Austin Area Comprehensive HIV Planning Council Comprehensive Planning Committee Meeting Minutes

May 10, 2016

Charge: Ensures the orderly and integrated and progression of work of the committees of the Ryan White Planning Council. Plans future activities.

MEMBERS PRESENT

Justin Irving Mark Erwin Glenn Crawford

AACHPC STAFF PRESENT

Crystal Flores, Program Manager John Waller, Planner Dwight Scales, Administrative Assistant

ADMINISTRATIVE AGENT STAFF PRESENT

Brenda Mendiola

Quality Management Coordinator Administrative Agent OTHERS PRESENT

Aubrey Bragila Kelly Nichols Brandon Latham Sylvia Lopez Chris Oakland Lyndsi Blank Kate Moore Glenn Hutchins Jose Vazquez

Paul Scott Todd Logan Ben Walker Nicolas Yagoda Emma Sinnott Shannon Hailey Charles Loosen

Nancy Cardenas

I. Call to Order: AACHPC Vice-Chair, Justin Irving at 6:05pm

II. Certification of Quorum: Quorum was established and certified by Chair, Justin Irving

III. Introductions/Announcements: none

IV. Integrated HIV Prevention & Care Plan:

Facilitator, Kelly Nichols, recapped the (4-19-16) feed-back from goals 1,2,3 and 4 and incorporate it into an updated draft of the Comprehensive Plan. The comp plan will then be reviewed by AACHPC staff and then distribute it out to the whole group. John Waller, Planner addressed questions and concerns regarding responsibility in the plan for action items. John explained the roles the AACHPC plays within the community. He also explained the importance of having a plan which recognizes collaborative and significant action items and the importance of the roles they play.

Group 1:

➢ Goal 3: Reduce HIV- Related Disparities and Health Inequities

Objective 1: By 2021, reduce disparities in the rate of new diagnoses in the following populations:

- ➢ Gay Black Men from X% to 15%
- ▶ Women from X% to 15%
- ➢ Hispanic from X% to 15%
- ➤ Transgender from x% to 15%
- > Youth from x% to 15

<u>Strategies</u>

Strategy 1: Adopt structural approaches and promote evidence-based programs to improve health outcomes in high-risk communities.

Activities:

- 1. Identify and address barriers to consumer participation in HIV Planning Council.
- 2. Sustain evidence-based behavioral interventions (EBIs)* for HIV infected individuals and their partners.

Strategy 2: Mobilize communities to reduce HIV-related stigma.

Activities:

- 1. Coordinate with community groups who work with the target groups to include HIV awareness, such as Week of Prayer.
- 2. Support the development of a Consumer Working Group to develop approaches to address stigma.

Strategy 3: Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.

Activities:

1. Coordinate with the Trauma-Informed Care Coalition and other community partners to support training on violence and trauma for frontline HIV prevention and care staff

Objective 2: By 2021, increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed from X percent to at least 80 percent.

Additional Strategies:

Strategy 1: Increase collaboration with substance abuse providers.

Strategy 2: Support engagement in care for persons who inject drugs.

Strategy 3: Educate providers regarding the needs of HIV positive persons who inject drugs.

Group 2:

Solution Goal 4: Achieve a more coordinated local response to the HIV epidemic. <u>Objective 1: By 2021, increase the number of members on the Austin HIV Planning Council to</u> include all HRSA mandated members and fill all vacancies within 6 months

<u>Strategies</u>

Strategy 1: Address barriers to HIV Planning Council participation.

Activities:

1. Identify and address barriers to HIV Planning Council participation. **Strategy 2:** Mobilize communities to reduce HIV-related stigma.

Strategy 2: Launch proactive efforts to engage new and non-traditional partners in achieving the HIV Planning Council mission

Activities:

1. Convene community conversations to broad-based Austin-area health, social service, and community coalitions in order to engage new and non-traditional partners.

Strategy 3: Coordinate with the community to provide outreach to consumers.

Activities:

1. Coordinate with community groups who work with the target groups to include HIV awareness, such as Week of Prayer.

Objective 1: By 2021, conduct at least 4 annual system coordination activities as defined as agenda items on local government or other collaborative entity agendas focused on improving the HIV system of care.

Strategy 1: Identify the most significant barriers to care and work to improve the HIV system of care through coordination of effort between the organizations. <u>Activities:</u>

- 1. Sustain formal partnerships with the Housing Opportunities for People with AIDS (HOPWA) program and other housing and homelessness prevention coalitions and groups to address housing instability among PLWHA.
- 2. Target local and regional behavioral health providers and coalitions for coordination of activities.

Strategy 2: Conduct regional and statewide advocacy efforts focused on adequate funding, efficient program administration

Activities:

- 1. Support ongoing local and regional efforts for increased integration of HIV prevention and care within the broader public health arena, including improving alignment and coordination with chronic disease prevention approaches
- 2. 2. Support ongoing statewide efforts to improve Medicaid access for people living with HIV as outlined in the Texas State SHARP Report.

Strategy 3: Regularly coordinate and communicate with other community-based groups who impact the lives of those living with HIV.

Activities:

- 1. Target the following for coordination of activities:
- Aging (e.g., assisted living, home health care, hospice, etc.) to address the needs of seniors who are PLWHA
- Business community and Chambers of Commerce to identify partnership opportunities that reach customers and employees with HIV information
- Community centers to identify opportunities to reach the general community with HIV information
- Chronic disease prevention, screening, and self-management programs to address cooccurring chronic conditions among PLWHA
- Mental health (e.g., counseling associations, treatment programs and facilities, etc.) to address co-occurring mental health, illness, and disabilities among PLWHA

- Philanthropic organizations to encourage charitable giving to ASOs using proven strategies outlined in the Funders Guide to the National HIV/AIDS Strategy
- Primary education, including schools and school districts, to increase access to HIV education services and to help campuses develop supportive environments for HIV+ students
- Secondary education, including researchers, instructors, and student groups, to create "pipelines" for HIV workforce development and volunteers, increase awareness of HIV among on local campuses, and establish new research efforts on HIV

Workforce Solutions and other vocational training and rehabilitation programs to address underling economic conditions of and employment

I. Overall Group Discussion

Groups 1 and 2 reconvened and discussed edited objectives, follow up data needed and Goals 3 and 4.

I. <u>Meeting Adjourned at 8:15pm</u>

Draft Submitted by:

Dwight Scales, AACHPC Admin

Draft Certified by:

Crystal Flores, AACHPC Program Manager

Final Approval by:

Dr. Victor Martinez, AACHPC Chair Justin Smith, AACHPC Vice-Chair

NEXT SCHEDULED MEETING Austin Energy Green Building 721 Barton Springs Road Austin, TX 78704

Date

Date

Date

Conference Room 130 Tuesday, May 10, 2016 6:00 P.M.