

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 12TH, 2018**



**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL COMMITTEE MEETING
COMPREHESIVE PLANNING COMMITTEE MEETING MINUTES TUESDAY, JUNE 12TH, 2018**

The Austin Area Comprehensive HIV Planning Council Comprehensive Planning Committee convened in a committee meeting on Tuesday, June 12th, 2018 at City Hall, 301 West 2nd Street, Room 1027 in Austin, Texas.

Committee Chair Glenn Crawford called the Committee Meeting to order at 6:08p.m.

Council Members in Attendance:

Committee Chair Glenn Crawford, Akeshia Johnson Smothers, Justin Smith, and Whitney Bulna

Staff in Attendance: Laura Still, Planner, Scott Lyles, Program Coordinator, Halana Kaleel, Administrative Senior

Administrative Agent: Brenda Mendiola

Presenters: None

1. CERTIFICATION OF QUORUM

Committee Chair Glenn Crawford established and certified Quorum.

2. CITIZEN COMMUNICATION

- a. Dr. Philip Huang discussed the initiative Fast-Tack Cities/Getting to Zero and invited Planning Council Members to attend the launch of the initiative at the Central Library, June 20th, at 10:00a.m.

3. INTRODUCTION/ANNOUNCEMENTS

No Announcements occurred.

5. APPROVAL OF MINUTES

The minutes from the meeting of May 8th, 2018 were approved.

6. NEEDS ASSESSMENT PHASE II PLANNING-QUALATITTIE DATA COLLECTION

- a. Focus Group Update
 - i. Committee reviewed timeline for Needs Assessment Phase II: Qualitative Data Collection
 - Committee recommended moving focus groups with students to late August/early September because school will be in session.
 - ii. Support Staff Cassie DeLeon and Committee Member Akeshia Johnson Smothers will work on pilot Key Informant Interviews with Austin Public Health Social Workers.

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 12TH, 2018**

- iii. Committee Member Whitney Bulna requested support from staff as she speaks with contacts about possible Key Informant Interviews.
 - Whitney will follow up with Out Youth for focus group.
- iv. Support Staff will identify Spanish speaking focus group facilitators and request translation of focus group materials.
- v. Timeline for focus groups will be updated with committee member recommendations by support staff.

7. NEEDS ASSESSMENT REPORT 1-PAGE SUMMARY

- a. Committee Member Whitney Bulna presented updated Needs Assessment Report Summary to the committee.
 - i. Committee requested support staff to look into demographics of those who reporting not knowing about PrEP during the HIV Needs Assessment Survey.
 - ii. Whitney will finalize draft Needs Assessment Report Summary by end of week and forward to support staff for review and edits.

8. COMPREHENSIVE PLAN MONITORING UPDATE

- a. Committee Members reviewed status of the 2017-2021 Integrated HIV Prevention and Care Plan and Comprehensive Plan Updates for June 2018.
 - i. Committee discussed Comprehensive Plan Item #54 and how opportunities for supporting ongoing statewide efforts to improve Medicaid access for PLWH has not occurred.
 - ii. Committee reviewed new activities that support the Comprehensive Plan (*See Appendix A*).
 - iii. Update to Comprehensive Plan will occur when Department of State Health Services releases new data in fall 2018.

9. REVIEW AND DISCUSS STANDARDS OF CARE

- a. Final Vote for adoption by Planning Council
 - i. Administrative Agent Brenda Mendiola reviewed provider comments on Universal Standards of Care with the committee.
 - ii. **Universal Standard of Care** (*See Attachment A*)
 - Recommendation for adoption by Planning Council the Universal Standards of Care was approved on Committee Chair Glenn Crawford motion, Committee Member Akeshia Johnson Smothers second on a 3-0 vote.

10. STAFF REPORT

- a. The presentation was made by Laura Still, Planner, Austin Public Health.
- b. Community Resource Guide development and strategy to be used by case managers needs to be discussed in July 2018.
- c. Women's Rising requested a speaker from HIV Planning Council.
 - i. Committee Member Akeshia Johnson Smothers volunteered to attend.
- d. Support Staff will promote the launch of the Fast-Track Cities/Getting to Zero Initiative on HIV Planning Council Facebook.
- e. Support Staff Laura Still will present abstract written for Ryan White State Conference to committee at July's meeting.

11. ADJOURNMENT

Committee Chair Glenn Crawford adjourned the meeting at 8:18p.m. without objection.

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 12TH, 2018**

Appendix A

Comprehensive Plan Updates June 2018

| # | Activity # | Community Partner | Activity |
|---|--|-------------------|---|
| 1 | #1 HIV prevention education activities #10 Integration of appropriate harm reduction approaches into prevention programming. #14 Sustain targeted HIV testing by community-based organizations to high-risk pops | Integral Care | C.A.R.E.'s Outreach Team also continues to provide HIV/HCV education and HIV and HCV testing at various sites in the community, including: Clean Investments, the University of Texas Gender and Sexuality Center, the <u>Galano Club</u> , a local LGBT AA/NA clubhouse and monthly community Pop-Up Resource Fairs. In addition, C.A.R.E.'s Outreach Team has also been doing a great deal of work on overdose prevention awareness and education and has been providing community-based overdose prevention education and distributing overdose kits since June of 2017. |
| 2 | #2 (Promote culturally and linguistically appropriate prevention efforts) | ASA | TLC/ <u>Mpowerment</u> : HIV Tester Counselor/ Outreach provide all services in both English and Spanish |
| 3 | #8 Develop guidelines to expand community-wide access to PrEP and <u>nPEP</u> #37 Promote and sustain biomedical interventions, such as PrEP. Increase availability, accessibility, and utilization of sterile injection equipment. | CommUnity Care | CommUnity Care Increased access to PrEP- 15 providers are prescribing PrEP at 7 set locations |
| 4 | #8 Develop guidelines to expand community-wide access to PrEP and <u>nPEP</u> | Integral Care | Outreach makes tons of referrals to PrEP *Not just develop guidelines, but expand access to PrEP |
| 5 | #10 Integration of appropriate harm reduction approaches into prevention programming. | Integral Care | In order to maintain clients in HIV medical care and to reduce new HIV infections, C.A.R.E. incorporates health and risk reduction education throughout all of our services. This results in the clients we serve improving their health literacy and in them feeling comfortable both participating in and initiating conversations regarding sexual behavior, sexual health, and other aspects of health and substance use. |
| 6 | #10 Integration of appropriate harm reduction approaches into prevention programming. | Integral Care | Distribute harm reduction kits |
| 7 | #11 Advocate for early Treatment as Prevention approaches | ASA | TLC/ <u>Mpowerment</u> : Clients that Access TLC and <u>Mpowerment</u> all get talk to about Treatment as Prevention |
| 8 | #14 Sustain targeted HIV testing by community-based organizations to high-risk pops | ASA | TLC: ASA focus on high-risk population |
| 9 | #14 Sustain targeted HIV testing by community-based organizations to high-risk pops | Integral Care | Additionally, the C.A.R.E. Program employs five Peer Recovery Specialists as part of our HHSC funded HIV Outreach program. C.A.R.E.'s Outreach Team provides rapid HIV and hepatitis C testing at the C.A.R.E. office, as well as at various sites in the community and at a number of special events throughout the |

**AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 12TH, 2018**

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| | #19 Survey newly diagnosed people on their linkage experience and create strategies to improve linkages to care. | | year. Whenever a person is identified as being HIV positive, this person is linked directly to primary care and immediately referred to additional supportive services at C.A.R.E., including case management services, outpatient substance abuse services and mental health services, so that linkage to primary medical care can be accomplished. Referrals and linkage to care are tracked on a monthly basis. |
| 10 | #19 Survey newly diagnosed people on their linkage experience and create strategies to improve linkages to care. | CommUnity Care | <p>Rapid Linkage @ David Powell. Over the last several months, team members at the David Powell Clinic and from across CommUnityCare have been working diligently to transform our organization's linkage to HIV care program. This model best mirrors innovative rapid linkage activities happening throughout the country, and we are excited to bring these enhancements to our existing model. Our vision for this program is that patients can be diagnosed and linked into care (plus ARTs) within 24-72 hours. <u>Beginning June 4</u>, we are excited to bring this new program to our community.</p> <p>A few key highlights:</p> <ul style="list-style-type: none"> • Same-day Social Work Intake, Provider Visit, and ART Initiation when appropriate <ul style="list-style-type: none"> a. We recognize that there will be instances where it might not be appropriate to start someone on ART immediately, but want those moments to be the exception rather than the rule. • Streamlined Social Work Intake Process • Enhanced Prescription Assistance Coordination • Improved Care Coordination Activities |
| 11 | #25 Research alternative clinic models to reach clients, including Telemedicine. | CommUnity Care | Telemedicine- tele-psychiatry- was implemented in 2015. |
| 12 | #26 Advocate for mobile medical clinics and co-locating HIV services with other services | CommUnity Care | Currently, care for PLWH is predominately at David Powell- but also provision at other sites (<u>Blackstock</u> and <u>South Austin</u>); plan for 2018 to expand to additional sites- which increases city-wide access to service providers (not necessarily Ryan White) throughout the system of care. Trying to also expand Ryan White providers to other locations- but currently blocked by data and eligibility requirements. |
| 13 | #26 Advocate for mobile medical clinics and co-locating HIV services with other services | CommUnity Care | PrEP services with mobile site which goes to Community First location – Prevention and <u>EMS</u> and Community Care mobile team on getting individuals into care. EMS goes to Community First- they are looking for X person, will find |

AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES
TUESDAY, JUNE 12TH, 2018

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| | | | them and try to link them into care with Community care mobile team and make an apt at David Powell. <u>le. person daignoesd</u> 10 years ago and was never linked to care. Was able to link person into care. Reaching hard to reach people. |
| 14 | #26 Advocate for mobile medical clinics and co-locating HIV services with other services | ASA | TLC: Working with Community partners to bring HIV testing onsite at different locations |
| 15 | #27 - Promote Affordable Care Act | ASA | Promotion of ACA enrollment at DPC in the months of September, October, and November 2017. |
| 16 | #29 Launch a re-linkage to care project for recently released HIV+ individuals. | CommUnity Care | Return to Care Project- Targeted outreach to people identified as out of care. *note general, not recently released from jail/prison |
| 17 | #29 Launch a re-linkage to care project for recently released HIV+ individuals. | Integral Care | In addition to providing HIV testing, C.A.R.E.'s Peer Recovery Specialists also serve as a resource for clients and as a liaison between clients and clinicians. When a client has fallen out of C.A.R.E. Program services, the Outreach Team serves as a link to look for clients and re-engage them in our services. *note- <u>relinkage</u> to people who fell out of behavioral health services, not medical linkage for individuals recently released from jail/prison |
| 18 | #35 Promote and sustain biomedical interventions, such as <u>PrEP</u> . Increase availability, accessibility, and utilization of sterile injection equipment. #37 Promote and sustain biomedical interventions, such as <u>PrEP</u> . Increase availability, accessibility, and utilization of sterile injection equipment. | CommUnity Care | Treatment (not just for HIV positive people) for substance use. Medication assisted therapy for weaning off opioids, also a provider on site at David Powell that does medically assisted therapy for opioids. *Note- not just screening, but also treatment |
| 19 | #35 Integrate behavioral health screening with HIV related services. | CommUnity Care | behavioral health screen at every appointment |
| 20 | #38 - Sustain CDC approved evidence-based behavioral interventions (EBIs) | ASA | CLEAR and CRCS with PrEP client |
| 21 | #38 Sustain evidence-based behavioral interventions, 10 | Integral Care | In order to ensure and maintain a high level of quality of the services we provide, the C.A.R.E. Program utilizes a diverse array of interventions, including, but not limited to, components of the following evidence based models: <ul style="list-style-type: none"> - Cognitive Behavioral Therapy (Multiple sources with emphasis on Rational Emotive Behavior Therapy (REBT) by Albert Ellis): REBT is a comprehensive, philosophically and empirically based psychotherapy which operates from the basis that people are rarely affected emotionally by outside things but rather by their perceptions, attitudes, or internalized beliefs about outside things and events. From this premise, therapy focuses on resolving emotional and behavioral problems through the exploration of a person's views and perceptions about outside things and events. |

AUSTIN AREA COMPREHENSIVE HIV PLANNING COUNCIL MEETING MINUTES

TUESDAY, JUNE 12TH, 2018

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| | | | <ul style="list-style-type: none"> - Harm Reduction Psychotherapy (Andrew <u>Tatarsky</u>; <u>Patt Denning</u>): A person centered, collaborative therapeutic approach which integrates the harm reduction philosophy into clinical work and allows people to explore their substance use and other self-harming behaviors, as well as the issues behind it. - The Matrix Model of Intensive Outpatient Treatment (Richard A. Rawson and Michael McCann): an intensive outpatient treatment model which contains many different treatment strategies, including cognitive behavioral therapy, relapse prevention, motivational interviewing strategies, and psycho-educational information. - Motivational Interviewing (William R. Miller and Stephen Rollnick): a person centered counseling style that helps people to explore and resolve their ambivalence about any behavior that is a source of concern for the person and/or has potentially harmful consequences in a nonjudgmental, empathetic manner. - Narrative Therapy (Michael White): a therapeutic model that posits that our identities and beliefs about ourselves are shaped by the accounts of our lives found in our stories, both the stories we were told about ourselves by others and the stories we tell. Narrative therapy cultivates a respectful, non-blaming approach which centers people as the experts in their own lives. - Seeking Safety (Lisa <u>Navatis</u>): an evidence-based model that can be used in individual or group counseling with people who have co-occurring trauma and substance use. - The <u>Transtheoretical</u> Model of Change (Prochaska & <u>DiClemente</u>; Prochaska, <u>DiClemente</u>, & Norcross): a comprehensive model of change, which can be used to assess a person's motivation and readiness to change, and also provides strategies to guide the person through the stages of change. |
| 22 | #40 Require trauma informed care training of HIV prevention and care staff regarding the needs of those who have experienced violence and trauma | CommUnity Care | trauma informed care training from HRAU for providers |
| 23 | #42 Develop a resource education campaign promoting local HIV resources and services targeted at HIV+ consumers in waiting rooms | HIV Planning Council, CommUnity Care | Resource guide – exploring collaboration with RedRibbon.us |
| 24 | #53 - Promote ACA marketplace enrollment for those who are living with HIV | ASA | Promotion of ACA enrollment at DPC in the months of September, October, and November 2017. |