asked for the timeline to get the team assembled and figure out what will happen in the village. Dr. Vigilance stated that some of it will be done at the convention center and there is a meeting on October 26th but prior to that Mr. McKinnis will be reaching out to get input for the meeting. The meeting on the 26th is the next deadline. The group can expect some engagement from him before the end of the month and if the group has ideas be prepared to share them. Mr. O'Neill asked if there was a formal role for the DC DOH. Dr. Vigilance replied that DOH is one aspect of the planning *(a part of the local planning committee)* and has a role in communicating with fellow government partners (DC Convention Center staff, Destination DC, MPD, advocating that Metro has appropriate use of Ad space) to ensure good awareness of the event and make sure the City is engaged. DOH should make sure individuals and groups are aware, like the Department of Transportation and others.

HAHSTA Report	Mr. Rocha informed the group that the application is fairly complete and is currently going through internal review and is continuing to be developed. As soon as comments are received and have been incorporated the CPG will have an opportunity to have a broader view of it. With respect to the RFA, Mr. Rocha said he could not discuss it in detail because the letters of award have not been sent out, but said they were a diverse group and he will be able to share more details next month. Mr. O'Neill asked when the letters of award would be mailed. Mr. Rocha replied, the letter will go out next week. The group was also provided the list of local District CBOs receiving new 5-year HIV prevention grants from the CDC. The grants totaled $1,788,302.00. The groups were: • Children National Medical Center • Deaf-REACH • Sasha Bruce Youthwork, Inc. • The Women's Collective • Us Helping Us, People Into Living, Inc. • Washington Area Consortium on HIV Infection in Youth d/b/a Metro Teen AIDS
Community Report	Ms. Barahona shared with the group the efforts over the last few months to develop ways to keep members engaged. They considered the mentorship model used early in the year to pair new members with a mentor and are considering what can be done to promote leadership development. They are looking at what type committee structure works best. They've had standing committees, a few committees; individuals have worked on activities together. They are looking at different models and have had a few conference calls and had technical assistance from AED. In September they will convene small group sessions to define how the committee together handles the tasks of keeping members engaged. Ron Harris asked the group to step back relative to CDC Planning for CBOs. He wanted to know the IDU perspective nationwide, because IDUs was a CPG priority population. Mr. Rocha did not know and agreed there was a serious lack of programs on IDUs and felt the Federal ban probably impacted the funding.
CSA Update	The CPG expected to receive a 2nd Draft of the CSA to review and discuss during tonight's meeting, but the 2nd draft was not available. Mark Baker along with a number of members expressed concern and frustration that the report was not ready for the group to review.
Nomination for the Operations Committee	The group was reminded that six members currently serve on the Operations Committee and 2 vacancies are opening up. Mr. Williams asked to table the request until next month, but was informed by Ms. Barahona that tonight's request only opened the nomination process. Mr. O'Neill asked that an e-mail reminder be sent to members, including a job description for the vacant positions.

CPG Calendar and Next Steps	**CPG Calendar** The group did not have a calendar, so Ms. Barahona agreed to take on the task of looking at the calendar to see how it will impact the CPG timeline and Planning and following up with the group. **Next Steps:** 1. Further review of the Application 2. Review the CSA 2nd Draft 3. Decision on whether to extend the current Prevention Plan 4. Nominations for the Operations Committees 5. Training to prepare for the different steps in the Planning Process
Handouts:	1. Agenda 2. July 2010 Draft Minutes 3. Community Services Assessment Review – Member Feedback 4. National HIV/AIDS Strategy for the United States 5. National HIV/AIDS Strategy – Federal Implementation Plan 6. CDC Funding for DC CBOs 7. Brochure – Red Carpet Entry Services

MEETING ADJOURNED	Hazel Smith motioned to adjourn and Ron Harris seconded. The motion to adjourn was unanimous The meeting was adjourned at 7:05 p.m.
NEXT MEETING	September 9, 2010; 5:30 pm – 8:00 p.m. **(See Note Below)** HAHSTA 64 New York Avenue, Washington, DC 5th Floor Conference Room

E-Mail from Community Co-Chair Paola Barahona to the HPCPG:

From: Paola Barahona [mailto:paola.barahona@gmail.com]
Sent: Saturday, September 04, 2010 9:11 AM
Subject: September CPG Meeting Cancelled

The Operations Committee decided to cancel the September meeting of the full CPG because we have not yet received a draft of the Community Services Assessment. Other than the CSA and updates, there were 2 other main items that would have been on the agenda. We would have held elections to fill 2 Operations Committee positions that expire in September and we would have decided on a plan for the extension of the current plan. The Operations Committee decided to table those discussions until the October meeting of the full committee. The Operations Committee is very concerned about the lack of progress in receiving a first draft of the CSA. The document is now 3 months past due.