

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team

3:00 p.m., Wednesday, February 3, 2016

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

AGENDA

- | | |
|--|---|
| I. Call to Order | |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes (January 13, 2016) | |
| | |
| II. Complete 2017 Comprehensive Plan Objectives | Amber Harbolt, Health Planner, Office of Support |
| | |
| III. Strategy Workgroup Updates | |
| A. Prevention and Early Identification Workgroup | Rose Haggerty and Amy Leonard, Co-Chairs |
| B. Gaps in Care and Reaching the Out of Care Workgroup | Connie Barnes and Pam Green, Co-Chairs |
| C. Addressing the Needs of Special Populations Workgroup | John Humphries and Cristan Williams, Co-Chairs |
| D. Coordination of Effort Workgroup | David Benson and Gloria Sierra, Co-Chairs |
| | |
| IV. Next Steps | Nancy Miertschin, Ted Artiaga, and Nike Blue, Co-Chairs |
| A. Set Next Meeting – March/April 2016 | |
| V. Announcements | |
| A. FYI – End of Year Petty Cash Procedures | |
| VI. Adjourn | |

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

♦ Houston Health Department ♦ HIV Prevention Community Planning Group ♦ Ryan White Planning Council
♦ 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, January 13, 2016

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

Minutes

MEMBERS PRESENT

Nancy Miertschin, Co-chair
Nike Blue, Co-chair
Allen Murray
Andrew Motz
Angela F. Hawkins
Annette Johnson
Aundrea Matthews
Berta Salazar
Brenda Booker
C. Bruce Turner
Cristan Williams
David Benson
Denis Kelly
Ella Collins-Nelson
Evelio Escamilla
Gloria Sierra
Isis Torrente
Kelvin Harris
Michael Kennedy
Raven Bradley
Robert Noble
Rodney Mills
Steven Vargas
Tam Kiehnhoff
Teresa Pruitt

MEMBERS ABSENT

Ted Artiaga, excused
Alex C. Moses, excused
Amana Turner
Armando Villegas
Carol Suazo
Cecilia Ross
Chandra Tubbs
Curtis Bellard
Darcy Pagett
Denny Delgado
Gene Ethridge
Herman Finley
John Lazo, excused
Kevon Strange
Larry Woods
Maggie White
Pamela Green, excused
Ruth Atkinson
Tana Pradia
Tracy Gorden
Vincent Ivery
Weilin Zhou
Yvonne Lu

OTHERS PRESENT

Camden Hallmark, HHD
Carin Martin, RWGA
Sha'Terra Johnson-Fairley, TRG
Amber Harbolt, Office of Support
Diane Beck, Office of Support

Call to Order: Nike Blue, Co-Chair, called the meeting to order at 3:07 p.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Kelly, Pruitt) to adopt the agenda with one correction: the Coordination of Effort workgroup will meet on February 12, 2016. Motion Carried.*

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DRAFT

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Turner, Pruitt) to approve the December 2, 2015 meeting minutes.* **Motion Carried.** Abstentions: Benson, Escamilla, Kelly, Kiehnhoff, Williams.

Complete the 2017 Comprehensive Plan Goals and Objectives: Members reviewed and suggested changes and updates to the 2012 Comprehensive Plan goals (starting at #6) and objectives, see attached. Goal #6: Increase community knowledge around HIV in the Greater Houston Area. **Motion #3:** *it was moved and seconded (Torrente, Kelly) to approve the Goals as updated.* **Motion Carried.** Abstention: Kiehnhoff.

Obj 1: change to read *diagnoses* and *at least* 25 percent; Obj 3: change to read within *one* month and *at least* 85 percent; Obj 4: change to read *at least* 25 percent; Obj 5: change to read to *at least* 90 percent; add Obj: *Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests at least three months apart) to at least 90 percent* ; remove Obj 6; Obj 7: change to read *Maintain and if possible increase; clients who are virally suppressed*; add Obj: *Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80 percent*; remove Obj 8. Update all baseline data. Turner suggested reducing the use of the word ‘AIDS’ whenever possible.

Recommendation from the Prevention and Early Identification workgroup: The Leadership Team did not wish to add “immigration status” to the Vision Statement.

Next Meeting: February 3, 2016, to complete the discussion of and approve the plan objectives.

Announcements: None.

Adjournment: The meeting was adjourned at 5:05 p.m.

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2017-2021 Comprehensive Plan Goals & Objectives

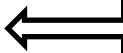
Goals

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. Increase community knowledge around HIV in the Greater Houston Area.

Objectives

By 2021, we hope to accomplish the following:

1. Reduce the number of new HIV diagnoses in the Houston Area by at least 25 percent (from 1,338 to 1,004).
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 94.4 percent).
3. Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one months of their HIV diagnosis to at least 85 percent (from X.X percent).
4. Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by at least 25 percent (from 25.9 percent to 19.4 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 at least 90 percent (from 75 percent).
6. *New* - Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests at least three months apart) to at least 90 percent (from 61.2 percent).
7. Maintain and, if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed (beginning at 80.4 percent).
8. *New* - Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80 percent (from 55 percent)
9.  2/3/16 LT Meeting – Begin here with NHAS health disparities indicators

Section II: Integrated HIV Prevention and Care Plan

A. Integrated HIV Prevention and Care Plan

The Integrated HIV Prevention and Care Plan development is a joint effort between jurisdictions and planning bodies that engages persons at higher risk for HIV infection, PLWH, service delivery providers, and other community stakeholders. It sets forth the jurisdiction's commitment to collaboration, efficiency, and innovation to achieve a more coordinated response to addressing HIV. The Integrated HIV Prevention and Care Plan establish the blueprint for achieving HIV prevention, care, and treatment goals. The Integrated HIV Prevention and Care Plan should include:

- **Goals:** a broad statement of purpose that describes the expected long-term effects of efforts consistent with the National HIV/AIDS Strategy and covering a period of 5 years
- **Objectives:** measurable statements that describe results to be achieved;
- **Strategies:** the approach by which the objectives will be achieved
- **Activities:** describing how the objectives will be achieved
- **Resources:** committed toward implementing the activities

In this section, grantees and planning bodies will use the National HIV/AIDS Strategy (NHAS) as the organizing framework for the Integrated HIV Prevention and Care Plan to achieve a more coordinated jurisdictional response to the local HIV epidemic. The Integrated HIV Prevention and Care Plan should respond to the needs identified in Section I of the Integrated HIV SCSN/Needs Assessment guidance and align with the three NHAS goals: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for PLWH; and (3) reducing HIV related disparities and health inequities.

This section should:

- a. Identify at least two objectives (using the SMART format – specific, measurable, achievable, realistic, and time-phased) that correspond to each NHAS goal.
- b. For each objective, describe at least three strategies that correspond to each objective.
- c. For each strategy, describe the activities/interventions, targeted populations, responsible parties, and time-phased, resources needed to implement the activity. Identify any activities specifically aimed at addressing gaps along the HIV Care Continuum.
- d. Describe the metrics (e.g., number of HIV tests performed, medical visits, mental health screenings, HIV positivity rate, etc.) that will be used to monitor progress in achieving each goal outlined in the plan. Metrics should be consistent with the most current HHS Core Indicators and the NHAS Indicators.
- e. Describe any anticipated challenges or barriers in implementing the plan.

Below is an example of a response that corresponds to an NHAS goal:

2010 – 2015 NHAS Goal: Reducing New HIV infections

2010 – 2015 SMART Objective (National): By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).

2017 – 2021 SMART Objective (Local): By 2021, lower the annual number of new infections by 10 percent (from 100 to 90).

Strategy: Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
By the end of 2021:	Ryan White Part A Early Intervention Service Providers	Deliver intensified HIV testing, referral services to eliminate barriers to care, health literacy and linkage to core medical services	Young Men who have Sex with Men (MSM)	<ul style="list-style-type: none"> Number of HIV tests performed HIV Positivity Rate Number linked to medical care
By the end of 2021:	CDC-funded Health Department	Deliver expanded partner services and HIV testing for partners of those infected.	MSM	<ul style="list-style-type: none"> Number of HIV tests performed Number of newly diagnosed HIV positive persons

B. Collaborations, Partnerships, and Stakeholder Involvement

Collaboration among stakeholders is critical to maximizing resources and efficiencies in serving PLWH. As jurisdictions continue to develop high-quality, coordinated prevention and care and treatment for PLWH, collaboration will become even more important and will be paramount to providing services that fully address each component of the HIV care continuum.

This section should:

- Describe the specific contributions of stakeholders and key partners to the development of the plan
- Describe stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum

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.

<p>UPDATED: 1/26/16</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p> <p>March</p> <p>2016</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2	3 12 noon Steering Committee Room #240	4 5:00 pm Deadline for submitting Idea Forms	5
	6	7	8	9	10 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532 Nat'l Woman & Girls HIV Awareness Day	11	12
	13	14	15 11:00 am Operations Room #240	16	17 11:00 am Joint Meeting and Quality Improvement Room #416	18	19
	20 National Native HIV Awareness Day	21	22 12:00 pm Affected Community Room #532	23 SIRR Conference	24 11:00 am Priority & Allocations Room #240	25 Good Friday Office Closed	26
	27	28	29	30			

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	<p><i>How to Best Meet the Need (HTBMN) workgroups:</i></p> <p>Workgroup #1: Primary Medical Care; all Case Management, Vision Care</p> <p>Workgroup #2: Mental Health; Oral Health; Substance Abuse Treatment/Counseling; Health Insurance Premium & Co-pay Assistance; Home & Community-based Health Svcs (Adult Day Treatment).; Hospice; Medical Nutritional Therapy (incl. nutritional supplements); Linguistics.</p> <p>Workgroup #3: Early Intervention Services; Legal Assistance; Transportation</p>					1	2
	3	4	5	6	7 12 noon Steering Committee Room #240	8	9
<div>April</div> <div>2016</div>	10	11	12	13	14 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	15	16
	17	18	19 11:00 am Operations 10:30 am HTBMN Wg #1 Room #TBA 1:30 pm HTBMN Wg #2 Room #TBA	20 3:00 pm HTBMN Wg #3 Room #TBA	21 11:00 am Quality Improvement Room #532	22	23
	24	25	26	27 SIRR	28 11:00 am Priority & Allocations Room #240	29	30

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax

MEMORANDUM

To: Members, Ryan White Planning Council
External Members, Ryan White Committees

Copy: Modelle Brudner
Carin Martin

From: Tori Williams, Manager, Office of Support

Date: January 21, 2016

Re: End of Year Petty Cash Procedures

The fiscal year for Ryan White Part A funding ends on February 29, 2016. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 5, 2016.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2015 **will not be reimbursed at all if they are turned in after March 31, 2016.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2016. This means that volunteers can give Eric the usual reimbursement request forms for expenses incurred after March 1, 2016 (expenses such as transportation, food and childcare) but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2016.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

