



Community Planning Group Meeting

October 6, 2014

Draft Minutes

Location: Laboratory and Radiation Services LARS Training Room
8100 Lowry BLVD, Denver, Co 80230

Call-In Number for all of today's agenda - 877-820-7831 or 720-279-0026
Participant Pass Code 210066#

Members Present: Jeff B., Barb C., Frank O., Lili C., Brent H., Kari H., Peter R., Scott G.,
Staff Present: Bob B., Rebecca J., Mel M., Sue P., Anita W., Megan D., Maria L., Steve D.C.,
Todd G., Jennett B., Angela G., Jennifer D., Kelly V., Michael D.,
On the Phone: Ebony R., Lynette, Erin D., Celeste, Arthur P., Carol W.A., Michael D., Imani L.,
Guy L.,
Afternoon Phone Roll Call: Carol W. A, Ebony, Guy L.

Meeting Objectives:

- Final Review of the Draft Plan
- A Plan that Reflects True Community Engagement

10:00-10:10 am - Important Reorganization Announcement, Melanie Mattson

I would like to share with you several important announcements related to the re-organization of the section. As most of you are aware, our HIV care and prevention programs are becoming increasingly aligned, with treatment and retention in care becoming an integral part in the prevention of HIV. Therefore, I am establishing the Integrated Care and Prevention Program. I believe that this integration is vital to our efforts to most effectively deliver services to our clients throughout Colorado. I realize that this move will impact many of you either directly or indirectly as we move forward with this transition. As I mentioned in my previous email, I am aware that these changes can be stressful, and you will likely have questions and concerns as we move forward. While we may not have an immediate answer for some of you, I want to assure you that any changes that we make will be an effort to ensure better services to our clients, and reduce the duplication of effort across the Section.

Next, I am establishing the Evaluation, Technical Assistance and Capacity Building Program. I believe that these services are vital across the section, and this will be accomplished most effectively at the program level. I am pleased to announce that Rose-Marie Nelson has accepted the task of managing this new program. Please join me in congratulating Rose-Marie in her new position.

Lastly, I am creating the position of Deputy Section Chief; this position will directly oversee the new Integrated Care and Prevention Program and assist me with the overall management of the section. I am pleased to announce that Bob Bongiovanni has accepted the position of Interim Deputy Section Chief. I want to thank Bob for taking on these additional duties while we continue to work on this transition, his experience in both care and prevention will be invaluable as we move forward.

10:10 - 10:25 am - Introductions, Ground Rules for Meaningful Engagement, Steve Castillo

Remembrance - Juan “Blackie” Nunez has passed away. Many of us knew him from his involvement with Coloradans Working Together (CWT) and his advocacy for Injection Drug Users (IDU’s). The group shared memories and recognized his important work for the community

10:25-10:35am - Care Advisory Committee, Bob B.

- ADAP Committee - Recommendations regarding medications (Triumeq)
- 1st Arthur and 2nd by Ana - motion to move this forward.
- Discussion: New Combination HIV Medication - superior to other medications and it is not a financial burden.
 - o New Medications have not been added, they will be discussed at the advisory committee meeting.
 - o Erin -what is the process for getting medication on formulary, Bob writes the memo to medical directory, they changes are implemented. A couple weeks before entire process is complete.
 - o Unanimously Passed.

10:35-10:40am - CHAPP Recruitment Announcement, Barb Cardell

- 2 Community Appointed Vacancies
- Process for candidates and timeline
- Brief statement of what is involved in the CHAPP Advisory Committee
- 2 page application
- Ask that there is not a conflict of interest
- Recruit now so that we can appoint by the November meeting.
- Focus on diversity and gap in representation from Southern Colorado.

10:40 - 10:55am - Overview of input from the September 8th and 26th meetings, Bob and Rebecca

The draft we are reviewing today took input from the two meetings held on September 8th and the 26th. Additionally there was input electronically from Carol W. A., Carol L., Ana H., and Kari H.

Important Clarification this meeting is The Community Planning Group -not the Coalition. The Coalition will convene in November to finalize the recommendations made by this body.

10:55 - 11:45am - Plan Review, Bob and Rebecca

- Significant Changes - First we want to thank Ana, Barb and Kari who provided significant input for the Plan. As we review the plan utilize the “Summary of Changes” document to identify changes incorporated into the Plan. Additionally there is a compare document that highlights the changes made to the document since September 26th.
- Still missed Black/African American is a few spots - Kari will send those corrections.
- Acknowledgements section - if we have time can this group help come up with this section?
- Will still need to change chapter to section
- Added Stigma, Transgender, Intimate Partner Violence - Trauma Informed System of Care, Added Language around PreP and NPep - we still need to strategize how to implement. How to think through a community conversation PreP and Npep on this - November 15th health and wellness - community forum. Outfront Colorado sponsoring this. Talk about stigma associated with this medication - the term we use. Stick with

NPep term so that when folks want to access this can ask their providers. For now we will leave it as NPeP as now.

- Correct spelling of PreP.
- High Risk Heterosexual - The methodology we used to determine this - 20 representative census tracts looking at Gonorrhea and HIV.
- Page 26 - we know there is not a low risk profile area, not meaning to interfere with message delivery, we understand that a person can live in an area with low risk but go to another area and engage in risky behaviors.
- Added language regarding housing, a better time frame for the prevention sections and report back to you with success rates.
- Added Collaboration section, responsible parties for service delivery implementation in the rest of the branch.
- Define Urban, Rural and Frontier - we can take some time today, what does that mean to us.
- Footnote for HIV positive should say it does not include people who are unaware of their serostatus. Page 25.
- Indicated interventions - Page 27, these are assumptions, how much off are we? They have not tried them before, could we make a prediction of People living with HIV who are undiagnosed. Population sizes at risk to justify the diffusion of intervention.
- Outcomes - Page 15 - Disclaimer for the NHAS Goals
- Planning Process document that will be inserted into the Plan, discusses P-I-R, but does not discuss transparency. Include P-I-R and transparency in the planning process moving forward.
- Tables - Census Tract - the source is the community survey, make sure to cite it.
- **Chart under timeline page 28**, should U5 be checked? Seems like we have insufficient funding because a lot of the work we do to reach the community we cannot receive funding. Yes we could move this over to insufficient.
 - S7 - HIV Prevention Interventions for People Living with HIV, CHAPP should be checked.
 - I.2 - CHAPP should be checked
 - There may be more areas with insufficient funding
 - U1 and U2 - should these be checked? Move it to insufficient funding.
 - Condoms were taken out of the budget and CDPHE provides them. Working with the Contract Monitors to fund deliverable in the scope of work.

11:45- 12:15pm - Break for Lunch

12:15 - 2:15pm - Plan Review, Bob and Rebecca

- Significant Changes
- How did we define Urban and Rural? How do we want to define Urban, Rural and Frontier.
- CDC is based on the areas hardest hit by HIV, 55% of our morbidity to be classified as Metro area.
- We use language that front range in the plan so we need a definition. CDC designated counties - if we want to be consistent with CHAPP. Use those guidelines and search the plan or frontier and make sure we are clarifying it.
- Keep Frontier - to acknowledge prevention implications.
- Official Definition of Urban, Rural and Frontier for the Plan - An urban over 50k, rural less than 50k and frontier within rural communities for areas that are 6 or fewer people per square mile.

- When we look at these distinctions - the State health department can understand better how to manage these regions.
- 5 counties account for 75% of the epidemic.
- Can look at structural systems in these areas to help address infrastructure, etc.
- **Rural Urban and Frontier Definition Template:**
- What defines a target population - ensure we don't exclude Care.
 - Utilize the Critical Events Characteristics to help better define the populations.
 - Rather than re-define look at the defining characteristics that could help us determine and assess population needs.
 - Assign Levels -
 - Level 2, 3, 4 Counties
 - Prevention and Care Services to help better understand resources available
 - Meet Urban Definition
 - Adams
 - Arapahoe
 - Denver
 - Jefferson
 - El Paso
 - HIV Case Rate
 - More than _____
 - And Less than _____
 - GC Care Rate
 - Survey to get at this.
 - Current access to prevention/care services

Description of the Planning Process - Go into the plan page 63

- Add Transparency, R-I-P.
- Add Steve Del Castillo's timeline - from the early August, October, December meetings. Convened the stakeholder process and focus on PIR.

Throughout this we were talking about a plan that was comprehensive - in the plan we refer the Jurisdictional Plan. To make sure that we are referring to a document that is including Jurisdictional Plan, HRSA Plan, etc. Thus the COHAS.

Page 63-64 the plan moving forward were pulled directly from CDC Guidance and tailored for Colorado:

- Re-Write the HIV Testing Plan
- Alliance - add a paragraph describing the Alliance in background section. A little bit more history about the planning processes starting in the 90's.
- Colorado Alliance for HIV and Care

Page 33 - 2, 3, and 4

Barrier for testers because of the training requirements, the training content is not that fabulous. They are really only about counseling and testing sites - not apply to testing in medical facilities. You do if someone is trying to develop counseling and testing site. The difference is Clinical and Non-Clinical - that is why that designation was put in place in the first place. Think about offering it at different times, evening and weekends so that people at agencies can take these tests.

Contract with Counseling, Testing and Referral - testing positivity, ensure you are hiring people who are competent.

Adherence page 44 - Still want more specifics - Add treatment adherence, which includes medication, new paragraph should read:

Fund community based agencies to provide case management that includes:

- Barriers to adherence to medications
- The important of remaining engaged in health care
- Referrals to other services that improve adherence to medication especially behavioral healthy psychosocial support, housing
- Referral to those with appropriate training and credential for clinical issues.

Can we add Dental to the Critical Events? Question is should dental trigger a critical events.

Change pg. 58 - add critical events from data sharing to this and then change to 11 critical events. Add the broad wording so that we can include an event such as dental.

2:15-2:30pm - Break

2:30pm - 3:30pm Concurrence Decision - Adoption of the Plan and Vote on Letter:

- **Vote on Letter of concurrence, concurrence with reservations, or non-concurrence**
- **Process of moving forward?**
 - For those that are applying for CDC funds, we have PIR in the planning process which meets the mandate from CDC. We hope we have a recommendation moving forward to the Coalition, recommendation on the letter of concurrence.
 - Proceed as such - Reviewed the PowerPoint Reviewing the Letter of Concurrence.
 - The Plan Input from Community
 - How is the word burden defined? Greater latitude in the drafting of the plan? In assessing of what constitutes burden - people can analyze and consider from the standpoint of the burden of the state as a whole not just CDC's format. CDC has pre-selected it for you.
 - We are trying to accomplish two goals:
 - Meet the need of the funder CDC
 - And the Needs of the State
 - Included CHAPP funded regions
 - Reviewed CDC sample letter
 - There are four chairs - we would have Barb sign for the Coalition and
 - The Health Department Co-Chair - Mel would sign
 - Community Chairs - Mark, Elton and Lucio (HIV Planning Group to meet PIR)
 - Who will write it? The old letter Maria and Barb would draft a new letter and send to Mel, Lucio and Mark.
 - Jeff B. and Peter R. - Motion - I support a letter a concurrence that Barb and Maria will draft to send to Mel, Mark and Lucio for approval and it will be sent to Coalition for approval.
 - Discussion - On the phone any reservations for a letter of concurrence? Discuss concurrence - his point earlier with respect to burden verses incidence - if an area has weak infrastructure, and small number and incidence lower. That area will have a tougher time being responsive. The extent to which the plan in general is constructed by the constraints of CDC. I like the effort that the department has put in and I'm not sure I like the constraints put on by CDC.

- Clarification - continue to address that there are rural issue's that we continue to need to focus on? It is a part of what he is saying, he is having difficulty of the impositions with the federal government as to how we get there. Tailoring COHAS to meet the needs...
- HPG - really insisted that this is a statewide plan, you can see what CDC is going to pay for and that the concern of HPG is funding for the entire state. Ensure we are stating this is the letter.
- Accept Arthur's friendly amendment - Jeff and Peter agree.
- Unanimously accepted.

Vote to Recommend the Plan to the Coalition:
Peter (1st) and Ana (2nd) -

Accept the plan as revised and presented today - to include the Urban/Rural definition today.

It will go out with the Chapter and other revisions from today.

Unanimously approved!!!

We will make sure we have a quorum next month. Thank you to the department and community for all their hard work and input.

3:30 - 4:00pm - Next Steps, Using the Plan, Preparation for 2016

- **Membership Committee:**

- Ask for more committee Volunteers
- Meeting Monthly to recruit and interview for Alliance
- Committee Focus:
 - Review Membership Composition
 - CDC Recommendations
 - State of Colorado Recommendations
 - Focus on Parity Inclusion and Representation
- New Member Orientation - Working Draft
- New Member Outreach Letter - Working Draft
 - Chris and Carol Lease are chairing
 - New diverse populations and transitioning them to the alliance.
 - Broad Geographic Diversity
 - Will have a New Member Orientation
 - Discuss COHAS
 - How long will it take to get new folks on? Be proactive to get folks on?
 - New Alliance - half appointed by ED and Half appointed by CDPHE.
 - Send out on Mail Chimp - we want to encourage new faces to meet PIR so forward to folks that fit these characteristics.
 - Work with us to make sure we have the right people on the Alliance.
 - In terms of terms it is a calendar year.

• **Governance Committee:**

- Ask for more committee volunteers
- Meeting Monthly to prepare for January Alliance
- Focus of committee - Structure of Alliance, Timeline and By-laws
 - Develop By-laws
 - Develop Committee's

4:00 Adjourn
Send survey to folks who have called in.

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Next Combined Meeting - Care Advisory Committee, Prevention Advisory Committee and Governor's HIV Care and Prevention Coalition - November 11, 2014, 10:00 a.m. to 4:00 p.m.