

Delaware HIV Planning Council

June 2, 2015

12:00-3:00



IN COLLABORATION WITH:



Introductions



- Name
- Organization/Location
 - Serostatus is strictly personal, decision to divulge HIV status is up to the discretion of each individual.
- Question(s) of the day:
 - Why have you decided to attend the HPC?
 - As we re-launch the HPC do you have specific goals you would like to accomplish?

Ground Rules



- Voting Privileges
 - HPC members who at some point have received a structured orientation.
- Confidentiality
 - Be aware the HPC is a public body, all discussions are on the record. Divulging HIV status should be a decision solely made by the individual.
- Robert's Rules of Order
 - Raise your hand if you have a comment, wait until the Co-chair calls on you to speak.
- Be Respectful of Others
 - Please do not speak over others. Be mindful of everyone's time. Let everyone have equal opportunity for input.
- Others?

Meeting Agenda



- Introductions
- Presentation:
 - *What is HIV community planning?*
- Reading and approval of minutes.
- Presentation and discussion:
 - *July 2014 Technical Assistance.*
- Presentation and discussion:
 - *HPC Bylaws.*
- Presentation and discussion:
 - *HIV Prevention at a Glance.*
- Announcements.

Handouts



1. Agenda
2. Meeting Minutes: September 4, 2014
3. Notice of Previous Motions
4. HIV/AIDS Bureau – Site Visit Report
5. Delaware HIV Planning Council Committee Definitions and Interest Questionnaire
6. Bylaws of the Delaware HIV Planning Council - Draft

The Nature and History of Community Planning.



TYLER BERL

**MANAGER, HIV/AIDS COMMUNITY
PLANNING**

DELAWARE HIV CONSORTIUM

The Changing HIV/AIDS Landscape



- Drug Therapies
- Treatment as Prevention
- Ending AIDS
- Affordable Care Act

What is Community Planning?



HIV planning is a process through which people from different walks of life, interests, responsibilities, and involvements in HIV come together as a group to inform and support the development and implementation [comprehensive HIV plans for their communities]

-CDC, *HIV Planning Guidance*

Why Community Plan?



Ryan White Care Act Section 2617(b)(6)(A):

“The public health agency that is administering the grant for the State [must] engage in a public advisory planning process, including public hearings,..., in developing a comprehensive plan, and commenting on the implementation of such a plan”

CDC-RFA-PS12-1201 Jurisdictional HIV Prevention Planning:

“All [jurisdictions] are required to have in place a prevention planning process to include the development of a jurisdictional HIV prevention plan and the establishment of an HIV prevention planning group (formerly HIV Community Planning Group).”

Planning Council Activities



- **Mandatory Activities of the Planning Council**
 - Needs Assessments
 - Joint Statewide Coordinated Statement of Need/Comprehensive Plan for HIV Care and Prevention
- **Other Activities?**

History of the Delaware HIV Planning Council



- 1991 – Delaware HIV Consortium was founded
- 1993 – DPH forms the HIV Community Prevention Committee
- 2002-2004 – Merger of Treatment Services Committee and HIV Community Prevention Committee
- 2009 – Needle Exchange
- 2012 – Routine Opt-out legislation

Questions/Discussion



Report of the July 2014 HRSA Technical Assistance.



STANLEY WAITE
DELAWARE RYAN WHITE PART B
GRANTEE
DIVISION OF PUBLIC HEALTH

Discussion



Moving Forward



General Revision of the Delaware HIV Planning Council Bylaws.



TYLER BERL

**MANAGER, HIV/AIDS COMMUNITY PLANNING
DELAWARE HIV CONSORTIUM**

Bylaws Explained



- **What are bylaws?**
 - A document containing an organizations basic rules as an organization.
 - ✦ Describes the basic characteristics of the organization;
 - ✦ Prescribes how a society functions;
 - ✦ Contains the rules considered so important that they can not be changed without previous notice, a vote of a large majority, and cannot usually be suspended.
- **What does the HPC currently have in place?**
 - *Attendance and Voting Policies and Procedures of the Delaware HIV Planning Council: April 2008.*

Bylaws Explained (cont.)



- **What is a General Revision of the Bylaws?**
 - Substitution of existing bylaws for an entirely new set of bylaws.
 - Occurs when changes are so extensive and general that they are scattered throughout the existing bylaws.
 - Amendment of any section of the proposed bylaws can be voted upon.
- **How was this draft created?**
 - Created based on contract mandates
 - Responsibility for any additional sections are left to HPC for creation and adoption.

Article I: Name and Establishment



Synopsis of Article.

- Names the society.
- Explicitly grants power from Division of Public Health to the HPC as planning body.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not explicitly grant the HPC any power to work as a planning body.

Article II: Object



Synopsis of Article.

- Distinguishes the Council's purpose:
 - Provide community feedback to DPH on the State's prevention and care for HIV.
 - Create a diverse and inclusive membership.
 - Institute evaluation process to ensure Delaware HIV services meet federal mandates.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not explicitly state a purpose for the Council.

Article III: Members



- **Synopsis of Article:**
 - **Council Membership:**
 - ✦ 35 member maximum; all voting members
 - ✦ Membership should reflect the diversity of the HIV epidemic in Delaware, including community members, service providers, state agencies, research institutions, etc.
 - ✦ Members serve two-year terms; reapply for additional terms.
 - ✦ Members are expected to attend regularly*
 - **Becoming a member:**
 - ✦ Fill out new member application form – assessed on rolling basis by Membership & Community Engagement Working Group.
 - ✦ Voting privileges upon completion of new member orientation.
 - **Stakeholders.**

Article III: Members (cont.)



- **How article differs from past authority:**
 - Maximum membership – 39 members, representing 23 categories of the HIV epidemic in Delaware.
 - Delaware resident.
 - Types of membership:
 - ✦ Voting Members
 - ✦ Non-Voting Members
 - ✦ Non-Member Status

Article IV: Officers



- **Synopsis of Article:**
 - **Three Officers (Co-Chairs):**
 - ✦ **One Government Co-Chair**
 - Appointed by DPH
 - ✦ **Two Community Co-Chairs**
 - Serves two-year terms*
 - Chosen through election process of the full Council.
 - No service requirements for nomination

Article IV: Officers (cont.)



- How this Article differs from past authority:
 - Four Co-Chairs:
 - ✦ One DPH Co-Chair
 - ✦ One PWA Co-Chair
 - Must be PLWHA
 - Must designate HIV/AIDS status.
 - ✦ Two Community Co-Chairs
 - Elections and terms:
 - ✦ To be nominated requires 1 year HPC membership, voting member, new member orientation, 50% attendance per year.
 - ✦ Elections one month prior to expiration of co-chair term of service.
 - ✦ Elections held in third-quarter of HPC calendar year.

Article V: Meetings



Synopsis of Article.

- 6 annual meetings, held in Dover.
 - Light lunch served.
- Quorum – 50% of HPC + one member.
- Working group meetings held in off months – as needed.

How article differs from past authority.

- 5 annual meetings, held between 1-3pm, on Tuesday, Wednesday, or Thursday.
- Working Groups meet one-hour following HPC meetings – as needed.

Article VI: Executive Committee



Synopsis of Article.

- Executive Committee granted the following powers:
 - Supervision and logistical control of HPC meetings.
 - Host annual evaluation of HPC.
 - Create Letter of Appointment for all HPC members.
 - All other powers designated in bylaws.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not explicitly designate powers to Executive Committee.

Article VII: Working Groups



Synopsis of Article.

- Defines four Working Groups:
 - Membership & Community Engagement
 - Testing & Linkage to Care
 - Retention & Viral Suppression
 - Systems of Care
- Provides for the creation or reduction of Working Groups as needed.

How article differs from past authority.

- Attendance and Voting Policies and Procedures encourages council members to participate in work groups – does not name or assign responsibilities to any working group.

Article VIII: Memorandum of Understanding



Synopsis of Article.

- MOU guides the work of HPC.
- MOU defines:
 - Roles and responsibilities
 - Communication practices
 - Conflict resolution practices.
- Developed by HPC, DPH, and Consortium.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not provide for MOU.

Article IX: Management and Operation



Synopsis of Article.

- Designates the Delaware HIV Consortium as logistical, analytical and technical support of HPC.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not designate management support for HPC.

Article X: Parliamentary Authority



Synopsis of Article.

- Establishes Robert's Rules of Order as parliamentary procedures governing actions of the HPC

How article differs from past authority.

- Does not differ.

Article XI: Amendment of Bylaws



Synopsis of Article.

- Any bylaw amendments require previous notice and 2/3rds affirmative vote.

How article differs from past authority.

- Attendance and Voting Policies and Procedures does not designate amendment procedures.

Discussion and Moving Forward



- HPC discussion of draft bylaws?
- Suggested course of action:
 - Motion to adopt draft bylaws, as written, or with any amendments arising from discussion.
 - Motion to establish special committee for the purposes of making recommendations for any additions to bylaws.

HIV PREVENTION AT A GLANCE

Bob Vella, MPH, MS

HIV Prevention Administrator
Delaware Division of Public Health



A Sinking Ship??



HIV Prevention Federal Funding

2011 – 1.87 million

2012 – 1.41 million

2013 – 1.24 million

2014 – 1.00 million

2015 – 976 K

2016 – 905 K (projected)

** 52% cut in funds over six years



CDC Requirements

- Required Core Components
- Recommended Components



Required Core Components

- HIV Counseling, Testing and Referral
- Comprehensive Prevention with Positives
- Condom Distribution
- Policy Initiatives

**95% of our funding is spent here



Recommended Components

- Prevention Interventions with high-risk negative
- Social Marketing, Media and Mobilization
- PrEP and nPEP

*We earmark 5% of our budget here



Required Core Components

➤ HIV Testing

- Contracting agencies **\$531,000**
- 30 additional testing sites not under contract but we provide training and tech assistance
- DPH provides testing kits **\$75,000**

Total **\$606,000**



Univ of Delaware
Planned Parenthood
Children/Families First

New Castle Co.

Porter SSC
BGOC
AIDS DE
Brandywine NEP
Planned Parenthood
Each One, Teach One
Children/Families First

Westside Health
Del State
Planned Parenthood
Children/Families First
DE Family Wellness

Kent Co.



Williams SSC
Milford SSC

Sussex Co.

ShIPLEY SSC

Adams SSC
Camp Rehoboth

**HIV Testing sites
funded with
Prevention dollars**



Reduce New Infections

➤ Living with HIV in Delaware	3,500
-- Unaware of infection (1 in 7)	585
-- Possibly living in Delaware	4,085

***Based on current surveillance data, we can then estimate that over 400 individuals who are unaware of their infection reside in NCC (many in Wilmington)**



Required Core Components

➤ **Comprehensive Prevention w/ positives**

- CRCS Services

- Lost to Care



Required Core Components

➤ **Condom Distribution**

- Mail order distribution program
- DPH distribution



Required Core Components

➤ **Policy Initiatives**

- Medical Society of Delaware
 - Opt-out testing education
 - PrEP education



Recommended Component

- Prevention Interventions with high-risk negatives
 - Sexual Health Counseling



HIV Prevention Budget

• Contracts	\$620,000
▪ Testing, Outreach, Mail Order Condom Distribution, Lost to Care, HPG, Luther Database	
• HIV Test kits	\$75,000
• Salaries/Fringe/HI	\$229,000
• Travel	\$3,500
• Indirect Costs	\$49,000
TOTAL	\$976,500



THE BIG QUESTION

How do we make the greatest impact with the funding we receive from CDC?

HIGH IMPACT PREVENTION

- Expand HIV Testing among populations at highest risk of infection
- Reconnect PLWHA to care
- Expand condom distribution programs
- New policy initiatives (i.e. PrEP)



A Fresh Start

The HIV Prevention Office looks forward to working with the HIV Planning Group!

Let's roll up our sleeves and make a difference!!!

