

**2017 Comprehensive Plan for HIV Prevention and Care Services
Gaps in Care & Reaching the Out of Care Workgroup**

1:00 p.m., Thursday, April 28, 2016
Meeting Location: 2223 W. Loop South, Room #532

AGENDA

Goal of Today's Meeting:

Complete 2/3 of Logic Model 1 by selecting the 2017 Comprehensive Plan
Gaps in Care Strategy Goals and Solutions

- I. Call to Order Connie Barnes and
Pam Green, Co-Chairs
 - A. Welcome
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes

- II. Select Gaps in Care Goals and Solutions for 2017 Plan
(Logic Model 1) Amber Harbolt, Health
Planner, Office of Support

- III. Next Steps Connie Barnes and
Pam Green, Co-Chairs.
 - A. Set Next Meeting– 5/26 or 6/3
 - 1. Select Gaps in Care Benchmarks for 2017 Plan
to Complete Logic Model 1
 - 2. Begin work on Logic Model 2

- IV. Announcements

- V. 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

♦ 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
GAPS IN CARE & REACHING THE OUT OF CARE WORKGROUP

1:00 p.m., Thursday, March 17, 2016

Meeting Location: 2223 West Loop South, Room 240; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Connie Barnes, co-chair	Allen Murray, excused	Amber Harbolt, Office of Support
Pam Green, co-chair	Amber David	Diane Beck, Office of Support
Alex Moses	Cecilia Ross	
Angela F. Hawkins	C. Bruce Turner, excused	
Ebony Smith	Curtis Bellard, excused	
Isis Torrente	Denis Kelly, excused	
Tana Pradia	Ella Collins-Nelson	
Weilin Zhou	Gene Ethridge	
	Michael Kennedy, excused	
	Robert Noble, excused	
	Rodney Mills, excused	
	Teresa Pruitt	

Call to order: Connie Barnes, Co-Chair, called the meeting to order at 1:16 p.m.; she welcomed everyone and asked for a moment of reflection.

Adoption of the Agenda: Motion #1: *It was moved and seconded (Pradia, Torrente) to adopt the agenda. Motion Carried.*

Approval of the Minutes: Motion #2: *It was moved and seconded (Pradia, Hawkins) to approve the February 18, 2016 meeting minutes. Motion Carried.* Abstentions: Moses, Torrente.

2012 Gaps in Care Benchmarks Progress: Harbolt reviewed the Gaps in Care and Out of Care Strategy benchmarks and the progress made for each. See attached.

Development of 2017 Gaps in Care 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. She said that the Prevention and Early Identification workgroup asked that the Gaps in Care workgroup look at mental health and substance use as barriers in activities for this strategy. Suggested items include exploring data sharing between public and private entities, changing the definition of linkage to care, strengthening partnerships between public and private entities, and paying for patient parking using vouchers.

Next Meeting: April 28, 2016 at 1:00 p.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 2:37 p.m.

2017 Comprehensive Plan Gaps in Care and Reaching the Out of Care (Gaps in Care) Goals Selection Table

The Gaps in Care Goals selected should describe desired long-term results, outcomes, or changes to bridge gaps in care and reach the Out of Care.

2012 Gaps in Care Goals	Corresponding 2017 Plan Goals	Corresponding NHAS Update for 2020 Goals	Status	2017 Revision (if applicable)
1. Reduce Unmet Need	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"> • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
2. Ensure Early Entry Into Care	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"> • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
3. Increase Retention in Continuous Care	2. Prevent 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	<ul style="list-style-type: none"> • Reducing new HIV infections • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
4. Improve Health Outcomes for People Living with HIV/AIDS (PLWHA)	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	<ul style="list-style-type: none"> • Improving access to care and health outcomes • Reducing HIV-related disparities and health inequities 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
			<input type="checkbox"/> Add	
			<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 effectively bridging gaps in care and reaching the Out of Care 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?

2017 Comprehensive Plan Gaps in Care and Reaching the Out of Care (Gaps in Care) Solutions Selection Table

The Gaps in Care Solutions selected should describe recommended approaches to achieve the 2017 Gaps in Care Goals.

2012 Gaps in Care Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
<p>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, etc.) where individuals are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWHA</p>	<ul style="list-style-type: none"> • 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 • 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 • Step 4.A: Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
<p>2. Intensify retention and engagement activities with currently in-care PLWHA, focusing on community education, system enhancements, and health literacy</p>	<ul style="list-style-type: none"> • Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission • 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 • 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 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
<p>3. Adopt strategies to re-engage out-of-care PLWHA and other “prior positives” to return to care</p>	<ul style="list-style-type: none"> • 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 • 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 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	

2017 Comprehensive Plan Gaps in Care and Reaching the Out of Care (Gaps in Care) Solutions Selection Table

		<input type="checkbox"/> Add	
		<input type="checkbox"/> Add	

Important Questions:

1. Do the solutions selected correspond with the NHAS Update for 2020 goal steps (listed on below)? Are any not addressed?
2. Have any issues, policies, therapies, or strategies relevant to bridging gaps in care and reaching the Out of Care 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 Gaps in Care Goals selected earlier in the 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?

2017 Comprehensive Plan Gaps in Care and Reaching the Out of Care (Gaps in Care) Solutions Selection Table

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: 04/27/16</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>
	1	2 3:00 pm Prevention and Early Identification Wg Room #532	3	4	5 12 noon Steering Committee Room #240	6 5:00 pm Deadline to submit Idea Forms	7
	8	9	10	11	12 12 noon Planning Council Room #532 1:45 pm Speaker's Bureau Workgroup 2:00 pm Comp HIV Planning Room #532	13	14
May	15	16	17 11:00 am HTBMN Wg #4 and Operations Room #240	18 HIV Vaccine Awareness Day	19 11:00 am Quality Improvement Room #101 2:00 pm NAG Room #416 National Asian & Pacific Islander HIV Awareness Day	20	21
	22	23	24 12:00 pm Affected Community HOPE Clinic 7001 Corporate Drive Suite 120; 77036 7:00 pm Public Hearing 900 Bagby 77002	25 SIRR	26 9:00 am TENTATIVE Quality Improvement 11:00 am Priority & Allocations Room #532	27	28
2016	29	30 Memorial Day OFFICE CLOSED	31				

<p>UPDATED: 03/15/16</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> 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>
				1	<p style="text-align: center;">2</p> <p>12 noon Steering Committee Room #240</p>	3	4
	5 National HIV Long-Term Survivors Awareness Day	6	7	8 National Caribbean American HIV Awareness Day	<p style="text-align: center;">9</p> <p>12 noon Planning Council LOCATION TBD</p> <p>2:00 pm Comp HIV Planning LOCATION TBD</p>	10	11
<h1>June</h1> <h1>2016</h1>	12	<p style="text-align: center;">13</p> <p>11 am - 3 pm Priority & Allocations Special meeting Room #240</p>	<p style="text-align: center;">14</p> <p>CANCELLED Operations</p> <p>11 am - 3 pm Priority & Allocations Special meeting Room #240</p>	<p style="text-align: center;">15</p> <p>11 am - 3 pm Priority & Allocations Special meeting Room #240</p>	<p style="text-align: center;">16</p> <p>CANCELLED Quality Improvement</p>	17	18
	19	20	<p style="text-align: center;">21</p> <p>12:00 pm Affected Community Room #532</p>	<p style="text-align: center;">22</p> <p>11:00 am Priority & Allocations w/Project LEAP Room #416</p>	23	24	25
	26	<p style="text-align: center;">27</p> <p>7:00 pm Public Hearing 900 Bagby 77002</p> <p>National HIV Testing Day</p>	<p style="text-align: center;">28</p> <p>11:00 am TENTATIVE Priority & Allocations</p>	<p style="text-align: center;">29</p> <p>SIRR</p>	30		