2017 Comprehensive Plan for HIV Prevention and Care Services

Special Populations Workgroup

9:00 a.m., Friday, June 17, 2016 Meeting Location: 2223 W. Loop South, Room #416

AGENDA

Goal of Today's Meeting:

Complete Logic Model 2 for each Special Populations Solution by selecting focus areas and activities

I. Call to Order

A. Welcome

B. Moment of Reflection

C. Adoption of the Agenda

D. Approval of the Minutes

II. Develop Foci and Activities for Each Solution (Logic Model 2)

Amber Harbolt, Health Planner, Office of Support

John Humphries and

Cristan Williams, Co-Chairs

III. Next Steps

A. Set Next Meeting - July

B. What to Expect at the Next Meeting

1. Complete Logic Model 3 (Activity Details)

IV. Announcements

V. Adjourn

John Humphries and

Cristan Williams, Co-Chairs

2017 Comprehensive Plan for HIV Prevention and Care Services SPECIAL POPULATIONS WORKGROUP

9:00 a.m., Friday, June 3, 2016

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

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Cristan Williams, co-chair	Ella Collins-Nelson, excused	Tasha Traylor, RWGA
John Humphries, co-chair	Gloria Sierra, excused	Venita Ray, Legacy
Alex Moses	Nancy Miertschin, excused	Amber Harbolt, Office of Support
Andrew Motz	Robert Betancourt, excused	Diane Beck, Office of Support
Angela F. Hawkins	Zaida Lopez, excused	
Ardry Skeet Boyle		
Cecilia Ross		
Curtis Bellard		
Denis Kelly		
Ebony Smith		
Esther Ogunjimi		
Isis Torrente		
Kevon Strange		
Michael Kennedy		
Robert Noble		
Rodney Mills		
Tana Pradia		
Teresa Pruitt		
Tracy Gorden		

Call to order: Cristan Williams, co-chair, called the meeting to order at 9:05 a.m.; she welcomed everyone and asked for a moment of reflection.

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

Approval of the Minutes: <u>Motion #2</u>: It was moved and seconded (Boyle, Kelly) to approve the May 20, 2016 meeting minutes. **Motion Carried.** Abstentions: Bellard, Pruitt, Mills.

Develop Foci and Activities for Each Solution (Logic Model 2): See attached information from the 2012 Plan and Logic Model 2 worksheet for each solution. The workgroup discussed Solutions 1 as follows: the Leadership Team did not like the word 'equal' saying it is not the same as 'equitable' so the solution was revised to read: Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV. Foci for Solution 1 include access, intersectionality, routine

testing and linkage; Activities discussed include evaluating and adjusting access to public facilities (look at what is in the Standards of Care), measuring the effectiveness of cultural competency training, maybe measure by the type of complaint calls received by the RWGA and TRG; find out what type of cultural competency training the prevention staff receives; promoting education to providers about routine HIV testing, especially those providing services to special populations (HIV syndicate developed a tool for the rural area to help staff talk about HIV and testing); help for the recently released to get to their first appointments after release. The workgroup discussed Solutions 2 as follows: Foci for Solution 2 include retention and viral suppression; Activities discussed include retention of young MSM of color and other special populations, viral suppression activities for special populations, development of an HIV care continuum for special populations (as possible with available data), do prevention activities meet the need of special populations and if not what can be done, promote treatment as prevention (TasP) to special populations, promote PrEP education to special populations, and collaborate with local events (health fairs, etc) to include testing and resource distribution. The workgroup would like to review the progress made on the 2012 activities.

It was suggested that the Gaps in Care workgroup look at the HIV Community's local response to natural disasters and if there are lessons learned, especially regarding special populations; and the barrier of health insurance that does not cover medications or keeps raising their premiums.

Next Meeting: June 17, 2016 at 9:00 a.m.; Agenda items include completion of Logic Model 2 and Logic Model 3.

Announcements: Gorden said that there will be a memorial service for Gene Ethridge on Friday, June 17th at 6:30 p.m. at the Montrose Center. Humphries said they are working to educate the City Council about the need to include local funding for HIV prevention activities because of the limitations that come with state and CDC funding.

Adjourn: The meeting was adjourned at 11:11 a.m.

2017 Houston Area Comprehensive HIV Services Plan

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



{Recommended approach to achieve stated goals and targets}

1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.

Activities

{Specific tasks to be performed that will achieve the solution}

{Any 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 all 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.

Discussed help for the recently released to get to their first appointments after release [Still needs to be made into an activity]

2017 Houston Area Comprehensive HIV Services Plan

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

Solution

{Recommended approach to achieve stated goals and targets}

2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations

Activities

{Specific tasks to be performed that will achieve the solution}

{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}

Focus	Focus	Focus	Focus
Retention in Care	Viral Suppression	<u>Testing?</u>	<u>Linkage?</u>

1. Develop HIV Care Continuums for each Special Population as possible, and disseminate to providers and the public.

[Still need to create activities to regarding retention of young MSM of color and other special populations, viral suppression activities for special populations, promote treatment as prevention (TasP) to special populations, promote PrEP education to special populations, and collaborate with local events (health fairs, etc) to include testing and resource distribution.]

2017 Houston Area Comprehensive HIV Services Plan

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

Solution {Recommended approach to achieve stated goals and targets}	
3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care	

Activities {Specific tasks to be performed that will achieve the solution} {Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} **Focus Focus Focus Focus**

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 #)

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN FOR 2012-2014 YEAR 3 EVALUATION CHECKLIST

☐ Complete (C)	÷
Complete for Year 3 (C3)	i
☐ In Progress (P)	i
☐ Not Initiated (NI)	i
☐ N/A for Time Period (NA)	i
☐ N/A with Progress (NA/P)	i
*Staff recommendation	i

*Status Key

Strategy: 3—ADDRESS THE NEEDS OF SPECIAL POPULATIONS (SP)

	Activity	Responsible Party/	RWPC/CPG Committee or	Data Source/	Timeframe	Process Notes	Status *See key above
1.	Develop and adopt policies on non-discrimination toward Special Populations in the provision of HIV prevention and care services	RWPC, CPG	RWPC Affected, CPG Needs & Response, QA Committees	RFP/ Contract Language	2014	Presence of client rights cards at funded agencies added to the RWGA audit checklist in Y2. Also in Y2, RWPC members received grievance policy training and launched a client rights card project; grievance data were also reviewed. HDHHS staff and CPG found that HDHHS already maintains a non-discrimination policy that covers HDHHS and its subcontractors. Recommendation: Change timeframe to "2014" and mark status as "Complete" – Not approved	P
2.	Alter data collection and reporting methods in current local data collection systems (e.g., Testing 4 Tickets, ECLIPS, CPCDMS, etc.) to provide information on Special Populations, in particular, Homeless, IRR, and Transgender, including standard definitions for data collection and reporting requirements	RWGA, HDHHS	N/a	N/a	2015	The following changes were made to data systems in Y2 and maintained in Y3: • Homeless: T4T, ECLIPS, and STD*MIS track homeless in past 12 months. CPCDMS/ARIES "Housing Status" variables are aligned. • IRR: T4T and ECLIPS track jail/JD in past 12 months. CPCDMS captures data via record holder. • Transgender: all systems aligned for self-reported MTF/FTM. T4T and ECLIPS also track separate birth sex/gender options. SP sections included in the 2014 ACA Enrollment Special Study. Recommendation: Retain activity in Y4. DSHS STD*MIS upgrade in Y4 will provide additional gender options; continue focus on developing reporting alignment among AAs and HDHHS Approved	P

	Activity	Responsible Party/ Parties	RWPC/CPG Committee or Other Partner	Data Source/ Reference	Timeframe	Process Notes	Status *See key above
3.	Establish or maintain formal partnerships between the Houston Area HIV Planning Bodies and agencies or individuals representing Special Populations; and through these partnerships, seek technical assistance and training on how the needs of Special Populations can be advanced	RWPC	RWPC Comp HIV Planning & Operations Committees	N/a	Annually	RWPC maintained formal representation on the needs of adolescents, homeless, IRR, MSM, and transgender in Y3 via member representation on agencies, CABs, and coalitions, as well as including representatives of special populations in Workgroups	C3
4.	Sustain community-based Task Forces and Coalitions focused on Special Populations (e.g., Serving the Incarcerated and Recently Released Partnership/SIRR, Task Forces, etc.)	CPG, TRG	CPG CMRC, Task Forces, SIRR	ECHPP	Annually	SIRR continued in Y3. Also, youth, MSM, and transgender Task Forces continued in Y3.	C3
5.	Sustain training on Special Populations in current capacity-building efforts for frontline HIV prevention and care staff	RWGA, TRG, HDHHS	N/a	Standards of Care	Annually	Frontline staff trainings in Y3 included foci on MSM, YMSM, and Transgender.	C3
6.	Require cultural competence training for frontline HIV prevention and care staff to have: (a) standard minimum training topics; and (b) methods for measuring change in knowledge, skill, and ability	RWGA, TRG, HDHHS	N/a	Standards of Care	Annually	All RPs maintained cultural competence training requirements for frontline staff. The adapted Tool For Assessing Cultural Competence Training (TACCT) domains and a Pre/Post-Test continued to be used in Y3	СЗ
7.	Ensure data on Special Populations are included in the annual process for determining Ryan White HIV/AIDS Program Part A, B, and State Services funded services, priorities and allocations (i.e., <i>How to Best Meet the Need</i> and Priorities & Allocations)	RWPC/OS	RWPC P&A & QA Committees	N/a	Annually	SP data were provided in packets and during presentations on specific service categories during HTBMN in Y3. Recommendations for SPs were considered during Service Category discussions and P&A.	C3
8.	Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part A, B, State Services, and the Minority AIDS Initiative (MAI)	RWPC	RWPC P&A & QA Committees	N/a	Annually	Service/allocations targeting continued in Y3 for pediatrics, IRR, and MSM.	C3
9.	(If selected as the local direct funded Part D grantee) Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part D	TRG	N/a	N/a	Annually	Part D contracts continued in Y3, with a focus on YMSM and adolescents.	C3
10.	Sustain HIV prevention services to specific Special Populations through contracted community-based organizations	HDHHS	N/a	ЕСНРР	Annually	Seven CBOs were funded in Y3 to provide prevention services to SPs, including IDU, MSM, YMSM, FSM, transgender, and youth.	C3

Achivitus	Responsible	RWPC/CPG	Data	Timofray	Dwo gogg Notos	Status
Activity	Party/ Parties	Committee or Other Partner	Source/ Reference	Timeframe	Process Notes	*See key above
11. Explore how to address bias, stigma, and discrimination against Special Populations in social marketing and other mass education activities (e.g., HIP HOP for HIV Awareness/Houston HITS Home, School Health Summit), including data collection methods	HDHHS, HISD	N/a	N/a	Annually	Bias, stigma, and discrimination continued to be queried in Houston HITS Home pre/post tests conducted in Y3. One social marketing campaign addressing stigma also continued. Scientific Advisory Council's Sharing Science Symposium included a presentation on a study of the stigma experiences in HIV positive gay men.	C3
12. Develop baselines and targets for each Special Population lacking benchmark data; this may develop into Special Studies on certain populations	RWPC/OS	RWPC Comp HIV Planning Committee, RWGA, TRG, HDHHS	N/a	Annually	Feasibility Special Study was conducted in Y3 evaluating the feasibility of purchasing and sustaining ACA Marketplace plans for very low income consumers (below 100% FPL).	С3

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 Independence Day OFFICE CLOSED	5	6	7 12 noon Steering Committee Room #240	8	9
10	11	12	13	14 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	15	16
17	18	11:00 am Operations Room #240	20	21 CANCELLED Quality Improvement	22	23
24 31	25	26 12:00 pm Affected Community Bee Busy Wellness Ctr	SIRR 27	28 11:00 am Priority & Allocations Room #532	29	30
	3 10 17	3 4 Independence Day OFFICE CLOSED 10 11 17 18 24 25	3	3 4 5 6 10 11 12 13 17 18 19 20 1:00 am Operations Room #240 24 25 26 27 12:00 pm SIRR	3	1