



# AGENDA

# 18 May 2022 @ 11:00 a.m.

Chair, Roberta Stewart; DPH Resource Liaison to Committee, Gina D'Angelo

\*The committee meeting will last up to 90 minutes.

### VIRTUAL MEETING ACCESS

https://zoom.us/j/95832716685?pwd=bFhxSXJvN2N2cEo5S2FhcElFWXpWQT09

Meeting ID: 958 3271 6685	Passcode: 588761
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#### **Meeting Objectives**

- 1. Approve by consensus the prior meeting summary. 2. Coordination activities (local capacity; statewide)
- 3. 2022-2026 Plan development on strategies/activities
- 4. Feedback and process improvement

- Virtual Meeting Tips
- Turn on and share your web camera
- Self-mute when not speaking.
- Use the chat box to share.
- Use visual cues to gain attention of chair.

# A. Call to Order, Welcome & Introductions ......11:00 a.m. B. Updates from the Committee Chair......11:10 a.m. Routine HIV testing bill DPH update on syndemic coordination activities (collaborative or by focus area) Other partners Continuation of the discussion on how organizing services into "hubs" can improve: 1) access to prevention, screening, testing, and treatment services; 2) comprehensive services across syndemic focus areas of HIV, sexually transmitted infections (STIs), hepatitis, substance use disorders (SUDs) and even mental health; and 3) health outcomes. The hub service configuration addresses multiple goals, objectives, and strategies in the Integrated Plan (see page 2). F. Other Business ......12:20 p.m. G. Next Steps / Meeting Feedback......12:28 p.m.





## Integrated Plan Logic Model (\*included a core component of HUB model)

Goal	Objective	Strategy Bundle	Area of Focus for Activities	Mechanism of Action
1. Prevent new HIV infections	1.1. Decrease # new HIV infections	Increase awareness of HIV	Comprehensive sexual health education	<ul> <li>COMMUNICATIONS: align messaging</li> <li>TRAINING: align sex positivity &amp; status neutral approach training</li> </ul>
		Increase knowledge of HIV status	Routine HIV testing*	<ul> <li>LEGISLATION / POLICY: mandate offer to test</li> <li>COMMUNICATIONS: PPCT campaigns and ETS resource kit to providers</li> <li>TRAINING: AETC, CTDPH, NAP can support professional development</li> <li>OPERATIONAL: Hubs can facilitate access to testing sites</li> </ul>
			Status neutral approach*	<ul> <li>TRAINING: AETC, CTDPH, NAP can support professional development</li> <li>POLICY: Option for contractors requiring status neutral approach</li> </ul>
	1.2 Increase # people tested	Expand prevention interventions	PrEP, PEP, SSP*	<ul> <li>OPERATIONAL: Hub can configure service network and in-person and/or virtual protocols to increase access to services for patients and providers in areas such as:         <ul> <li>Case finding support</li> <li>Testing &amp; linkage to care (includes insurance)</li> <li>Counseling</li> <li>Referrals</li> <li>Rapid start medication (prevention &amp; treatment)</li> <li>Care coordination (short- and longer term)</li> <li>Other services in response to local preferences, needs and/or focus populations</li> </ul> </li> </ul>
2. Improve HIV health Outcomes	2.1 Increase linkage to care newly diagnosed	Expedite linkage to care	Same day or rapid start ART*	
			ON IT team model to engage newly diagnosed*	
	2.2 Increase viral load suppression	Access to and engagement in care	ON IT team model for non-virally suppressed or out of care*	
			e-Health models*	
	2.3 Delivery of holistic care and treatment	Integrated / coordinated service models	Referral mechanisms*	
3. Reduce HIV-related disparities	3.2 Identify subpopulations benchmarks	Subpopulation strategies	Promote evidence- based interventions*	<ul> <li>POLICY: funders can require professional development to support strategies such as Rapid Start, Status-Neutral Approach, language supports, and cultural relevance</li> </ul>