2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team

3:00 p.m., Monday, May 16, 2016 Meeting Location: 2223 W. Loop South, Room #532

AGENDA

*=Handout will be provided at meeting

I.	Call to Order A. Welcome	Nancy Miertschin, Ted Artiaga, and
	B. Moment of Reflection	Nike Blue, Co-Chairs
	C. Adoption of the Agenda	,
	D. Approval of the Minutes (February 3, 2016)	
II.	Presentation on Pre-Exposure Prophylaxis (PrEP)*	Dr. Charlene Flash, Baylor College of Medicine
III.	Review 2017 Comprehensive Plan Timeline	Amber Harbolt, Health Planner
IV.	Strategy Workgroup Progress Updates	
	A. Prevention and Early Identification Workgroup	Amy Leonard and Ken Malone, Co-Chairs
	B. Gaps in Care and Reaching the Out of Care Workgroup	Connie Barnes and Pam Green, Co-Chairs
	C. Addressing the Needs of Special Populations Workgroup	John Humphries and Cristan Williams, Co-Chairs
	D. Coordination of Effort Workgroup	David Benson and Gloria Sierra, Co-Chairs
V.	Next Steps	Nancy Miertschin,
	A. Set Next Meeting – June 2016	Ted Artiaga, and Nike Blue, Co-Chairs
VI.	Announcements	,
	A. 2017 Comprehensive Planning Process – Member Survey	
VII.	Adjourn	

Houston Health Department

[•] HIV Prevention Community Planning Group

[◆] Ryan White Planning Council

[•] Harris County Public Health & Environmental Services

[•] Ryan White Grant Administration

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team Meeting

3:00 p.m., Thursday, February 3, 2016 Meeting Location: 2223 W. Loop South, Room #532; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Nancy Miertschin, Co-chair	Ted Artiaga, excused	Cathy Wiley, HHD
Nike Blue, Co-chair	Amana Turner, excused	Carin Martin, RWGA
Alex C. Moses	Armando Villegas	Sha'Terra Johnson-Fairley, TRG
Allen Murray	Aundrea Matthews	Amber Harbolt, Office of Support
Andrew Motz	Carol Suazo	Diane Beck, Office of Support
Angela F. Hawkins	Cecilia Ross	
Annette Johnson	Chandra Tubbs	
Berta Salazar	Cristan Williams	
Brenda Booker	Darcy Pagett	
C. Bruce Turner	Denny Delgado	
Curtis Bellard	Evelio Escamilla	
David Benson	Gene Ethridge	
Denis Kelly	Herman Finley	
Dwayne Morrow	Kelvin Harris	
Ella Collins-Nelson	Kevon Strange	
Gloria Sierra	Larry Woods	
Isis Torrente	Maggie White	
John Lazo	Michael Kennedy, excused	
Pamela Green	Robert Noble	
Raven Bradley	Ruth Atkinson	
Rodney Mills	Vincent Ivery	
Steven Vargas	Weilin Zhou	
Tana Pradia	Yvonne Lu	

Call to Order: Nancy Miertschin, Co-Chair, called the meeting to order at 3:05 p.m. and asked for a moment of reflection.

Adoption of Agenda: <u>Motion #1</u>: it was moved and seconded (Pruitt, Turner) to adopt the agenda with one correction: the Coordination of Effort workgroup will meet on February 12, 2016. **Motion Carried.**

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

Houston Health Department

Tam Kiehnhoff Teresa Pruitt Tracy Gorden

- HIV Prevention Community Planning Group
- Ryan White Planning Council
- Harris County Public Health & Environmental Services Ryan White Grant Administration
- The Resource Group

Approval of the Minutes: <u>Motion #2</u>: it was moved and seconded (Kelly, Pruitt) to approve the January 13, 2016 meeting minutes. **Motion Carried.** Abstentions: Bellard, Lazo, Green, Pradia, Gorden.

Complete the 2017 Comprehensive Plan Objectives: Harbolt said that the objectives must correspond with the NHAS indicators so we need to add or change some objectives so that all of the indicators are included. See attached. Members reviewed the previously updated objectives, see attached. Goal #6: Increase community knowledge around HIV in the Greater Houston Area. <u>Motion #3</u>: it was moved and seconded (Turner, Kelly) to add a goal the same as goal #4 but specific to Hispanic/Latino men over age 35. Motion Carried. Abstention: Moses, Pradia, Torrente. <u>Motion #4</u>: it was moved and seconded (Pradia, Benson) to add goal #10: Provide PrEP awareness education to at least 2,000 gay and bisexual men of color and females of color each year. Motion Carried. Abstention: Moses, Turner.

Strategy Workgroup Updates: Harbolt said that all of the workgroups had met twice except for Gaps because their first meeting was cancelled. They have all established the same voting and quorum requirements: 1/3 of the membership, one co-chair and one PLWHA, and only one vote per agency. They reviewed the Comprehensive Plan mission, vision and goals and started looking at the progress on the activities for each strategy. They need to see where we've been to develop where we need to go.

Next Meeting: Harbolt said that the next meeting will be to check in and review progress made on the activities and benchmarks for each workgroup. The Leadership Team's role is to act as the steering committee for the process and to make sure the workgroups are meeting their goals. *Motion #6:* It was moved and seconded (Kelly, Pruitt) to set the next Leadership Team meeting on April 25, 2016 at 3:00 p.m. **Motion carried.**

Announcements: None.

Adjournment: The meeting was adjourned at 4:49 p.m.

Revised 05-09-16

Comprehensive Plan Activities Timeline May 2016 – September 2016

	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
2017 Comprehensive Plan Timeline	 PEI, Gaps, SP & COE WGs convene CP Leadership convenes for CP development update 	 PEI, Gaps, SP & COE WGs convene Eval WG convenes to develop evaluation and monitoring process for next CP CP Leadership convenes for CP development update 	 Community review of CP final draft CP Leadership Team reviews/approves final draft of CP Gather CP concurrence from community partners 	CP approvedEarly submission of CP?	Deadline for CP submission to HRSA and CDC • Eval WG convenes for Y4 evaluation
Comprehensive Plan Workgroup Deadlines	Workgroups must have completed the following by May 31st: ■ Strategy Goals ✓ ■ Strategy Solutions ✓ ■ Strategy Benchmarks (in progress)	Workgroups must have completed the following by June 30th: • Strategy Activities			

Acronyms & Abbreviations Used: CDC=Centers for Disease Control & Prevention; COE=Coordination of Effort; CP=2017 Comprehensive Plan; Epi=Epidemiology/Epidemiological; Eval=Evaluation; Gaps=Gaps in Care; HRSA=Health Resource and Services Administration; NAG=Needs Assessment Group; PEI=Prevention & Early Identification; SP=Special Populations;; WG=Workgroup

Logic Model 1: Goal, Solutions, and Benchmarks - PEI

Solutions

{Recommended approaches to achieve the goal}



- Adopt high-impact structural interventions such as governmental policy change and population-based efforts that normalize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
- 2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
- 3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
- 4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners*
- 5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health*
- 6. Expand opportunities for HIV and sexual health education for the general public an high-incidence populations and communities**

Goal

{Desired long-term result, outcome, or change}

1. Reduce new HIV infections



- 2. Increase awareness of HIV
- 3. Increase awareness of HIV status
- 4. Ensure early entry into care
- 5. Increase access to ARV therapy for treatment and prevention*
- 6. Address the HIV prevention needs of high incidence communities
- 7. Reduce population risk factors for HIV infection

Benchmarks

{How the result will be measured}

1. Reduce number of new HIV infections diagnosed in the Houston Area by 25%



- -Will revisit benchmarks on brochures distributed and mean number of calls to HIV prevention hotline in June pending information from HHD
- -All Hip Hop for HIV Awareness-related benchmarks to be revised/removed

Logic Model 1: Goal, Solutions, and Benchmarks - Gaps in Care

Solutions

{Recommended approaches to achieve the goal}



- 1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH*
- 2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*
- 3. Adopt strategies to re-engage out of care PLWH to return to care

Goal

{Desired long-term result, outcome, or change}

1. Ensure early entry into care



- 2. Reduce Unmet Need
- 3. Increase retention in continuous care
- 4. Improve health outcomes for People Living with HIV (PLWH)*
- 5. Increase viral suppression**

Benchmarks

{How the result will be measured}

Continue work on Benchmarks on 6/2 at 3 p.m.



2017-2021 Comprehensive Plan

Strategy to Address the Needs of Special Populations

Definitions

- **Youth** aged 13-24
- Homeless defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability
- Incarcerated/Recently Released (I/RR) defined as individuals who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months
- Injection Drug Users (IDU) defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics/tattooing
- Men who have Sex with Men (MSM) defined as Men who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity (i.e., male-to-female transgender)"
- Transgender and Gender Non-conforming defined as individuals who cross or transcend culturallydefined categories of gender
- Women of Color defined as individuals who identify racially or ethnically as Black/African American, Hispanic/Latina, or Multiracial women
- **Aging** aged 50 and up

Note: Youth, homeless, IRR, IDU, MSM, and transgender and gender non-conforming are special populations retained from the 2012 Comprehensive Plan with relevant adjustments to terms and definitions reflect appropriate terminology, lived experiences, and/or data; the Special Populations Strategy Workgroup added women of color and aging following analysis of local epidemiological, needs assessment/special study, service utilization data, and the National HIV/AIDS Strategy Updated for 2020. The Workgroup developed all definitions using various sources.

Logic Model 1: Goal, Solutions, and Benchmarks – SP

Solutions

{Recommended approaches to achieve the goal}



- Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure equal treatment of all people living with or at risk for HIV*
- Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations*
- Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically undersampled populations and support Data-to-Care*

Goal

{Desired long-term result, outcome, or change}

- 1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail of prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*
- 2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*
- 3. Strengthen the cultural and linguistic competence of the HIV prevention and care system¹

¹Revise definitions of "culture" and "health" in activities relating to this goal to align with current Office of Minority Health *National Cultural and Linguistically-Appropriate Services Standards*

Benchmarks

{How the result will be measured}

Continue work on Benchmarks on 5/20 at 9 a.m.



Logic Model 1: Goal, Solutions, and Benchmarks – COE

Solutions

{Recommended approaches to achieve the goal}



- 1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
- Support technical assistance and training to current HIV-related service providers and extend training to potential providers*
- Increase communication of HIV-related issues through media to educate and mobilize the public and providers*

Continue work on Benchmarks on 5/13 at 9 a.m.

Goal

{Desired long-term result, outcome, or change}

- 1. Increase awareness of HIV among all Greater Houston Area health and social service provide
- 2. Increase the availability of HIV-related prevention and care services and providers*
- 3. Reduce barriers to HIV prevention and care
- 4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care*
- 5. Monitor and respond to state and national-level changes in the health care system*

Benchmarks

{How the result will be measured}

Work on Benchmarks on 5/13 at 9 a.m.



2017 Houston Area Comprehensive HIV Services Plan Logic Model 2: Solution, Focus & Activities

		Ition chieve stated goals and targets}	
/			\
		vities ed that will achieve the solution}	
{Any specific focus for the pr Focus	roposed activities. A focus can be geograph ${f Focus}$	ic, population-based, program-specific, or ${f Focus}$	another type of segmentation} $Focus$
	•	·	i

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

	Solut {Recommended approach to achi	iON eve stated goals and tai	rgets}		1	
Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

UPDATED: 05/03/16	Sun	Mon	Tue	Wed	Thu	Fri	Sat
All meetings subject to change. Please call in advance to confirm: 713 572-3724.				1	2 12 noon Steering Committee Room #240	3	4
Unless otherwise noted, meetings are held at: 2223 W. Loop South,					3:00 pm Gaps in Care Wg Rm #416		
Suite 240 Houston, TX 77027	National HIV Long-Term Survivors Awareness Day	3:00 pm Prevention and Early Identification Wg Room #416	7	8 National Caribbean American HIV Awareness Day	12 noon Planning Council Leonel Castillo Community Ctr 2101 South St, 77009 2:00 pm Comp HIV Planning	10	11
	12		24 CANCELLED Operations 11 am - 3 pm Priority & Allocations Special meeting Room #240	15 11 am - 3 pm Priority & Allocations Special meeting Room #240	16 CANCELLED Quality Improvement	17	18
	19	20	21 12:00 pm Affected Community Room #532	22 11:00 am Priority & Allocations w/Project LEAP Room #416	23 CANCELLED P & A	24	25
2016	26	7:00 pm Public Hearing 900 Bagby 77002	28 11:00 am TENTATIVE Priority & Allocations	SIRR	30		