

**2017 Comprehensive Plan for HIV Prevention and Care Services
Prevention and Early Identification Workgroup**

3:00 p.m., Monday, May 2, 2016
Meeting Location: 2223 W. Loop South, Room #532

AGENDA

*=Handout to be distributed at meeting

Goal of Today's Meeting: Complete Logic Model 1 by selecting the 2017 Comprehensive Plan Prevention and Early Identification Strategy Solutions and Benchmarks

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|---|---|
| I. Call to Order | Amy Leonard and
Ken Malone, Co-Chairs |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes | |
| II. Select PEI Solutions and Benchmarks* for
2017 Plan (Logic Model 1) | Amber Harbolt, Health
Planner, Office of Support |
| III. Begin Logic Model 2 (Foci and Activities) | |
| IV. Next Steps | Amy Leonard and
Ken Malone, Co-Chairs. |
| A. Set Next Meeting– 6/6 or 6/20 | |
| 1. Complete Logic Model 2 | |
| 2. Begin work on Logic Model 3 | |
| II. Announcements | |
| III. 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
PREVENTION AND EARLY IDENTIFICATION WORKGROUP

3:00 p.m., Monday, April 4, 2016

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

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Amy Leonard, Co-Chair	Curtis Bellard	Camden Hallmark, HHD
Ken Malone, Co-Chair	Denis Kelly, excused	
Alex C. Moses	Denny Delgado	Sha'Terra Johnson-Fairley, TRG
Amber Wright	Florida Kweekeh	Amber Harbolt, Office of Support
Arlene Johnson	Isis Torrente, excused	Diane Beck, Office of Support
Cecilia Ross	Jeff Meyer	
Ella Collins-Nelson	Kevon Strange	
John Lazo	Maggie White	
Lorena Arista	Rose Haggarty, excused	
Michael Kennedy	Yvonne Lu	
Mike Wilkerson	W. Jeffrey Campbell	
Nancy Miertschin		
Nettie Johnson		
Robert Noble		
Rodney Mills		
Tana Pradia		
Teresa Pruitt		
Tracy Gorden		

Call to order: Amy Leonard, Co-Chair, called the meeting to order at 3:05 p.m.; she welcomed everyone and asked for a moment of reflection. She introduced the new workgroup co-chair, Ken Malone.

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

Approval of the Minutes: Motion #2: *It was moved and seconded (Pradia, A. Johnson) to approve the February 1, 2016 meeting minutes with one correction, Noble and Pruitt were present. Motion Carried.* Abstentions: A. Johnson, Malone, Ross.

Review Available Data for Prevention and Early Identification: See attached. Harbolt reviewed the data, noting that the Special Populations workgroup added tattoos to the description of Injection Drug Users (IDU). Items that stand out are Black Women, Transgender, Late Diagnosis and Adolescents. Noble said that in his experience, most if not all young MSMs are always intoxicated or high during sex.

Select Prevention and Early Identification Goals for 2017 Plan (Logic Model 1): See attached. The workgroup chose to keep Goal 1, 2, 3, 4, 6 and 7 as is. Goal 5 was revised as follows: Increase access to Antiretroviral Therapy for both Prevention and Treatment. ***Motion #3:*** *it was moved and seconded (Pruitt, A. Johnson) to adopt the Prevention and Early Identification goals as revised.* **Motion carried unanimously.**

Next Meeting: May 2, 2016 at 3:00 p.m.; Agenda items include: (1) selection of PEI solutions and benchmarks for the 2017 plan to complete Logic Model 1 and (2) begin work on Logic Model 2.

Announcements: None.

Adjourn: The meeting was adjourned at 4:45 p.m.

2017 Comprehensive Plan Prevention and Early Identification (PEI) Goals

PEI Workgroup Approved 4-4-16

The goals of the 2017 Comprehensive Plan Strategy for Prevention and Early Identification Strategy are to:

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

2017 Comprehensive Plan Prevention and Early Identification (PEI) Solutions Selection Table

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

2012 PEI Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
1. 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	<ul style="list-style-type: none"> • 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 • 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	
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities	<ul style="list-style-type: none"> • 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 • 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	
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals	<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 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
4. Intensify prevention with positives including treatment adherence, HIV prophylaxis, and behavior change interventions for HIV+ individuals and their partners	<ul style="list-style-type: none"> • Step 1.C: Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission [PrEP?] • 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	
5. Expand the HIV prevention knowledge base to include behavioral surveillance and measures of community-wide HIV health	<ul style="list-style-type: none"> • Step 3.A: Reduce HIV-related disparities in communities at high risk for HIV infection • 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 	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	

2012 PEI Solutions	Corresponding NHAS Update for 2020 Goal Steps	Status	2017 Revision (if applicable)
		<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 prevention and early identification 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 PEI Goals selected at the last 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 prevention and early identification?

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: 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	2 12 noon Steering Committee Room #240	3	4
	5 National HIV Long-Term Survivors Awareness Day	6	7	8 National Caribbean American HIV Awareness Day	9 12 noon Planning Council LOCATION TBD 2:00 pm Comp HIV Planning LOCATION TBD	10	11
	12	13 11 am - 3 pm Priority & Allocations Special meeting Room #240	14 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	24	25
	26	27 7:00 pm Public Hearing 900 Bagby 77002 National HIV Testing Day	28 11:00 am TENTATIVE Priority & Allocations	29 SIRR	30		

June

2016