2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team

3:00 p.m., Thursday, June 30, 2016 Meeting Location: 2223 W. Loop South, Room #416

AGENDA

I.	Call to Order	Nancy Miertschin,
	A. Welcome	Ted Artiaga, and
	B. Moment of Reflection	Nike Blue, Co-Chairs
	C. Adoption of the Agenda	
	D. Approval of the Minutes (May 16, 2016)	
II.	Review 2017 Comprehensive Plan Timeline	Amber Harbolt,
		Health Planner
III.	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
	er manessing ale receas of special repairments (reingroup	Cristan Williams, Co-Chairs
	D. Constitution of Effort We downed	
	D. Coordination of Effort Workgroup	David Benson and
		Gloria Sierra, Co-Chairs
IV.	Next Steps	Nancy Miertschin,
	A. Set Next Meeting – July 2016	Ted Artiaga, and
		Nike Blue, Co-Chairs
V.	Announcements	

A. Additional Representation

VI. Adjourn

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the• Houston Health Department• HIV Prevention Community Planning Group• Ryan White Planning Council• Harris County Public Health & Environmental Services• Ryan White Grant Administration• The Resource Group

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team Meeting

3:00 p.m., Monday, May 16, 2016 Meeting Location: 2223 W. Loop South, Room #532; Houston, TX 77027

Minutes

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

Call to Order: Nancy Miertschin, Co-Chair, called the meeting to order at 3:07 p.m. and asked for a moment of reflection.

Adoption of Agenda: <u>Motion #1</u>: it was moved and seconded (Moses, Torrente) to adopt the agenda with one change: delete item II since Dr. Flash cannot be here today. Motion Carried. Harbolt said that she has a link to a PrEP 101 training that she will send out to the committee.

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the• Houston Health Department• 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, Benson) to approve the February 3, 2016 meeting minutes. **Motion Carried.** Abstentions: Escamilla, Kennedy, Ross.

Review the 2017 Comprehensive Plan Timeline: Harbolt reviewed the attached timeline.

Strategy Workgroup Updates:

<u>Prevention and Early Identification Workgroup</u>: See attached. Harbolt reviewed the Prevention and Early Identification strategy goals, solutions, and benchmarks noting where changes had been made from the 2012 plan. The committee suggested the following: Goal 7 – change population risk factors to community risk factors; Solution 1 - as the workgroup to clarify or simplify the statement: *that normalize HIV risk reduction*. The next meeting will be Monday, June 6, 2016 at 3:00 pm.

<u>Gaps in Care and Reaching the Out of Care Workgroup</u>: See attached. Pam Green, Co-Chair reviewed the Gaps in Care and Reaching the Out of Care strategy goals and solutions. Harbolt noted that the goals were renumbered to flow with the care continuum. The committee suggested the following: Solution 1 - add to the list of vulnerable points in the HIV system: homeless, housing insecure or unstably housed and transitioning from pediatric to adult care. The workgroup will complete their benchmarks at the next meeting, Thursday, June 2, 2016 at 3:00 pm.

<u>Special Populations Workgroup</u>: See attached. Harbolt reviewed the Special Populations that were approved for the 2017 plan as well as the goals and solutions, noting where changes had been made from the 2012 plan. There was much discussion around the use of the word "equal" in Solution 1. The workgroup will complete their benchmarks at the next meeting, Friday, May 20, 2016 at 9:00 am.

<u>Coordination of Effort Workgroup</u>: See attached. Harbolt reviewed the Coordination of Effort strategy goals and solutions, noting where changes had been made from the 2012 plan. The committee suggested the following: Goal 4 - clarify "public health problems". The workgroup will complete their benchmarks at the next meeting, Friday, June 10, 2016 at 9:00 am.

2017 Comprehensive Planning Process Member Survey: Hallmark asked that committee members complete the comprehensive planning process survey that was emailed earlier in the week.

Next Meeting: Thursday, June 30, 2016 at 3:00 p.m.

Announcements: Johnson-Fairley is seeking feedback on the Texas HIV Plan priorities, it is 4 questions; she will put it in Survey Monkey and send to the committee for input.

Adjournment: The meeting was adjourned at 4:57 p.m.

Revised 06-23-16

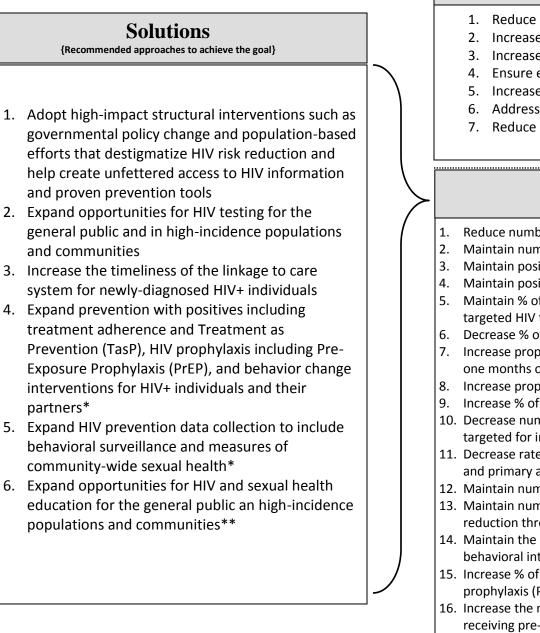
Comprehensive Plan Activities Timeline May 2016 – September 2016

	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 CP Leadership convenes for CP development update 	 PEI, Gaps, SP & COE WGs wrap-up CP Leadership convenes for CP development update Eval WG convenes to develop evaluation and monitoring process for next CP 	 Community review of CP final draft CP Leadership Team reviews/approves final draft of CP Gather CP concurrence from community partners CP approved and submitted 	Sept. 30 th - 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 (2 pending in PEI)✓ (Logic Model 1) 	 Workgroups must have completed the following by June 30th: Strategy Activities (Logic Model 2) -PEI: 0/6 completed -Gaps: 2/3 completed -SP: 3/3 completed ✓ -COE: 0/3 completed (meeting 06/24) 	Workgroups must have completed the following by July 31 st : • Strategy Activity Details (Logic Model 3)		

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

2



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 community risk factors for HIV infection

Benchmarks

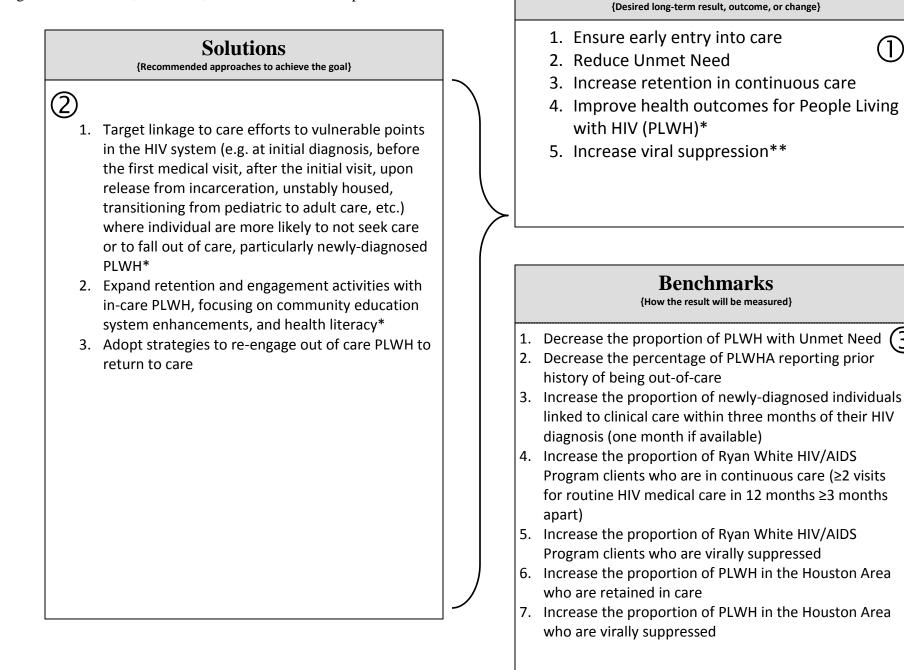
{How the result will be measured}

3

- 1. Reduce number of new HIV infections diagnosed in Houston Area
- 2. Maintain number of publicly-funded HIV tests
- 3. Maintain positivity rate for publicly-funded targeted HIV testing
- 4. Maintain positivity rate for publicly-funded routine HIV testing
- 5. Maintain % of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status
- 6. Decrease % of new HIV diagnoses with an HIV stage 3 diagnosis within one year
- 7. Increase proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis
- 8. Increase proportion of Ryan White HIV/AIDS Program clients w/ suppressed VL
- 9. Increase % of diagnosed PLWH in the Houston Area who are virally suppressed
- 10. Decrease number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention
- 11. Decrease rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)
- 12. Maintain number of condoms distributed
- 13. Maintain number of high-risk individuals receiving information on HIV risk reduction through community outreach
- 14. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV
- 15. Increase % of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training to 100%
- 16. Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education

-Will revisit benchmarks on brochures distributed and mean number of calls to HIV prevention hotline in June ${\bf 29}^{\rm th}$

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



Goal

Logic Model 2: Solution, Focus & Activities - Solution 1

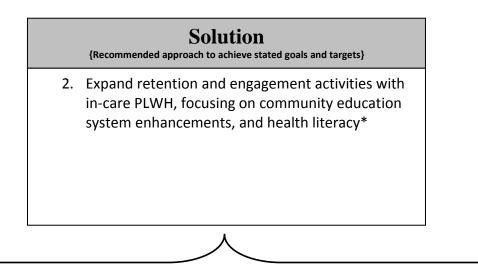
Solution

{Recommended approach to achieve stated goals and targets}

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, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH

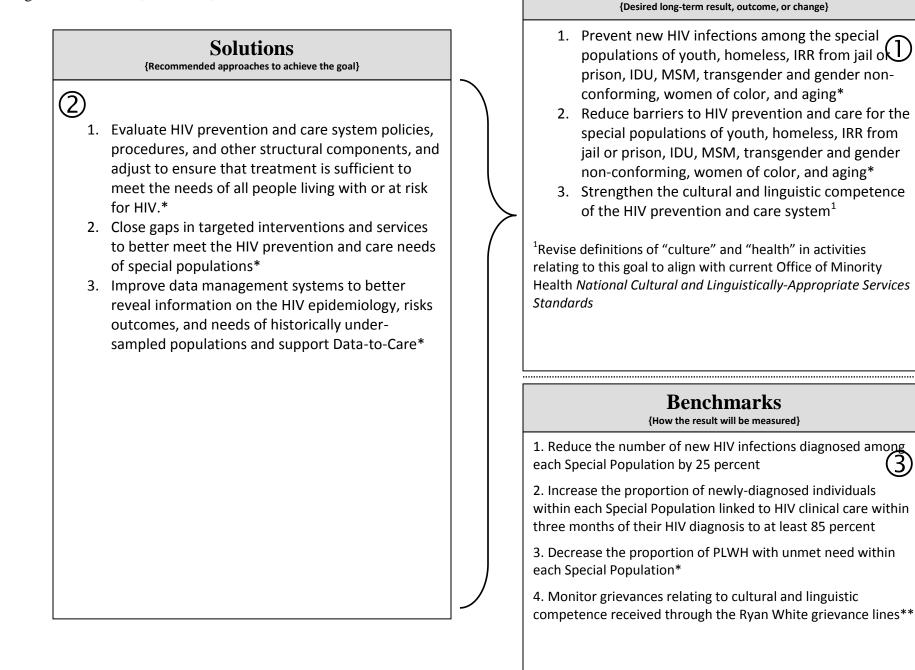
Focus	proposed activities. A focus can be geograph Focus	hic, population-based, program-specific, or a ${f Focus}$	another type of segmentation} Focus
Peer Mentoring	Policy/Process Changes	Communication with Private Providers	
 Revise case main corporate was incorporate was Design Standard year of diagnos Provide case main a. Identifib. Building resources 	arm handoff protocols. rds of Care ensuring follow-up co sis. hanagers strengths-based practice ying and leveraging existing stren og referral networks for appropria ces.	outreach services Standards of Ca	umers throughout first nsumers and; , and substance abuse
private provide	ers.		

Logic Model 2: Solution, Focus & Activities – Solution 2



{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} Focus Focus Focus								
Comm	unity Education	System Enhancements	Health Literacy					
	prevention, and re							
2.	•	Study on alternative hours of op						
3.		he City of Houston Housing and		•				
	development of thactivities.	ne Houston HOPWA care continu	ium and expansion of engag	gement and retention				
4.	Provide Road to Su	uccess training at housing sites.						
5.	Develop social me	dia materials to increase consun	ner and community health l	iteracy.				
6.		bility of establishing a site or site afely store and access medicatic		for PLWH experiencing				

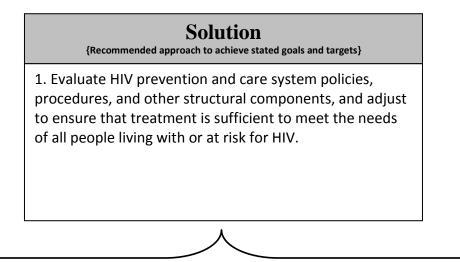
Logic Model 1: Goal, Solutions, and Benchmarks - SP



Goal

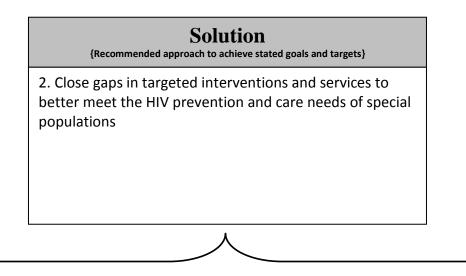
(3)

Logic Model 2: Solution, Focus & Activities – SP Solution 1



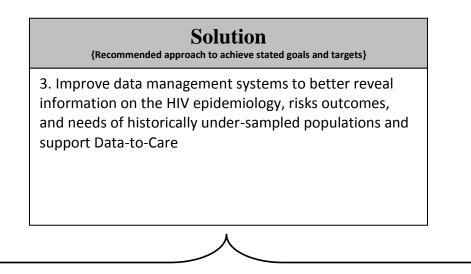
Ary specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} Focus Focus Focus Focus Access Intersectionality Routine Testing Linkage 1. Assess and adjust Standards of Care and other relevant policies to ensure access to public facilities for people. Research and implement methods for measuring the effectiveness of cultural competency training. 3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices. Partner with SIRR to develop a process for tracking linkage for recently released PLWH.									
 Assess and adjust Standards of Care and other relevant policies to ensure access to public facilities for people. Research and implement methods for measuring the effectiveness of cultural competency training. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices. 	{Any								
 people. 2. Research and implement methods for measuring the effectiveness of cultural competency training. 3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices. 		Access	Intersectionality	Routine Testing	Linkage				
3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices.	1.	-	i Standards of Care and other re	Elevant policies to ensure acce	i ess to public facilities for a				
3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices.	2.	Research and imp	plement methods for measuring	g the effectiveness of cultural	competency training.				
routine HIV testing in policies, procedures, and practices.		-		-					
		-							
	4.				ed PLWH.				

Logic Model 2: Solution, Focus & Activities – SP Solution 2



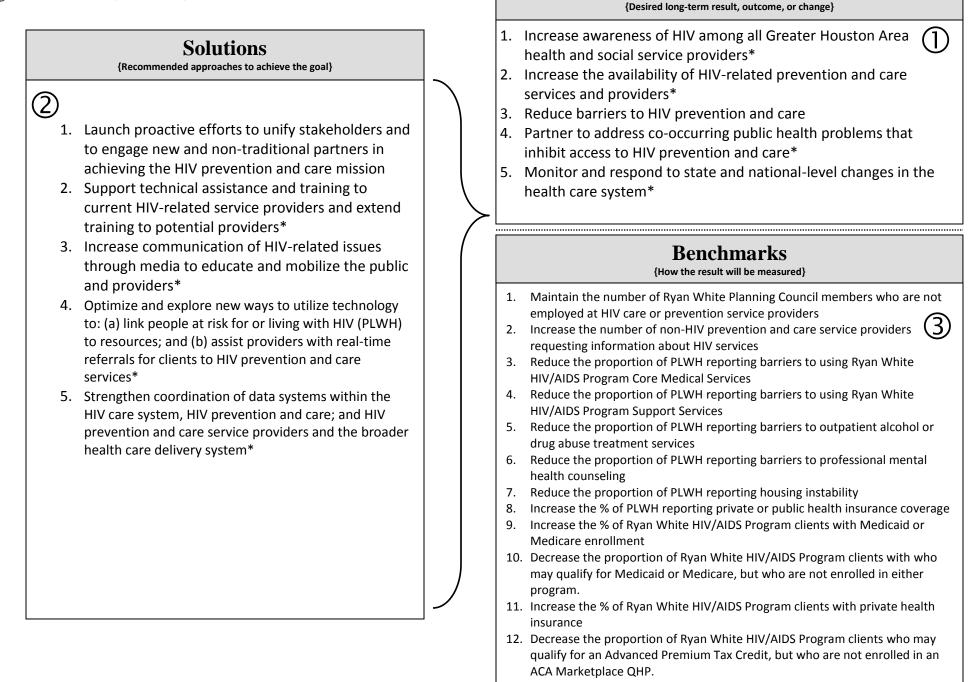
Reter	ntion in Care	Viral Suppression	—	
		Viral Suppression	Testing	Linkage
	: Develop HIV Care (he public.	i Continuums for each Special Po	opulation as possible, and d	isseminate to providers ar
2. Т	rain providers on	best practices for educating an ndividuals, MSM, and transger		he following populations:
	Extend HIV testing Area.	and PrEP information and reso	ources to small "pop-up" cli	nics throughout the Houst
	•	blic service announcements fo atment as Prevention	or each special populations	educating the community
5. C	Compile HIIPA con	pliant best practices for using	technology to communicate	e consumers
	Research solution nomelessness.	s for medication adherence	and safe medication stor	age for PLWH experien
	Develop a proces expedite eligibility	s for obtaining temporary in	dentification for PLWH ex	periencing homelessness

Logic Model 2: Solution, Focus & Activities – SP Solution 3



{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation Focus Focus								
		rocus	rocus					
Local Data Systems	Data-to-Care							
-	o DIS staff on data collection f	-	pecial populations clients.					
	for Outreach Workers on using	-						
3. Collaborate with	City of Houston Housing and C	community Development De	epartment on development o					
	a local Housing Unmet framework and local Housing Care Continuums, including special population							
-		using Care Continuums, inc	luding special populations to					
the extent feasib	e.	-						
the extent feasib 4. Update or utilize		-						
the extent feasib	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						
the extent feasib 4. Update or utilize	e.	-						

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



Goal

UPDATED: 06/17/16	Sun	Mon	Tue	Wed	Thu	Fri	Sat
All meetings subject to change. Please call in advance to confirm: 713 572-3724.						1	2
Unless otherwise noted, meetings are held at: 2223 W. Loop South, Suite 240 Houston, TX 77027	3	4 Independence Day OFFICE CLOSED	5	6	7 12 noon Steering Committee Room #240 3:00 pm Gaps in Care Wg Room #TBD	8 9:00 am Special Pops Wg Rm #TBD	9
	10	11	12	13	14 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	15	16
	17	18	19 11:00 am Operations Room #240	20 SIRR	21 CANCELLED Quality Improvement	22	23
	24	25	26	27	28	29	30
2016	31		Affected Community Bee Busy Wellness Ctr 8785 W. Bellfort Ave. 77031		Priority & Allocations Room #532		