



**Ad-Hoc Committee Meeting
February 4, 2015
Junior League of Memphis
3475 Central Avenue
1:00 PM**

Attendance	Committee Members	Attendance	Committee Members
A	Kim Daugherty	P	Andrea Vincent
A	Denford Galloway	A	Benjamin Ward
A	Christopher Mathews	P	Eddie Wiley
P	Joseph Mitchell	P	Robert Wilkins
A	Jimmie Samuels		

*Denotes Chair

A=Absent

P=Present

Others Present: Nycole Alston, Fatimah Stout

I. Call to Order

The meeting was called to order at 12:06 PM by Nycole Alston, *Planning Group Manager*.

II. Statement of Confidentiality/Conflict of Interest

Nycole read the Statement of Confidentiality and Conflict of Interest policy.

III. Welcome/Introductions/Moment of Silence and Remembrance

Nycole welcomed everyone to the meeting and a moment of silence and remembrance was observed.

IV. Roll Call

Nycole called the roll and a quorum was present to conduct business.

V. Approval of Agenda

The agenda was approved by common consent.

VI. Approval of Minutes

The minutes were approved by common consent with the corrections to add the minutes to the agenda.

VII. New Business

A. Results from Consumer Input Forum (attached)

Nycole gave a short overview of Care and Prevention.

- The Community Planning Group requirements consist of:
 - Reviewing and using data to establish prevention priorities/interventions.
 - Determining the amount of funding for services.
 - Assisting with comprehensive plan and collaborate with HD to review and develop community plans.
 - Serving as the community liaison by bringing ideas and needs to the group and the results.
 - Developing policies and procedures relative to membership.

- Providing orientation to new members.
 - Evaluating the planning process.
- The Planning Council Requirements consist of:
 - Developing and implement policies and procedures for group operations.
 - Doing a comprehensive plan.
 - Setting priorities and allocate resources to services categories.
 - Helping ensure coordination with other Ryan White and other HIV-related services.
 - Assessing the administrative mechanism.
 - Developing Standards of Care, by-laws, policies, and procedures.
 - Writing grievance processes.
 - Orientating and training members.
- During the H-CAP meetings there is always an overview of what is happening with Prevention funding.
- There are cross representation on prevention and planning bodies meaning there is some overlap of those persons required on each planning body.
- HRSA and CDC are working to align guidance for the comp plan and jurisdictional HIV prevention plan for an integrated HIV plan which will meet requirements for both.
- During the site visit in April, HRSA stated that the Prevention Planning Committee is not merged with H-CAP.
- Some of the things HRSA challenged the Grantee office consisted of:
 - What prevention activities are taking place within the standing committees?
 - What is being produced from the workgroups in the Prevention Planning committee?
 - Is there any duplication information being shared from the Grantee/Lead Agent?
 - How can the committee and H-CAP cohesively become something bigger to integrate planning activities?
- The Grantee is challenged to:
 - Develop open opportunities to discuss Ryan White related issues.
 - Allow the voice of consumer to provide feedback.
 - Offer less structured settings for consumer engagement.
- Nycole spoke with Melissa Morrison and Dana Hughes, TN Department of Health, to compare and contrast on how other committee planning groups are function.
 - Prevention planning can function within H-CAP without separate committee.
 - Other community planning groups are integrated with Part A or Part B in Tennessee.
- Nycole also asked TN Department of Health what it exactly our program should be doing is.
 - There should be a Grants and Allocation Committee- every year providers are doing the RFP and there has to be a committee in place to look at those proposals and make funding decisions.
 - There should be some sort of Needs Assessment, by-laws and special events committee.
- If the prevention planning committee is integrated with H-CAP, things that need to happen include:
 - Offer members an opportunity to brainstorm and plan prevention track for HIV conference.
 - Allow opportunities for providers to discuss success, challenges and prevention activities planned for the community.
 - Hold community forums to allow stakeholders to discuss HIV prevention concerns.

- Nycole inquired about the MSM task force and it was mentioned:
 - There are no by-laws governing term limits for MSM taskforce members.
 - If MSM taskforce member resigns/no longer interested, they can be replaced.
 - TCPG representative serve a 3-year term and are expected to attend meetings.
 - Not required to have a Health Department Co-Chair, only required at State level.
- There were many suggestions from the Ad-Hoc committee such as:
 - Changing the meeting time to evenings instead of afternoons.
 - Form a consumer committee because many consumers do not know the difference in H-CAP and Prevention and need to be educated.
 - It was suggested for the consumers to meet a week prior to the H-CAP meeting to understand the information that will be given prior.
 - It was suggested to change the by-laws allowing more than two people from the same agency the opportunity to being a Full member as well as how many people should be on the H-CAP committee.
 - The room shouldn't be set up in a U-shape because it makes the guest feel their presence isn't important.
 - There should be a consumer advisory board training consumers and giving them information on H-CAP procedures prior to the meeting.
 - Transportation reimbursement.
 - A public forum on how to reconstruct H-CAP meeting before merging.
 - Change the format of individuals having to be appointed by the county mayor.
 - The time and location shouldn't be scheduled around the providers.
 - Take away the Alternate and Associate positions/titles and makes everyone Full Members.
 - It was suggested to start a consumer advisory committee.
 - It was suggested before moving forward with merging have a conversation with the consumer core group first.
 - Nycole asked the Ad-Hoc committee for suggestions to keep the consumer's participation so they can stay committed.
 - ✓ Give them responsibilities.
 - ✓ Give them power to make decisions since they are the core of Ryan White.
 - On page 3 of the minutes, Nycole reviewed the feedback received by the Ad-Hoc committee.
 - ✓ Making sure the Consumer Group is allowed to be heard.
 - ✓ Form a consumer committee because many consumers do not know the difference in H-CAP and Prevention and need to be educated.
 - ✓ Changing the formality of H-CAP for example, take away Alternate Member and Associate positions/titles and makes everyone Full Members.
 - ✓ The room shouldn't be set up in a U-Shape because it makes the guest feel their presence isn't welcome.
 - ✓ Change the format of individuals having to be appointed by the county mayor.
 - On January 29th the Grantee held a Consumer Input Meeting at the Church Wellness Center from 1:30PM-3:00PM.
 - Announcement about this consumer forum was shared with the providers and sent out to all H-CAP members as well as Prevention committee members to encourage everyone to come out. There were roughly 15 people to come out.

- On the last page of the package are questions and comments from the Ryan White Consumer Input Forum attached.
- The questions included the following:
 - ✓ What are the Barriers to Participation in Planning Group/Prevention Planning Committee Meetings?
 - ✓ What are the positives about H-CAP meetings?
 - ✓ What are the positives about Prevention Planning meetings?
 - ✓ What are some of the additional comments you may have about the merger?
- Nycole thoroughly explained the Planning bodies to the individuals to help them distinguish between the two committees.
- Jimmie Samuels added during that meeting he noticed many of the consumers did not understand the logistics of Prevention and more work needs to be done with assisting the consumers in understanding.
- Some of the comments the consumers added during the Consumer Input Meeting consisted of:
 - ✓ The meeting structure is hard to follow.
 - ✓ Not having transportation reimbursement for individuals who are not a member.
 - ✓ The stigma for those new diagnosed not feeling comfortable being a part of the meeting.
 - ✓ Schedule conflict of meeting times.
 - ✓ Having others make opinions and comments about something said.
 - ✓ Making sure packets are available and not always sending information via-email.
 - ✓ Not enough emphasis on women and heterosexual men.
- Christopher Mathews stated the planning group needs to start looking at the data of not only the MSM community but heterosexuals as well.
- Nycole will follow-up with Jennifer Pepper, Program and Quality Manager, because she was under the assumption the interventions was based upon data received from the CDC.
- Andrea Vincent asked whether the data being received from the CDC for the State of Tennessee or Shelby County.
- Christopher stated the data is for the whole State of Tennessee and it would be good to look at the data of Shelby County and the areas we cover.
- The additional comments added by the consumers consisted of:
 - ✓ Having regular meetings only for consumers on a monthly basis.
 - ✓ It was suggested by the Ad-Hoc Committee to have the meetings a week before.
- When thinking about tackling the barriers the Ad-Hoc committee stated:
 - ✓ Making meeting material accessible is something that can be accomplished.
 - Nycole suggested mailing meeting materials.
 - Robert Wilkins felt that was not a good idea being that many consumers do not want to disclose their status.
 - Chris suggested having the providers print the material and have the consumers pick it up from his or her office.
 - Nycole suggested creating a distribution list for those who has access to email.
 - ✓ The committee felt the attendance policy should remain the same because before members applied, the policy is thoroughly explained.

- ✓ The feeling of the meeting structure being too hard to follow is something that can be fixed by having a consumer meeting prior to the H-CAP meetings.
- ✓ Nycole asked suggestions on how to make the two committees work due to them both being different but alike in many ways.
 - Robert suggested having three Co-Chairs, preferably Joseph Mitchell. Robert feel Joseph will be a representation of the consumers since he is a Co-Chair of the Prevention committee.
- ✓ Nycole stated this is something that can be changed. When speaking with Melissa and Dana from the State of Tennessee, they made it clear it doesn't have to be a representative from the Health Department because technically they represent the Health Department. So therefore, Cedric Robinson position as Co-Chair will be eliminated.
- ✓ Per HRSA, there must be a Chair or two consumers, or two Co-Chairs and one has to be an individual who is not disclose HIV positive.
- ✓ Nycole asked the committee if a Consumer meeting is formed what will it look like.
 - It was suggested no Robert Rules of Order, no membership requirements, etc.
 - Nycole stated the committee needs to encourage as much consumer participation as possible.
 - Chris suggested having a seat at the H-CAP meetings especially for a consumer member to represent the consumer's voice. This seat can be rotating meaning not the same consumer every time giving them the ability to vote.
- ✓ Transportation reimbursement for consumers is something Nycole will have to check on because transportation reimbursement is dispersed from the Administrative funding of the Grant. However if this will encourage participation this is something to truly consider.
 - Nycole will look at other Planning Groups to see how they operate.
- ✓ Stigma for those newly diagnosed is something the committee feels they cannot repair.
- ✓ Many committee members feel changing the scheduled meeting time is something that cannot be fixed.
 - Christopher asked the question is changing the meeting time is something to meet a specific group of people or meeting the needs of all possible people.
- ✓ Nycole stated as a Grantee making sure the consumers know when the meeting times are something she can make more available.
 - It was suggested sending the calendar out to all the providers so they can post it for the consumers.
- ✓ Christopher stated there definitely need to be more emphasis on educating high risk individuals as well as heterosexuals.
- ✓ Andrea suggested client support items for a means of transportation reimbursement for consumers.
- Some of the suggestions that were made at the previous Ad-Hoc committee meeting consisted of:

- ✓ It was suggested to change the by-laws allowing more than two people from the same agency the opportunity to being a Full Member as well as how many people should be on the H-CAP committee.
 - The committee feels this policy should stay in place to prohibit agencies to dominate the H-CAP committee.
 - Andrea added reaching out to agencies who do not have representation in the H-CAP body or who are not Ryan White providers.
 - Christopher will reach out to Melvin, the State SAMSA representative.
 - Fatimah Stout, Clerical Specialist, will email Christopher an application.
- ✓ The room set up was suggested to change.
 - Nycole stated the room-set is durable.
 - The U-Shape can be altered to rows as needed.
- ✓ Nycole will give a call to Melissa and Dana to ask about the transportation reimbursement for Prevention committee members being that the funds come from the CDC.
- ✓ Changing the format of individuals having to be appointed by the county mayor.
 - This is something that cannot be changed because it is a HRSA requirement.
- ✓ The time and location shouldn't be scheduled around the provider's availability.
 - It was suggested to move the times up or back, but the question is will it have the participation of other consumers and providers.
- ✓ Take away Alternate and Full Member and make everyone Full Members.
 - Nycole stated this is flexible as long as the membership categories are at the table.
 - Nycole looked at other TGAs and they refer to their members as "Voting Members" and "Non-Voting Members."
- Based on the comments from today and the Consumer Input Meeting, Nycole will design a plan in PowerPoint and share it with the Ad-Hoc committee.
- Nycole will send Jimmie the calendar of the H-CAP Report Due Dates.
- Jimmie and Andrea suggested letting clients know the locations of the intervention.
- Nycole stated creating a cheat sheet giving clients the locations of providers and different services.
 - ✓ Christopher asked was it a good idea informing clients of what providers and agencies have what particular programs being that there is a quarterly report dispersed stating which agency haven't achieved their goals.
 - ✓ Nycole stated when the Prevention report is issued, the lead agent always states what agency was awarded what prevention. At the next meeting the lead agent will be able to show final expenditures from the previous year.
 - ✓ Nycole also stated the Grantee cannot give agency specifics.

B. Next meeting date and time

- The committee agreed with February 18th at 3PM at the Junior League of Memphis.
- Joseph Mitchell also suggested having meetings at the Haven (Friends For Life) new facility.

C. Next meeting agenda items

- Update on suggestions made by Consumer Input Committee and Ad-Hoc committee.

VIII. Other Business/Public Comment
No other business and public comment.

IX. Meeting Adjourned: 2:30 PM.

Nycole Alston, Planning Group Manager

Date