

Franklin EHE Advisory Committee 9.17.20

Attendance

Laurie Rickert	Dwayne Steward	Ronald Murray
Audrey Regan	Matthew Wilmot	Tommy Sampson
Sean Hubert	Sterling	Charles Abernathy
Tara Britton	Brandon Chapman	Matthew Ellwood
Taneisha Fair	Samyell Terry	S. T. Herman
Melissa Federman	Sonia Muse	
Jenn Sims	Kennyetta White	

Agenda

- I. **Check-In: “What does innovation look like to you in the HIV space?”**
 - a. Look at what has worked in past and be willing to re-try if needed
 - b. Provide services that address the whole person
 - c. Looking at things we’ve been told we can’t do in the past, but have wanted to try and revisit
 - d. Need innovation in Ryan White, CDC, and other programs as well; need to be willing to be uncomfortable in the changes so that we know we are on the right track
 - e. Continue to think about how you can improve because today’s innovation may not be innovative tomorrow
 - f. Understanding that PLWHA today are different than those who lived in earlier years with HIV
 - g. Transforming an idea/service that addresses the unique issues of EACH target population
 - h. Must be willing to change the way we do things, the way we think, and the way systems work as they all affect client
 - i. Leaving flexibility and opportunity for individual needs
 - j. Looking at old methods and applying new procedures with TODAY’s population
 - k. Leveraging strengths to reduce weaknesses, and using weaknesses as a way to learn and to accomplish a shared goal
 - l. Can be a simple, smaller process changes that add up to a bigger system change; does not always have to be massive
- II. **Innovative Ideas in Prevention**
 - a. RAPID ART:
 - i. Could be innovative if implemented consistency across the board
 - ii. Look at previous examples of how it worked and how we could replicate
 - iii. What communities are we discussing and does it work for THEM?
 - iv. How can we make this a more patient-centered experience? (i.e. in a treatment planning packet)

1. What does diagnosis look like in different environments? (I.e. make sure patients are receiving same type of service delivery even if in an urgent care/ER vs. other facilities)
- v. Need for wrap-around services

III. Smaller Meeting

- a. Samyell, Ronald, Dwayne, Brandon, and Charles will meet to flesh out and will meet to prepare and present at the next meeting to continue fleshing out the “Innovative Ideas” document