

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team

3:00 p.m., Monday, July 25, 2016

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

AGENDA

*=Handouts to be provided at meeting

- I. Call to Order
 - A. Welcome
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes (June 30, 2016)

Nancy Miertschin,
Ted Artiaga, and
Nike Blue, Co-Chairs

- II. Review 2017 Comprehensive Plan – Integrated HIV Prevention and Care Plan Section Components*
 - A. Feedback and Discussion Activity
 - B. Approve 2017 Comprehensive Plan – Integrated HIV Prevention and Care Plan Section Components

Amber Harbolt,
Health Planner

- III. Next Steps
 - A. Remaining Opportunities for Input:
 - 1. Submit public comment for 7/29 Comprehensive HIV Committee Planning special meeting
 - 2. Submit public comment for 8/11 Planning Council meeting
 - 3. Sign up to review full document prior to submission

Nancy Miertschin,
Ted Artiaga, and
Nike Blue, Co-Chairs

- IV. Announcements

- V. 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., Monday, June 30, 2016

Meeting Location: 2223 W. Loop South, Room #416; Houston, TX 77027

Minutes

MEMBERS PRESENT

Ted Artiaga, Co-chair
Nancy Miertschin, Co-chair
Andrew Motz
Angela F. Hawkins
Brenda Booker
C. Bruce Turner
Curtis Bellard
David Benson
Denis Kelly
Ella Collins-Nelson
Gloria Sierra
Michael Kennedy
Nettie Johnson
Raven Bradley
Robert Noble
Steven Vargas
Tam Kiehnhoff
Teresa Pruitt
Tracy Gorden

MEMBERS ABSENT

Alex C. Moses
Allen Murray, excused
Amana Turner, excused
Aundrea Matthews, excused
Berta Salazar
Carol Suazo
Cecilia Ross
Chandra Tubbs
Cristan Williams
Dwayne Morrow
Evelio Escamilla
Herman Finley
Isis Torrente
John Lazo, excused
Kelvin Harris
Kevon Strange
Larry Woods
Maggie White
Nike Blue
Pamela Green, excused
Rodney Mills
Tana Pradia, excused
Taneisha Broaddus
Vincent Ivery
Weilin Zhou
Yvonne Lu

OTHERS PRESENT

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

Call to Order: Ted Artiaga, Co-Chair, called the meeting to order at 3:04 p.m. and asked for a moment of reflection.

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

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DRAFT

Approval of the Minutes: Motion #2: *it was moved and seconded (Pruitt, Turner) to approve the May 16, 2016 meeting minutes with one correction: Hawkins is excused. Motion Carried.*
Abstentions: Bellard, Collins-Nelson, Sierra, Noble, Kiehnhoff.

Review the 2017 Comprehensive Plan Timeline: Harbolt reviewed the attached timeline.

Strategy Workgroup Updates:

Prevention and Early Identification Workgroup: See attached. Harbolt reviewed the Prevention and Early Identification strategy goals, solutions, and benchmarks; the workgroup deleted Benchmark 14 at the meeting yesterday. The next meeting will be Wednesday, July 13, 2016 at 3:00 pm.

Gaps in Care and Reaching the Out of Care Workgroup: See attached. Harbolt reviewed the Gaps in Care and Reaching the Out of Care strategy goals, solutions, and benchmarks. The committee suggested the following: **Motion #3:** *it was moved and seconded (Turner, Benson) to ask the workgroup to delete benchmark 2. Motion carried.* Abstentions: Collins-Nelson, Kelly, Pradia. They also suggested for Solution 1 Activity 5: private providers should include - non Ryan White HIV doctor group, Health Insurance Assistance program doctor list and large provider groups like Kelsey-Seybold. Solution 2: activity 2 – instead of a special study, it might be better added to the client satisfaction survey. Activity 5 – The committee suggested ‘Evaluate, adapt, and implement’ instead of ‘Develop’. The next meeting will be Thursday, July 7, 2016 at 3:00 pm.

Special Populations Workgroup: See attached. Harbolt reviewed the Special Populations strategy goals, solutions, and benchmarks. Benchmark 4 – also client satisfaction surveys. Solution 2 – the committee suggested reordering the activities to be in line with the care continuum; change activity 2 to read – Train PrEP and other prevention providers...among the special populations, particularly young MSM of color; Activity 3 – need a better term than ‘pop up’. The next meeting will be Friday, July 8, 2016 at 9:00 am.

Coordination of Effort Workgroup: See attached. Harbolt reviewed the Coordination of Effort strategy goals, solutions, and benchmarks. The committee suggested the following: Benchmark 4 – delete, currently at about 40% so increasing this may be unrealistic. The next meeting will be Friday, July 15, 2016 at 9:00 am.

2017 Comprehensive Planning Process Member Survey: Hallmark asked that committee members complete the comprehensive planning process survey that was emailed earlier in the week.

Next Meeting: Monday, July 25, 2016 at 3:00 p.m.

Announcements: Hallmark said that we still need representation from a few groups, he will send an email to remind everyone.

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

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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 Guiding Principles

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

Guiding Principles

The development of the 2017 Comprehensive Plan will be guided by 10 core principles; that the plan and planning process will:

1. Fully integrate the perspectives, needs, and priorities of both HIV prevention and HIV care.
2. Align with local, state, and national HIV prevention and care plans and initiatives.
3. Be cognizant of changes occurring in the national health care delivery system resulting from the *Patient Protection and Affordable Care Act of 2010* and the Ryan White HIV/AIDS Treatment Extension Act.
4. Assess strategies, including those used internationally, that have effectively reduced HIV infection and could be implemented locally.
5. Assure that federal expectations for Houston Area comprehensive planning and the required deliverables are met while still allowing new or emerging critical areas of need and innovation to be considered.
6. Produce Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) objectives that can be used to guide priority-setting, resource allocation, scopes of work, quality improvement, and other decision-making activities of the Houston Area planning bodies and administrative agents.
7. Balance the need to be comprehensive, data-driven, and reflective of new science, theory, and models with the need for efficiency in regards to resources and timelines.
8. Recognize the importance of and provide opportunities for participation by non-AIDS-service organizations and other non-traditional partners.
9. Honor the populations most impacted by HIV, including the underserved in response to the epidemic's impact on minority and hard-to-reach populations, and those who are uniquely vulnerable to HIV infection due to social, economic, cultural, or structural barriers.
10. Engage with and ensure that people living with and at risk for HIV as well as consumers of prevention and care services have a central voice, clear understanding, and full involvement throughout the process.

2017-2021 Comprehensive Plan Goals

(Approved by the Leadership Team 1-13-16)

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.

2017 Houston Area Comprehensive HIV Plan
System Objective Evaluation Tool

DRAFT

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS	1,386 (2014)	↓ at least 25% ≤1004 (NHAS target)	Region is EMA
❖ OBJECTIVE 2: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	94.4% (2014)	Maintain or increase ≥94.4% (local target)	Region is EMA Target exceeds NHAS 90% goal
❖ OBJECTIVE 3: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	DSHS Linkage to Care Data	Pending (78% linked w/in 3 months in 2014)	↑ to at least 85% (NHAS target)	Region is EMA
❖ OBJECTIVE 4.1: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	DSHS Late Diagnoses Data	25.9% (2014)	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ OBJECTIVE 4.2: Percentage of new HIV diagnoses with an AIDS diagnosis within one year among Hispanic/Latino men age 35 and up	DSHS Late Diagnoses Data	Pending	↓ at least 25% = Pending (local target)	Region is EMA
❖ OBJECTIVE 5: 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)	CPCDMS	75.0% (2014)	↑ to at least 90% (NHAS target)	
❖ OBJECTIVE 6: 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 in a 12 month period)	DSHS Retention Data	61% (2014)	↑ to at least 90% (NHAS target)	Region is EMA
❖ OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55% (2014)	↑ to at least 80% (NHAS target)	Region is EMA
❖ OBJECTIVE 9: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year	PrEP Provider Report	To be developed	≥2000 (local target)	

2017 Houston Area Comprehensive HIV Plan
Benchmark Evaluation Tool, By Strategy

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION – PENDING 7/19 MEETING

STRATEGY 2: TO FILL GAPS IN CARE AND REACH THE OUT-OF-CARE

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	DSHS Unmet Need Data	25.0% (2014)	↓1.6% annually =17.0% (local target)	Region is EMA Target based on available historic data (2010= 33.1%)
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	DSHS Linkage to Care Data	Pending (78% linked w/in 3 months in 2014)	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 3: 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)	CPCDMS	75.0% (2014)	↑ to at least 90% (NHAS target)	
❖ BENCHMARK 4: 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 in a 12 month period)	DSHS Retention Data	61% (2014)	↑ to at least 90% (NHAS target)	Region is EMA
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55% (2014)	↑ to at least 80% (NHAS target)	Region is EMA

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed among each special population:				
Youth (13-24)	DSHS eHARS	360 (2014)	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	↓25% =41 (NHAS target)	Region is Harris/Fort Bend County Baseline: 3.9%- National Alliance to End Homelessness, 2009. http://www.nationalhomeless.org/factsheets/hiv.html applied to local 2014 new Dx
Incarcerated in Jail	The Resource Group	Pending	↓25% = Pending (NHAS target)	
Incarcerated in Prison	TDCJ	Pending	↓25% = Pending (NHAS target)	
Recently Released	Service Linkage Data	Pending	↓25% = Pending (NHAS target)	
IDU	DSHS eHARS	66 (2014)	↓25% =50 (NHAS target)	Region is EMA
MSM	DSHS eHARS	930 (2014)	↓25% =698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	Pending	↓25% =Pending (NHAS target)	Region is Houston/Harris County
Women of Color	DSHS eHARS	Pending	↓25% =Pending (NHAS target)	Region is EMA
Aging (50 and up)	DSHS eHARS	264 (2014)	↓25% =198 (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS – *CONTINUED*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals within each special population linked to clinical care within one month of their HIV diagnosis:				
Youth (13-24)	DSHS Linkage to Care Data	74.0% (2014)	85% (NHAS target)	Region is EMA Baseline: Reflects 3 month linkage window
Homeless	Needs Assessment	53.9% (2016)	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	The Resource Group	Pending	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	The Resource Group	Pending	85% (NHAS target)	
IDU	DSHS Linkage to Care Data	85.0% (2014)	85% (NHAS target)	Region is EMA
MSM	DSHS Linkage to Care Data	78.0% (2014)	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	85% (NHAS target)	Region is HSDA
Women of Color	DSHS eHARS	Pending	85% (NHAS target)	Region is EMA
Aging (50 and up)	DSHS eHARS	84% (2014)	85% (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS – CONTINUED

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	Notes
❖ BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population				
Youth (13-24)	DSHS Unmet Need Analysis	24.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
Homeless	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 16.3%
Recently Released from Jail/Prison	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 11.9%
IDU	DSHS Unmet Need Analysis	27.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
MSM	DSHS Unmet Need Analysis	25.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 7.4%
Women of Color	DSHS Unmet Need Analysis	Pending	10% (NHAS 90% retention target)	Region is EMA
Aging (50 and up)	DSHS Unmet Need Analysis	25% (2014)	10% (NHAS 90% retention target)	Region is EMA Baseline: Placeholder, reflects 45+
❖ BENCHMARK 4: Percentage of grievances relating to cultural and linguistic competence received through the Ryan White and HHD grievance lines	Ryan White Grants Administration; TRG; HHD	To be established	Track only	Region is EMA

STRATEGY 4: TO IMPROVE COORDINATION OF EFFORT AND ADAPT TO HEALTHCARE SYSTEM CHANGES

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	Notes
❖ BENCHMARK 1: Number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers	RWPC/OS	29 total 4 non-infected/ affected (2014)	Maintain (local target)	Baseline includes Council and External members who do not bring HIV expertise because of their place of employment. 2014 measure is placeholder for 2016 data.
❖ BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services	RWPC/OS	110 (2015)	Increase (local target)	Actual numbers tallied using office tracking sheets and website requests. Defined as an entity that does not state HIV prevention or care in its mission.
❖ BENCHMARK 3: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical	Needs Assessment	40.5% (2016)	↓ = Pending SPSS run (local target)	Baseline: Numerator = 203; Denominator = 501 Target to be based on available historical data (2014)
❖ BENCHMARK 4: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services	Needs Assessment	20.2% (2016)	↓ = Pending SPSS run (local target)	Baseline: Numerator = 93 Denominator = 461 Target to be based on available historical data (2014)
❖ BENCHMARK 5: Proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services	Needs Assessment	8.2% (2016)	↓ = Pending SPSS run (local target)	Baseline: Numerator = 10 Denominator = 122 Target to be based on available historical data (2014)
❖ BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	↓ = Pending SPSS run (local target)	Baseline: Numerator = 32 Denominator = 265 Target to be based on available historical data (2014)
❖ BENCHMARK 7: Proportion of PLWH reporting housing instability	Needs Assessment	25.6% (2016)	Maintain =25.6% (local target)	Target based on current resources and planning
❖ BENCHMARK 8: Percentage of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment	CPCDMS	27% (2014)	Increase (local target)	Baseline to be updated
❖ BENCHMARK 9: Proportion of Ryan White HIV/AIDS Program clients who may qualify for Medicaid or Medicare, but who are not enrolled in either program	CPCDMS	Pending	Decrease (local target)	
❖ BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance	CPCDMS	10% (2014)	Increase (local target)	Baseline to be updated
❖ BENCHMARK 11: Proportion of Ryan White HIV/AIDS Program who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.	CPCDMS	Pending	Decrease (local target)	6.3% of RW enrolled in QHP in 2015

UPDATED:
07/14/16

All meetings subject to
change. Please call in
advance to confirm:
713 572-3724.

*Unless otherwise noted,
meetings are held at:*

2223 W. Loop South,
Suite 240
Houston, TX 77027

July 2016

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1	2
	3	4 Independence Day OFFICE CLOSED	5	6	7 12 noon Steering Committee Room #240 3:00 pm Gaps in Care Wg Room #240	8 9:00 am Special Pops Wg Rm #416	9
	10	11 12:00 pm Project LEAP Advisory Committee Room #240	12	13	14 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	15 9:00 am Coordination of Effort Wg Room #TBD	16
	17	18	19 11:00 am Operations Room #240 1:30 pm Prevention and Early Identification Wg Room #416	20	21 CANCELLED Quality Improvement 3:00 pm Gaps in Care wg Room TBD	22	23
	24	25 3:00 pm Leadership Team Room #TBD	26 12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Bellfort Ave. 77031	27 SIRR	28 3:00 pm Priority & Allocations Room #532	29 2:00 pm Comp HIV Planning Room #TBD	30
	31						

UPDATED:
07/07/16

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August

2016

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4 12 noon Steering Committee	5	6
7	8	9	10	11 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	12	13
14	15	16 11:00 am Operations	17	18 11:00 am Quality Improvement Room #240	19	20
21	22	23 12:00 pm Affected Community Room #532	24 SIRR	25 11:00 am Priority & Allocations Room #532	26	27
28	29	30	31			