

Prevention and Care Strategy Committee

Salus Center
3545 Lafayette Ave.
Room #1412D

Meeting Date: Tuesday, May 7, 2019

Time: 10:00 a.m.

Minutes are recorded

Members Attending: T. Hampton (co-chair), L. Lewis (co-chair), J. Allen, S. Donovan, L. Friend, K. Hill, T. Markovich, N. Myers, D. Sherrod, E. Williams

Guests Attending: T. Manning, I. Sharif, K. Ballard, A. Ritz, J. Martin, D. Lewis, E. McQuaid, M. Gendernalik, B. Thornton, M. Goudy, E. Gotti, K. Jupka, J. Green, B. Moore, C. Griggs, J. Beshears, L. Gilden

Staff Attending: R. November

All members are referred by first initial and last name.

Topic/Discussion
Welcome, Introductions & Announcements <ul style="list-style-type: none">• Welcome• Roll Call• Introductions• Announcements:<ul style="list-style-type: none">○ The African Arts Festival is May 25th-27th at Forest Park.
<ul style="list-style-type: none">• Approval of Minutes<ul style="list-style-type: none">○ 04/02/2019<ul style="list-style-type: none">▪ Minutes approved by consensus.
Ryan White Parts Reports <ul style="list-style-type: none">• No current updates.
Regional Prevention Plan Update <ul style="list-style-type: none">• A handout of CDC supported interventions was distributed to the committee.

PLWH

CLEAR	Connect HIP	Every Dose Every Day Toolkit	Partnership for Health-Medication Adherence	Healthy Relationships
HEART	Partner Services	Peer Support	Partnership for Health-Safer Sex	Project Start+
PROMISE for HIP	HIV Cluster Response	SMART Couples	Social Network Strategy for HIV Testing Recruitment	Willow
Taking Care of Me	STEPS to Care	Partnership for Health-Medication Adherence		

HIV Negative Persons

Connect HIP	Personalized Cognitive Counseling	Safe in the City	VOICES/VOCES for MSM	d-up:Defend Yourself!
Popular Opinion Leader	Sin Buscar Exusas/No Excuses	Many Men, Many Voices (3MV)	Mpowerment	Pre-exposure Prophylaxis (PrEP)
PROMISE for HIP	HIV cluster Response	Sister to Sister	Partner Services	Social Network Strategy for HIV Testing Recruitment

Community and Structural Level

Condom Distribution	Mpowerment	Partner Services	Social Marketing	Syringe Services Program
PROMISE for HIP	Social Network Strategy for HIV Testing Recruitment			

Care and Medication Adherence

ARTAS	Data to Care	Every Dose Every Day Toolkit	HEART	HIV Cluster Response
HIV Navigation Services	Partnership for Health-Medication Adherence	Peer Support	SMART Couples	Social Network Strategy for HIV Testing Recruitment
STEPS to Care				

HIV Testing

HIV Testing in Nonclinical Settings	HIV Testing in Retail Pharmacies	Partner Services	Personalized Cognitive Counseling
Social Network Strategy for HIV Testing Recruitment	Testing Together	HIV Cluster Response	

- K. Ballard, Prevention Planner provided a Regional Plan Update. She wanted to know what is working, what isn't working, and what can be improved. The committee can look at what was said as a region to tell the State changes for 2020.
- The following Interventions are supported by CDC:
 - Mpowerment
 - D-up: Defend Yourself!
 - 3MV (Many Men, Many Voices)
 - CLEAR
- The following interventions are not supported by CDC but allowable with the State:
 - NIA

- SISTA
- Shanti LIFE
- K. Ballard explained the differences between the different types of interventions.
 - ILI (Individual-Level Interventions): one-on-one ways to reduce risk, can include testing, PrEP, condom distribution.
 - GLI (Group-Level Interventions): STI/HIV presentations, home-grown interventions, PrEP education in a group setting.
 - CLI (Community-Level Interventions): Pridefest, health fairs.
- **Mpowerment feedback:**
 - Mpowerment programs that come packaged don't always work.
 - There is an oversaturation of Mpowerment and this is a hindrance to bringing people in.
 - Some prevention providers are trying to figure out how to make Mpowerment work.
 - Mpowerment attendees are being pulled from other programs making recruitment and retention was a challenge.
 - Committee members discussed collaboration and how to make it better.
 - If there is something better than Mpowerment it can be taken to the State but there needs to be a valid reason for not doing it.
 - Committee members discussed the challenge of getting people together face-to-face in a room. The idea of interventions is a dated one.
 - Interventions relying on a captive audience and there is difficulty in recruiting.
- **D-Up Feedback**
 - This intervention is not updated to match the work. Paperwork is a challenge.
 - Committee members discussed a community assessment around taking D-up out.
 - Is D-up feasible?
- **Coordination of events/interventions**
 - Committee members discussed collaborating with agencies on events and reaching out.
 - A calendar can be developed to compile information of events from all public agencies so they can be broadcasted to everyone.
- **Social Media**
 - There isn't funding for digital media or digital engagement such as podcasts.
 - There is a lot of everyone's place and everyone is overworked. There isn't additional funding for social media.
 - There is a social media training scheduled May 29th.

- STLCondoms.com lets the community know which agencies provide condoms and which sites provide PrEP or testing.
- The committee discussed making interventions interactive.
- There are programs that are developed but sometimes staff turnover prohibits progress.
- There are CDC campaign messages that can be retweeted and there are conversations being had over social media.
- Retweet other agencies with a social medial presence. The more retweeting the more information spreads.
- Find CDC messages and incorporate into your messaging. Compile hashtags, etc. and make sure the messages are accurate.
- Facebook groups were suggested to provide resources and engagement. There are neighborhood networks where individuals are posting.
- PLWH get information about interventions from case managers. The Part A Psychosocial Support provider goes to meetings quarterly.
- If there is additional feedback, send to K. Ballard.

Early Intervention Services Model Discussion

- After August, testing will no longer be funded under Early Intervention Services because it is not an allowable cost. The MAI Workgroup got together and discussed different EIS Service Models based on what HRSA said was allowable. Once the service models are decided upon, it will then go to Executive Committee to review and to Planning Council for approval. The next step in the process will be to go back to Executive for directives to be made, to go into the Request for Proposals (RFP) and the the Service Standards Workgroup will update the standards.

Discussion:

- Testing going away is going to affect the number of testing for the target population, it's going to affect the number of positives.
 - Target populations need to change. Prevention and MAI are testing the same populations. The region needs to figure out how to collaborate better when it comes to MAI and Prevention so that there's no overlap.
- There was concern among committee members regarding the number of testers declining and possibly having to turn someone away.
 - A testing brochure will be sent to Planning Council Support Staff so that those people can be sent somewhere else to get tested.
- Outreach:
 - Looking at outreach, does HRSA consider outreach amongst those same populations?

- Anything under MAI would have to be targeted. If it were under Outreach, which is a separate category, it would have to be an outreach message that has a goal to link people to care.
- The MAI Workgroup brought forward multiple recommendations they thought would be feasible. There wasn't one recommendation they thought would be more effective. They wanted to provide options.
- **Service Models**
 - **Fill gaps in current linkage to care for populations not getting into care, including newly and previously diagnosed.** Focusing on target populations who are not linked to care within 30 days of diagnosis.
 - Build on Rapid Start program
 - Utilize pieces of ARTAS intervention most effective for the region
 - Build on BEACON Project/Lost to Care
 - **Outreach**
 - Outreach to emergency departments and hospitals about linkage to care.
 - Target locations where target populations are likely to go.
 - Outreach to health care providers to reduce stigma.
 - Mapping clear areas where target populations are more likely to go like North Central, People's Health Clinic, North City, and North County.
 - Expanded Partner Testing/Linkage focused on outreach.
 - If you are aware of status, how to get linked to care, and if you want to know your status, where to get tested.
- **Feedback**
 - Some of the sites are already expanded testing sites and some of these organizations may not be willing to work with us due to other affiliations.
 - This is the opportunity to do something different from what's being done that might be more effective. What's been suggested is already being done and may not help the region expand to bring in those people who are not linked to care.
 - Because of the nature of this program, the Committee must figure something out within the next few months. It takes time to come up with a whole different model so we need something now and we also need to start working on something for the future.
 - When providers were first notified that we would no longer be allowed to do testing, they were asked to submit plans but they don't know what happened to those plans.

- Grants Administration asked provider to bring their plans to the MAI workgroup to share.
- It was requested that those plans be brought to the next meeting so they can be added to the list of service models as an option.
- Committee members had questions or whether the service models delivery will be consistent or will it differ depending on the agency if it meets the objectives.
 - All programs will need to follow the service standards.
- There were concerns that the service model development was provider driven and that consumers need to have proper input in the decision making.
- The Committee has time to look over the service model from now until the June meeting to decide the service model to forward to Executive. If there are additional feedback regarding EIS service models, please send the MAI workgroup before their next meeting at the end of May.

Linguistic Services

● Discussion:

- Currently there are some Linguistic Services covered by Subrecipient at no cost to Part A. The Executive Committee meeting discussed that the current linguistic services provider will no longer be providing this service after June. The committee needed to discuss how and if the service needed to be funded and how to fund it in the future.
 - The committee felt that the funding was needed but had questions about how to do it. Medical care providers are required by federal regulations to provide these services on their own but there are some providers who are not mandated to have these services in place.
 - There was some discussion about the type of linguistic services to provide because because there is a cost associated with the type of linguistic services you get. There is a cost difference between over the phone and in-person.
 - At mapping, it was mentioned that it should be simultaneous interpretation as opposed to consecutive interpretation which is what is currently offered. In exploring what these options look like, it's an important piece to consider.
 - Is the pro bono provider someone that can be contracted in the future?
 - Yes. They don't provide the type of service that was recommended during TA and the cost associated with using another provider is unknown.

- At Executive, it was discussed to potentially put some funds in to support the current situation for a couple months until Grants Administration can collect the data that's needed on some of the additional services available and cost of those services.
- Linguistic services would be available to anyone to access any Ryan White funded service.
- More information is needed to understand if services haven't been used because it doesn't mean there's not a need. There may be access challenges and barriers around language.
- If linguistic services is funded, the Service Standards Workgroup will need to develop service standards.

CPPG (Community Prevention Planning Group) Update

- CPPG will meet in May to discuss budget and programmatic items.
- CPPG will discuss aligning goals and objectives with the expectations and requirements of CDC.

One Percent Initiative Project

- Every year the State Health Department comes up with a One Percent Initiative Project
 - This year the topic is HIV Testing Strategy.
 - The State also wanted to talk about what are ways to better increase testing efforts to focused populations.
 - Social network
 - Venue based
 - Social media
 - The new risk assessment has 91 indicators that includes PrEP needs and information about housing and social services.
 - Prevention Reps are required to attend the State meeting.

Other Updates/Reports (if available)

- **MSM Subcommittee**
 - The MSM Subcommittee will meet on May 20th at Rustin's Place at 1p.m. to discuss plans for Pride
 - The last MSM Subcommittee meeting was in March and they did a video conference regarding engaging MSM.
- **WOC+MP Subcommittee**
 - Women of Color and their Male Partners Subcommittee meets the second Friday's of each month at 10:30 am. The May meeting is scheduled for May 10th at Northwest Coffee Roasting Company in Clayton.

- The WOC +MP Subcommittee will be discussing plans for 2019 World AIDS Day and debriefing about Women and Girl's Day last month.
- **Viral Hep Subcommittee**
 - The Viral Hep Subcommittee met May 7th to work on its upcoming conference and finalize brochure.
- **PrEP Workgroup**
 - The PrEP Workgroup sent out a PrEP brochure for distribution.
- **SAMHSA Empowerment Project**
 - Second quarter reports were completed and new guidance on how the progress report should be submitted going forward, and new data collection tools were received so those adjustments are being made.
- **Condom Distribution**
 - No current updates.
- **Case Management Liaison Update**
 - The Final 2018 Linkage to Care Report and Quarter 1 Linkage to Care Report were presented. Non-ETI (Expanded Testing Initiative) sites struggle provide referrals to the LTC line.
- **Case Management Capacity Report**
 - A handout is available upon request.
- **Minority AIDS Initiative (MAI) Workgroup Update**
 - No current updates.
- **Early Identification of Individuals with HIV/AIDS (EIIHA) Workgroup Update**
 - Initial notes for the Progress Report have been completed and sent to the Recipient.
 - Will get started on the 2020 Plan
 - No set date scheduled for the next meeting. A doodle poll will be sent out.
- **Service Standards Workgroup**
 - The Service Standards met a couple weeks ago to work on the Universal Standards and get the revised standards in place. There is not a set date scheduled for the next meeting but a doodle poll will be sent out.

New Business

- **CPPG Rep Nominations**
 - CPPG lost a Prevention representative and the Committee will need to nominate someone new.
 - The alternate is still willing to be the alternate.
 - Nominations:
 - J. Martin nominated K. Mason.

- ARCW-EFA is looking to hire a Prevention Specialist.
- There is a HRSA call regarding an update on the Ending the Epidemic Plan May 7th at 1:00 p.m.
- The Griot Museum is having a Prayer Breakfast on Saturday, May 10th to kick off its year-long exhibit on HIV in the Black Community. Tickets are \$30.

Adjourn

- T. Hampton adjourned the meeting.

Next Meeting: Tuesday, June 4, 2019 at 10:00 a.m. at the Salus Center- Room #1412D.