

2017 Comprehensive Plan for HIV Prevention and Care Services**Leadership Team**

3:00 p.m., Wednesday, January 13, 2016

Meeting Location: 2223 W. Loop South, Room #532

AGENDA

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| I. Call to Order | |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes (December 2, 2015) | |
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| II. Complete 2017 Comprehensive Plan Goals and Objectives | Amber Harbolt, Health Planner, Office of Support |
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| III. Strategy Workgroup Updates | |
| A. Prevention and Early Identification Workgroup | Rose Haggerty and Amy Leonard, Co-Chairs |
| 1. Recommendation: Add “immigration status” to Vision Statement | |
| Next Meeting: February 2, 2016 @ 3:00 p.m. | |
| B. Gaps in Care and Reaching the Out of Care Workgroup | Connie Barnes and Pam Green, Co-Chairs |
| First Meeting: January 28, 2016 @ 10:00 a.m. | |
| C. Addressing the Needs of Special Populations Workgroup | John Humphries and Cristan Williams, Co-Chairs |
| Next Meeting: January 22, 2016 @ 9:00 a.m. | |
| D. Coordination of Effort Workgroup | David Benson and Gloria Sierra, Co-Chairs |
| Next Meeting: February 2, 2016 @ 10:00 a.m. | |
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| IV. Next Steps | Nancy Miertschin, Ted Artiaga, and Nike Blue, Co-Chairs |
| A. Set Next Meeting – March 2016 | |
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| V. Announcements | |
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| VI. Adjourn | |

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♦ 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 ♦
Ph: 713 572-3724 Fax: 713 572-3740 TTY: 713 572-2614 Web: www.rwpcHouston.org

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team Meeting

3:00 p.m., Thursday, December 2, 2015

Meeting Location: 2223 W. Loop South, Room #532; Houston, TX 77027

Minutes

MEMBERS PRESENT

Ted Artiaga, Co-chair
Nancy Miertschin, Co-chair
Nike Blue, Co-chair
Allen Murray
Andrew Motz
Angela F. Hawkins
Annette Johnson
Armando Villegas
Aundrea Matthews
Berta Salazar
Brenda Booker
C. Bruce Turner
Cecilia Ross
Chandra Tubbs
Curtis Bellard
Ella Collins-Nelson
Gloria Sierra
Herman Finley
Isis Torrente
John Lazo
Kevon Strange
Larry Woods
Maggie White
Michael Kennedy
Rodney Mills
Ruth Atkinson
Steven Vargas
Tana Pradia
Teresa Pruitt
Tracy Gorden
Vincent Ivery

MEMBERS ABSENT

Alex C. Moses, excused
Amana Turner, excused
Carol Suazo
Darcy Pagett
David Benson, excused
Denis Kelly, excused
Denny Delgado
Evelio Escamilla, excused
Gene Ethridge, excused
Raven Bradley
Tam Kiehnhoff, excused
Weilin Zhou
Yvonne Lu

OTHERS PRESENT

Marlene McNeese, Houston Health Dept
Cathy Wiley, Houston Health Dept
Sha'Terra Johnson-Fairley, TRG
Ka'Cha Tousant, TRG
Amber Harbolt, Office of Support
Diane Beck, Office of Support

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Call to Order: Ted Artiaga, Co-Chair, called the meeting to order at 3:10 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Pradia, Turner) to approve the October 29, 2015 meeting minutes with one correction, correct the motion numbers.* **Motion Carried.**
Abstentions: Collins-Nelson, Ivery, Strange, Tubbs, Villegas, Woods.

Recommendations from Evaluation Workgroup: Harbolt reviewed the attached recommendations for the 2017 plan. She said to keep these in mind as we move forward in the process.

Develop the 2017 Comprehensive Plan Vision, Mission, Guiding Principles, Goals, and Objectives: Members reviewed and suggested changes and updates to the 2012 Comprehensive Plan vision, mission, guiding principles, goals and objectives, see attached.

Motion #3: *it was moved and seconded (Pradia, Kennedy) to approve the Mission Statement with the following changes: update the plan years to 2017-2021 and change 'infected with' to 'living with'.* **Motion Carried unanimously.**

Motion #4: *it was moved and seconded (Turner, Pruitt) to approve the Vision Statement as follows: The Greater Houston Area will become a community with an enhanced coordinated system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.* **Motion Carried unanimously.**

Motion #5: *it was moved and seconded (Turner, Pradia) to approve the Guiding Principles with the following changes: change #1 to read 'Fully integrate the perspectives, needs and priorities of both HIV prevention and care'; change #2 to read 'Align with local, state, and national HIV prevention and care plans and initiatives, including the National HIV/AIDS Strategy'; delete 'of funded agencies' from #5; change 'goals and solutions' to 'objectives' and change 'assurance' to 'improvement' in #6.* **Motion Carried unanimously.**

Motion #6: *it was moved and seconded (Turner, Miertschin) to replace Goal #6 with a goal to increase consumer education.* **Motion Carried.**

Workgroup Descriptions and Meeting Dates: See attached.

Next Meeting: Possibly January 13, 2016, to complete the discussion of the goals and objectives.

Announcements: None.

Adjournment: The meeting was adjourned at 4:57 p.m.

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2017-2021 Comprehensive Plan Goals & Objectives

Goals

To make progress toward an ideal system of HIV prevention and care for the Houston Area, we must:

1. Increase community mobilization around HIV in the Greater Houston Area
2. Prevent and reduce new HIV infections
3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services
4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care
5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations
6. Consumer education goal – TBD



1/13/16 Leadership Team
Meeting – Begin Here

Objectives

By 2021, we hope to accomplish the following:

1. Reduce the number of new HIV infections diagnosed in the Houston Area by 25 percent (from 1,029 to 771).
2. Maintain and, if possible, increase the percentage of individuals with a positive HIV test result identified through *targeted* HIV testing who are informed of their HIV+ status (beginning at 92.9 percent with the goal of 100 percent).
3. Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within three months of their HIV diagnosis to 85 percent (from 65.1 percent).
4. Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25 percent (from 36.0 percent to 27.0 percent).
5. Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart) to 80 percent (from 78.0 percent).
6. Reduce the proportion of individuals who have tested positive for HIV but who are not in HIV care by 0.8 percent each year (beginning at 30.1 percent) as determined by the Ryan White HIV/AIDS Program Unmet Need Framework.
7. Increase the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load by 10 percent (from 57.0 percent to 62.7 percent).
8. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Mental Health Services and Substance Abuse Services by 27.3 percent and 43.7 percent, respectively (from 117 reports to 85 reports for Mental Health Services; and from 58 reports to 32 reports for Substance Abuse Services).

2017 Comprehensive Plan Vision and Mission

(Approved by the Leadership Team 12-02-15)

Vision

The greater Houston Area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission

The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2017-2021 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

2017 Comprehensive Plan for HIV Prevention and Care Services

WORKGROUP DESCRIPTIONS & MEETING SCHEDULE

Leadership Team – Next meeting: January 13, 2016 @ 3:00 p.m.

- Serve as the “steering committee” of the entire planning process.
- Guide the overall process by provide ongoing feedback on structure, timeline, outputs, etc.
- Provide the “big picture” perspective on HIV prevention and care services by reviewing mission, vision, values, guiding principles, and overall HIV prevention and care goals.
- Help identify individuals to serve on other Workgroups.
- Participate in the design of the community vetting process (e.g., community meetings, etc.).
- Review and provide feedback on draft sections of the plan.
- Facilitate review of and concurrence with the plan by agency leadership.

Evaluation Workgroup – First meeting: TBA

- Assist in the design of a process to evaluate the status of the 2017 Comprehensive HIV Services Plan; review evaluation results and make recommendations regarding continued areas of need.
- Provide guidance on data collection methods for the planning process, including identifying data sources, locating secondary and/or collecting primary data, and advising on data analysis and findings for the Leadership Team and other Workgroups.
- Review various outcome measures, targets, and other quantitative indicators for use in effectively monitoring the goals and objectives developed through the planning process.
- Assist in assuring alignment of 2017 HIV prevention and care goals, objectives, and performance measures with other local, state, and national initiatives and plans.
- Assist in the design of the Evaluation and Monitoring Plan for the 2017 plan.

Gaps in Care & Out-of-Care Workgroup – First meeting: January 28, 2016 @ 10:00 a.m.

- Identify goals regarding individuals who are *aware* of their HIV status but who are *not in care* (i.e., meeting unmet need) with an emphasis on ways to improve retention in care.
- Propose solutions for closing gaps in the current system of HIV prevention and care services in Houston.
- Propose solutions for addressing overlaps, or duplication, of services in the current system.

Prevention & Early Identification Workgroup – Next meeting: February 2, 2016 @ 3:00 p.m.

- Identify goals regarding individuals who are *unaware* of their HIV status (EIIHA) with an emphasis on:
 - Identifying individuals who are HIV-positive
 - Informing individuals of their HIV status
 - Referring individuals to needed services
 - Providing linkages to HIV care
- Propose ways to better coordinate efforts between Ryan White programs and prevention programs, including:
 - HIV prevention
 - Partner notification initiatives
 - Prevention with positives
 - STD prevention
 - Hepatitis prevention

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Special Populations Workgroup – Next meeting: January 22, 2016 @ 9:00 a.m.

- Identify any emerging special populations not included in the 2012 Comprehensive Plan (adolescents, injection drug users, homeless, transgender); selection of emerging special populations must be data-driven.
- Identify goals for improving HIV prevention and care for members of special populations.
- Propose solutions for meeting the HIV prevention and care services needs of each special population.

Coordination of Effort Workgroup – Next meeting: February 12, 2016 @ 10:00 a.m.

- Identify goals for ensuring optimal access to prevention and care through enhanced coordination *within* the HIV Prevention Program and Ryan White Program “Parts”
- Propose ways to better coordinate efforts *between* prevention and Ryan White programs and other community service provider, including:
 - Public Providers:
 - Medicare
 - Medicaid
 - State Children’s Health Insurance Program
 - Federally Qualified Health Centers
 - Private Providers
 - Substance Abuse Treatment Programs and Facilities
- As time allows, propose ways to better coordinate efforts *between* Ryan White programs and “non-traditional” partners (e.g., those agencies, organizations, or programs that are not providing direct HIV services but who may be reaching people living with HIV/AIDS for other reasons, health care services, or needs).

Expectations of Workgroup Members

- Attend Workgroup meetings on a schedule to be determined by the members.
- Participate in activities conducted during Workgroup meetings.
- Complete assignments made at Workgroup meetings according to established timelines.
- Provide feedback on Workgroup deliverables.
- Participate in the community vetting process.
- Review and provide feedback on draft sections of the plan.

In addition to the above activities, Workgroup Co-Chairs will:

- Facilitate monthly meetings in accordance with Robert’s Rules of Order and Open Meeting Law.
- As needed, represent the Workgroup to the Leadership Team and others.
- As needed, fill gaps in the assignments of other Workgroup members.

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TABLE A1: COMPARISON OF NATIONAL HIV/AIDS STRATEGY INDICATORS FOR 2015 AND 2020

NHAS INDICATORS BY 2015	NHAS INDICATORS BY 2020
CHANGED	
Lower the annual number of new infections by 25 percent.	Reduce the number of new HIV diagnoses by at least 25 percent.
Increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus.	Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.
Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65 percent to 85 percent.	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.
Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care from 73 percent to 80 percent.	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.
Increase the percentage of Ryan White HIV/AIDS Program clients with permanent housing from 82 percent to 86 percent.	Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.
ADDED	
—	Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.
—	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.
—	Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
—	Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
	Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.
DROPPED	
Reduce the HIV transmission rate by 30 percent.	
Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20 percent.	
Increase the proportion of HIV diagnosed Blacks with undetectable viral load by 20 percent.	
Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20 percent.	

Please see the narrative description of each indicator for the reasons for changes, additions, and deletions.

Table A2. Indicators and Progress for the National HIV/AIDS Strategy, Updated to 2020

Indicator	Date by Year				Targets		Progress
	2010 Baseline	2011	2012	2013	Annual	2020	
Increase the percentage of people living with HIV who know their serostatus to at least 90 percent.	85.7%	86.4%	87.2%		86.1%	90%	■
Reduce the number of new diagnoses by at least 25 percent.	43,806	42,218	42,616	42, 018**	42,711	32,855	■
Reduce the percentage of gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.	n/a	n/a	n/a	34.1%	n/a	30.7%	n/a
Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis to at least 85 percent.	70.2%	70.4%	71.4%	72.6%	72.4%	85%	■
Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent.	50.9%	51.5%	53.8%		54.8%	90%	■
Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent.	43.4%	46.8%	50.1%		47.1%	80%	■
Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent.	7.7%	8.1%	8.3%		7.4%	5%	■
Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent. [§]	23.5	20.8	18.0		22.7	15.5	■
Reduce disparities in the rate of new diagnoses by at least 15 percent among gay and bisexual men†	20.5	21.2	21.9	22.2**	20.2	17.4	■
Reduce disparities in the rate of new diagnoses by at least 15 percent among young Black gay and bisexual men†	109.4	112.4	112.9	114.9**	107.8	93.0	■
Reduce disparities in the rate of new diagnoses by at least 15 percent among Black females†	1.7	1.5	1.4	1.3**	1.7	1.4	■
Reduce disparities in the rate of new diagnoses by at least 15 percent among persons living in the Southern United States†	0.33	0.35	0.33	0.36**	0.33	0.28	■
Increase the percentage of youth with diagnosed HIV infection who are virally suppressed to at least 80 percent.	29.7%	33.7%	38.0%		34.7%	80%	■
Increase the percentage of persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.	37.6%	39.2%	42.8%		41.9%	80%	■

Note: Progress colors: Green = Annual target met; Yellow = Annual target not met, progress in expected direction; Red = Annual target not met, progress in the opposite direction

* Annual targets are for the most recent data year available (does not include data marked "preliminary")

** Preliminary data

§ Death rate is measured per 1,000 persons with diagnosed HIV infection.

† Measures shown are ratios of the disparity rate in the specified group to the overall rate.