

**2017 Comprehensive Plan for HIV Prevention and Care Services  
Coordination of Effort Workgroup**

9:00 a.m., Friday, April 22, 2016  
Meeting Location: 2223 W. Loop South, Room #416

**AGENDA**

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**Goal of Today's Meeting:**

Complete 2/3 of Logic Model 1 by selecting the 2017 Comprehensive Plan  
Coordination of Effort Strategy Goals and Solutions

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|---|---|
| I. Call to Order  | David Benson and<br>Gloria Sierra, Co-Chairs        |
| A. Welcome  |   |
| B. Moment of Reflection   |   |
| C. Adoption of the Agenda   |   |
| D. Approval of the Minutes  |   |
| II. Select COE Goals and Solutions for 2017 Plan (Logic Model 1)    | Amber Harbolt, Health<br>Planner, Office of Support |
| III. End New Diagnoses Houston Intersecting Issues Update           |   |
| III. Next Steps   | David Benson and<br>Gloria Sierra, Co-Chairs        |
| A. Set regular meeting schedule—5/13 or 5/27                        |   |
| B. What to Expect at the Next Meeting                               |   |
| 1. Select COE Benchmarks for 2017 Plan (Completes Logic<br>Model 1) |   |
| 2. Begin Logic Model 2 (Foci & Activities)                          |   |
| IV. Announcements   |   |
| V. Adjourn  |   |

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*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

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦  
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## 2017 Comprehensive Plan for HIV Prevention and Care Services

### COORDINATION OF EFFORT WORKGROUP

9:00 a.m., Friday, March 18, 2016

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

#### Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Gloria Sierra, co-chair	Alex Moses	Amber Harbolt, Office of Support
Angela F. Hawkins	Andrew Motz, excused	Diane Beck, Office of Support
Ardry Skeet Boyle	C. Bruce Turner	
Becky Chen	Cecilia Ross	
Curtis Bellard	David Benson, excused	
Denis Kelly	Nancy Miertschin, excused	
Ella Collins-Nelson	Tana Pradia, excused	
Isis Torrente	Tracy Gorden	
Lorena Arista		
Michael Kennedy		
Robert Noble		
Rodney Mills		
Steven Vargas		
Teresa Pruitt		

**Call to order:** Gloria Sierra, Co-Chair, called the meeting to order at 9:13 a.m.; she welcomed everyone and asked for a moment of reflection. She then asked everyone to introduce themselves.

**Adoption of the Agenda: *Motion #1:*** *It was moved and seconded (Bellard, Pruitt) to adopt the agenda. Motion Carried.* Abstention: Mills.

**Approval of the Minutes: *Motion #2:*** *It was moved and seconded (Bellard, Kelly) to approve the February 12, 2016 meeting minutes. Motion Carried.* Abstentions: Chambers, Mills, Pruitt.

**2012 Coordination of Effort Benchmarks Progress:** Harbolt reviewed the Coordination of Effort Strategy benchmarks and the progress made for each. See attached.

**Development of 2017 Coordination of Effort Activities:** Harbolt reviewed the following tools: Logic Model 1 – Goals, Solutions, & Benchmarks, Logic Model 2 – Solution, Focus & Activities, and Logic Model 3 – Action Planning Matrix. See attached.

**Next Meeting:** April 22, 2016 at 9:00 a.m.; Agenda items include continuing development of 2017 Comprehensive Plan activities.

**Announcements:** Beck stated that the applications for Project LEAP are still being accepted.

**Adjourn:** The meeting was adjourned at 10:10 a.m.

## 2017 Comprehensive Plan Coordination of Effort (COE) Goals Selection Table

The COE Goals selected should describe desired long-term results, outcomes, or changes for improving coordination of effort.

2012 COE Goals	Corresponding 2017 Plan Goals	Corresponding NHAS Update for 2020 Goals	Status	2017 Revision (if applicable)
1. Increase Awareness of HIV among all Greater Houston Area Health and Human Service Providers	1. Increase community mobilization around HIV in the Greater Houston Area 6. Increase community knowledge around HIV in the Greater Houston Area	<ul style="list-style-type: none"> <li>• Reducing new HIV infections</li> <li>• Improving access to care and health outcomes</li> <li>• Reducing HIV-related disparities and health inequities</li> <li>• Achieving a More Coordinated National [Local] Response</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
2. Increase the Availability of HIV Prevention and Care Services and Providers	2. Prevent and reduce new HIV infections 3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services 5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	<ul style="list-style-type: none"> <li>• Reducing new HIV infections</li> <li>• Improving access to care and health outcomes</li> <li>• Reducing HIV-related disparities and health inequities</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
3. Reduce Barriers to HIV Prevention and Care	2. Prevent and reduce new HIV infections 3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services 4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care 5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	<ul style="list-style-type: none"> <li>• Reducing new HIV infections</li> <li>• Improving access to care and health outcomes</li> <li>• Reducing HIV-related disparities and health inequities</li> <li>• Achieving a More Coordinated National [Local] Response</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
4. Partner to Address Co-Occurring Public Health Problems that Inhibit Access to Care	4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care 5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	<ul style="list-style-type: none"> <li>• Improving access to care and health outcomes</li> <li>• Reducing HIV-related disparities and health inequities</li> <li>• Achieving a More Coordinated National [Local] Response</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
5. Prepare for State and National-Level Changes in the Health Care System	3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services 4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care 5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations	<ul style="list-style-type: none"> <li>• Improving access to care and health outcomes</li> <li>• Reducing HIV-related disparities and health inequities</li> <li>• Achieving a More Coordinated National [Local] Response</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add	

### Important Questions:

1. Do the goals selected correspond with the NHAS Update for 2020 goals? Are any not addressed?
2. Do the goals selected correspond with 2017 Comprehensive Plan goals? Are any not addressed?
3. Have any issues, policies, therapies, or strategies relevant to addressing coordination of effort emerged since 2011 when the 2012 Plan was developed that are not addressed?
4. Are the goals relevant in light of:
  - a. Changes in language or description (appropriate terminology)?
  - b. Current funding priorities (both within and outside the HIV prevention and care system)?
  - c. Local HIV data?
  - d. Other local, state, and national strategies for coordinating effort?

## 2017 Comprehensive Plan Special Populations COE Solutions Selection Table

The COE Solutions selected should describe recommended approaches to achieve the 2017 COE Goals.

2012 COE Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission	<ul style="list-style-type: none"> <li>• Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated</li> <li>• Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk</li> <li>• Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV</li> <li>• Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing</li> <li>• Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection</li> <li>• Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities</li> <li>• Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
2. Intensify technical assistance and training to current and potential AIDS-service organizations (ASOs) and providers	<ul style="list-style-type: none"> <li>• Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches</li> <li>• Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk</li> <li>• Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV</li> <li>• Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing</li> <li>• Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments</li> <li>• Step 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
3. Maximize the use of media to (re) mobilize the public and providers around HIV	<ul style="list-style-type: none"> <li>• Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated</li> <li>• Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches</li> <li>• Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission</li> <li>• Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
4. Maximize the use of technology to: (a) link people at risk for or living with HIV/AIDS (PLWHA) with resources; and (b) assist providers with real-time referrals for clients to needed HIV prevention and care services	<ul style="list-style-type: none"> <li>• Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated</li> <li>• Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission</li> <li>• Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk</li> <li>• Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing</li> <li>• Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	

2012 COE Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
5. Intensify coordination of data systems within the HIV care system; between HIV prevention and care; and between AIDS-service organizations and the broader health care delivery system	<ul style="list-style-type: none"> <li>• Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk</li> <li>• Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments</li> <li>• Step 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
		<input type="checkbox"/> Add	

**Important Questions:**

1. Do the solutions selected correspond with the NHAS Update for 2020 goal steps (listed on the following page)? Are any not addressed?
2. Have any issues, policies, therapies, or strategies relevant to increasing coordination of effort emerged since 2011 when the 2012 Plan was developed that are not addressed?
3. Are the solutions relevant in light of:
  - a. The 2017 Comprehensive Plan COE Goals selected in today’s meeting?
  - b. Changes in language or description (appropriate terminology)?
  - c. Current funding priorities (both within and outside the HIV prevention and care system)?
  - d. Local HIV data?
  - e. Other local, state, and national strategies for increasing coordination of effort?

**NHAS Updated for 2020 Goals and Steps**

- **GOAL 1: REDUCING NEW HIV INFECTIONS**
  - Step 1.A: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
  - Step 1.B: Expand efforts to prevent HIV infection using a combination of effective evidence-based approaches
  - Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission
- **GOAL 2: INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV**
  - Step 2.A: Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk
  - Step 2.B: Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV
  - Step 2.C: Support comprehensive, coordinated, patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges meeting basic needs, such as housing
- **GOAL 3: REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES**
  - Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection
  - Step 3.B: Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
  - Step 3.C: Reduce stigma and eliminate discrimination associated with HIV status
- **GOAL 4: ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC**
  - Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments
  - Step 4.B: Develop improved mechanisms to monitor and report on progress toward achieving national goals

<p>UPDATED: 04/05/16</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	<b>1</b>	<b>2</b> 3:00 pm Prevention and Early Identification Wg Room #TBD	<b>3</b>	<b>4</b>	<b>5</b> 12 noon Steering Committee Room #240	<b>6</b> 5:00 pm Deadline for submitting Idea Forms	<b>7</b>
	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b> 12 noon Planning Council Room #532 1:45 pm Speaker's Bureau Workgroup 2:00 pm Comp HIV Planning Room #532	<b>13</b>	<b>14</b>
<b>May</b>	<b>15</b>	<b>16</b>	<b>17</b> 11:00 am HTBMN Wg #4 and Operations Room #240	<b>18</b> HIV Vaccine Awareness Day	<b>19</b> 11:00 am Quality Improvement Room #101 2:00 pm NAG Room #416 National Asian & Pacific Islander HIV Awareness Day	<b>20</b>	<b>21</b>
	<b>22</b>	<b>23</b>	<b>24</b> 12:00 pm Affected Community HOPE Clinic 7001 Corporate Drive Suite 120; 77036 7:00 pm Public Hearing 900 Bagby 77002	<b>25</b> SIRR	<b>26</b> 9:00 am TENTATIVE Quality Improvement 11:00 am Priority & Allocations Room #532	<b>27</b>	<b>28</b>
	<b>29</b>	<b>30</b> Memorial Day OFFICE CLOSED	<b>31</b>				

**2016**