



OREGON HIV CARE COALITION

01/28/05

Meeting Minutes

Committee: General Assembly

Co-Chairs: Muriel Dela Vergne-Brown & Brad Howell

Start Time: 9:00AM

End Time: 3:30 PM

Present: : Brad Howell, Muriel De La Vergne-Brown, Kelly Thompson, John McDaniels, Tom McConnell, Karen Pancheau, Judith Rizzio, Sharon Arnett, Susan McCreedy, Veda Latin, Donna Yutzy, Elidia Seymour, Laurie Ammerman, Patty Flett, Rebecca Duffy, Jim Robinson, Roger Gednalske, Carolyn Underwood, Kathryn Pickle, Steven Pierson, Victor Fox

Agenda Item	Discussion Notes
Welcome Introductions Announcements	<p>Brad Howell and Muriel De La Vergne-Brown convened the general assembly. General introductions were made of all members.</p> <p>Brad expressed his appreciation for the HST staff for their support and arrangements for the All Titles Meeting.</p> <p>Judith Rizzio announced that Nancy Sellers has resigned permanently due to health reasons as Executive Director of Our House. They are in the process of recruiting for this position. On April 2, 2005 there will be a fund raising Red Dress party and all are invited to attend. On February 10, 2005 there will be a dinner hosted by Our House for Oregon Women Living with HIV. Judith will be collecting information to share at the meeting of resources that are available in the different localities.</p> <p>Steven Pierson reported that the AETC is doing a SMART study and that Oregon is one of sixteen sites in the United States. The sites in Oregon are: Eugene, Salem and Portland.</p>

<p>PLWH Ceremony/ Public Testimony</p>	<p>Laurie Ammerman performed the lighting of the candle for the PLWH Ceremony.</p> <p>There was no public testimony</p>
<p>Program Reports</p>	<p>Title 1 - was not present Title III - was not present AETC – Steven Pierson expressed that he is interested in presenting on his program at one of our meetings to educate the members on what AETC does.</p> <p>SPG/Prevention – The program has hired a new Program Evaluator. SPG – has 10 – 15 new members. Their new focus and interest will be on youth. There has been a change in leadership. Mitch Zahn has stepped down as co chair and Doug Moon has replaced him. Earlene has also stepped down as co chair and a new co chair is to be elected at the next meeting.</p> <p>All Titles - Tom McConnell reported that he felt the Meeting on Wednesday was a success. The meeting focused mainly on becoming more familiar with each other and learning what each area of expertise is. He said that it was felt that this was worthwhile and that they should do it again.</p> <p>HOPWA – Victor Fox reported that the state did receive the HOPWA competitive grant and it is funded until 2008. He reported that there will be a cultural training that is mandatory for case managers on February 17, 2005 and the focus will be providing services for minorities.</p>
<p>Lunch</p>	<p>Victor Fox gave an update on Title II for the lunch time presentation.</p>
	<p>Muriel De La Vergne-Brown and Donna Yutzy co facilitated the process for strategic planning. Listed are the flip chart notes from that facilitation.</p> <p><u>Accomplishments/Strengths:</u></p> <p>Social enlightenment Built trust Friendship Credibility</p>

	<p>getting easier Diversity Proactive Foster by point of consensus Increased knowledge System that is nationally recognized Standard of care is working Method/group process that works Respect for each other Consumer involvement Diversity: accept differing political views/agencies Staff support measurement that is meaningful and sustainable PLWH satisfaction Experts at working in large + small groups Longevity of OHCC members Continuity of members Lower burn out rate Respect – gentle mentorship Help each other become informed Flexibility Ability to have fun Honor why we are here Clarified/streamlined continuum of care Not doing allocations Functional/don't waste a lot of time doing things that don't accomplish anything No hidden agendas Facilitator Ger resources brought to meeting Strong leadership Leadership roles/anyone can take a leadership position Be heard group process creates leaders Kept compassion through tough times See people in a whole way Safe environment Come to group – regain passion for work Get to go away together for 2 days Get time together Get good information (PDES) Informing how to get information and identify resources Approach recruitment and membership systematically</p>
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Weaknesses:

Connectedness with other HIV group and other groups systems
Losing members (26 – 28 members) lack of attendance
Procrastination – tasks
Keeping accountability – members
2 day meetings
Fatigue – numb butt syndrome
Process and products becoming redundant
Lack of diversity – rural
Culture of process doesn't embrace all
no stipends for PLWH
Planners vs consumers issues (managers/)
Membership comm. (PLWH) clarifying and diversifying
No clear process goal
Changes in the epidemic
Changes continually
Lack power to affect change we see need to happen
How we utilize all tools – communication
How to support members as we move to a new process.
Change process
Huge geographic area

Threats:

Mandates
Political environment
Keep human aspects and process – communication
Changing epidemic – trends
Funding
Apathy
Co morbidity
Social stigma
Burn out
Denial/wrong information (myths)
Social economics group (societies throw away people)
Don't want to look at poverty and class poverty
(How does group play a realistic role that has validity in a process outside our own)
Define a role for this group – impact in the larger role of Human Services
Process unique to HIV political consideration
Have planning groups made a difference in improving

the system?
Why are programs not following the epidemic?
Willingness to question our own efficacy
Lack of hard data
Lack of rural voice / urban
Normalization of disease
No system of monitoring programs
Meaningful measures to people affected that are accepted
Competing priorities
Lack of training or getting to trainings – mental health
Informing and training outside of HIV
Turf issues & ego

Opportunities:

If group individual – task forces to come with plans – implemented
Look at make up of group
Opportunity – prevention and care
LHD – prevention and care – exist
Diversity – opportunity to move forward
Be honest about presentation
Membership – supervisors / continue to support
How does this group change to add partners, HIV, etc
Communication about what we do
Members – supervisors - support staff
What does a new group do to send to contracts and counties
CLHO
Normalization of disease – quality of life- chronic disease model
Marketing what we do - or accomplish
Why are we here?
What have we done?
Market?
National model – Market
Do this now!!

Opportunity to define what prevention is in care
Support public speaking - prevention/care
Move to chronic disease model
Managed care – opportunity – collect data
National work

	<p>Design from prevention to care Increase CBO membership CBO attendance Role of OHCC Higher aims</p> <p>Where do we go from here?</p> <p>Facilitators for each group Sub group of OHCC + SPG – attend full meetings make recommendations on model continuum of care – defining care/prevention gaps/duplications</p> <p>More/larger/combining with prevention looking at QI & QA 1 day meetings PLWH become more involved Up PLWH card amount Keep staff involved Evening /next day meeting Resting rooms for PLWH</p> <p>Oregon HIV planning coalition Priorities for entire state (including EMA) 5 committees Prevention, Title I, Title II, Title III, Part F</p> <p>Blend OHCC and SPG in to one working body enfold into Title I Create marketing committee Mandate participation of Title II funding providers Structure fun into meetings Action alerts/information current/connected One permanent group represented (SPG,OHCC,EMA) Case Managers Meet monthly 4 hours Spin off group to work on targeted projects/permanent Legislative review on group Rotating membership Blend with prevention (different committees for tasks) HIV-CCP initiatives Paying PLWH +50 for participation Combo interactive/prevention Political group + marketing +private insurance plans One statewide planning group (Care,STD,Hep C,</p>
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	<p>Prevention)</p> <p>Process similar to CM – Case = Oregon state is over case – OHCC is hub to make sure services get to PLWH</p> <p>One body –all part of team-breaking into sub groups Include hospitals/health department administrators/substance abuse providers More PLWH from other counties One planning body – include private sector- chronic disease piece presented CME’s in one meeting –use ourselves as examples. Talk about doctors coming to where social services are delivered Ask private doctors what is going to work for them -rural Sub groups meeting separately Social – marketing task force Tie in 3 planning groups – have members from all 3 groups Data & evaluation committee – help synthesize data and information Case management task force – ways to create case management job retention Revise mission of full group – guidelines for communications process HIV services planning group – includes – SPG, OHCC, some part of Title I Committees/task forces/standing invites – define time and goal Continuation of plan – 5 year plan Monitors plan and continuum QI Committee Consumer Provider Policy Each meet on own with own process We go to other groups More creative approaches linking doctors to our support services</p> <p>There was a consensus of the members of the OHCC planning group that we should have one planning group.</p> <p>The members voted on what they would like for future meetings as follows:</p> <ol style="list-style-type: none">1. 2 day meeting (vote was 5)
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	<ol style="list-style-type: none"> 2. afternoon/evening before 1 day meeting (vote was 10) 3. 1 day meeting (vote was 3) 4. 4 hour meetings monthly (vote was 0) <p>It was decided that we would try to arrange an April meeting. The goal for this meeting would be: At the end of the meeting we would have a new process Purpose – revisit mission Function – identify goals Structure – what structure will help us achieve our goals. Know where we are going.</p>
Closing Ceremony	PLWH closing ceremony performed.
Adjourn	Meeting adjourned 3:30 p.m. Next meeting – In April location and date to be announced as soon as Sharon locates a facility.