

**2017 Comprehensive Plan for HIV Prevention and Care Services  
Gaps in Care & Reaching the Out of Care Workgroup**

1:00 p.m., Thursday, June 2, 2016  
Meeting Location: 2223 W. Loop South, Room #416

**AGENDA**

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**Goal of Today's Meeting:**

Complete Logic Model 1 by selecting the 2017 Comprehensive Plan  
Gaps in Care Strategy Benchmarks

- |   |   |
|---|---|
| I. Call to Order  | Connie Barnes and<br>Pam Green, Co-Chairs           |
| A. Welcome  |   |
| B. Moment of Reflection   |   |
| C. Adoption of the Agenda   |   |
| D. Approval of the Minutes  |   |
| II. Select Gaps in Care Benchmarks for 2017 Plan<br>(Logic Model 1) | Amber Harbolt, Health<br>Planner, Office of Support |
| IV. End New Diagnoses Houston Intersecting Issues Update            | Venita Ray  |
| III. Next Steps   | Connie Barnes and<br>Pam Green, Co-Chairs.          |
| A. Set Next Meeting– Schedule Two                                   |   |
| 1. Complete Logic Models 2 and 3                                    |   |
| IV. Announcements   |   |
| V. Adjourn  |   |

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*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](http://www.rwpcHouston.org)

**2017 Comprehensive Plan for HIV Prevention and Care Services**  
**GAPS IN CARE & REACHING THE OUT OF CARE WORKGROUP**

**1:00 p.m., Thursday, April 28, 2016**

Meeting Location: 2223 West Loop South, Room 532; Houston, TX 77027

**Minutes**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Pam Green, co-chair	Allen Murray, excused	Amber Harbolt, Office of Support
Alex Moses	Connie Barnes, excused	Diane Beck, Office of Support
Amber David	C. Bruce Turner	
Angela F. Hawkins	Ebony Smith, excused	
Cecilia Ross	Ella Collins-Nelson	
Curtis Bellard,	Gene Ethridge	
Denis Kelly	Robert Noble	
Isis Torrente		
Michael Kennedy		
Rodney Mills		
Tana Pradia		
Teresa Pruitt		
Weilin Zhou		

**Call to order:** Pam Green, Co-Chair, called the meeting to order at 1:09 p.m.; she welcomed everyone and asked for a moment of reflection.

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

**Approval of the Minutes: Motion #2:** *It was moved and seconded (Torrente, Pradia) to approve the March 17, 2016 meeting minutes. Motion Carried.* Abstentions: David, Ross, Bellard, Kelly, Kennedy, Pruitt.

**Gaps in Care Goals for 2017 Plan (Logic Model 1):** See attached. The workgroup chose to keep Goals 1-4 as is and add Goal 5: Increase viral suppression; re-order the goals to reflect the care continuum. **Motion #3:** *it was moved and seconded (Kelly, Pruitt) to adopt the Gaps in Care goals as revised. Motion carried.* Abstention: Torrente.

**Gaps in Care Solutions for 2017 Plan (Logic Model 1):** See attached. The workgroup chose to revise the solutions as follows: Solution 1: add to the examples in parenthesis “upon release from incarceration” and delete the ‘A’ from PLWHA; add 1.C. under Corresponding NHAS 2020 Goal Steps. Solution 2: change ‘Intensify’ to ‘Expand’ and delete the ‘A’ from PLWHA. Solution 3: delete the ‘A’ from PLWHA and delete “and other prior positives”. **Motion #4:** *it*

*was moved and seconded (Hawkins, Kelly) to approve the Gaps in Care solutions as revised.*  
**Motion carried.**

**Next Meeting:** June 2, 2016 at 3:00 p.m.; Agenda items include selection of benchmarks to complete of Logic Model 1 and begin work on Logic Model 2.

**Announcements:** None.

**Adjourn:** The meeting was adjourned at 3:05 p.m.

**2017 Houston Area Comprehensive HIV Services Plan**  
Logic Model 1: Goal, Solutions, and Benchmarks – Gaps in Care

<b>Solutions</b> {Recommended approaches to achieve the goal}
② <ol style="list-style-type: none"><li>1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH*</li><li>2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*</li><li>3. Adopt strategies to re-engage out of care PLWH to return to care</li></ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"><li>1. Ensure early entry into care ①</li><li>2. Reduce Unmet Need</li><li>3. Increase retention in continuous care</li><li>4. Improve health outcomes for People Living with HIV (PLWH)*</li><li>5. Increase viral suppression**</li></ol>

<b>Benchmarks</b> {How the result will be measured}
Continue work on Benchmarks on 6/2 at 3 p.m. ③

## 2017 Comprehensive Plan Gaps in Care and Reaching the Out of Care (Gaps) Benchmark Selection Chart

2017 Gaps Benchmarks should measure progress toward 2017 Gaps goals via the 2017 Gaps solutions.

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)
❖ BENCHMARK 1: Proportion of individuals who have tested positive for HIV but who are not in HIV care as determined by the Ryan White HIV/AIDS Program Unmet Need Framework	DSHS Unmet Need Trend Analysis	34.2% (2010)	↓0.8% =27.3% (local target)	26.7% (2013)	Region is EMA Revised estimates released in 7/13. Matrix updated accordingly.	• <b>Simplify language and align with SP benchmark: “Proportion of PLWH with Unmet Need”</b>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖ BENCHMARK 2: Percentage of PLWHA reporting being currently out-of-care (no evidence of HIV medications, viral load test, or CD4 test in 12 consecutive months)	Needs Assessment	7.1% (2011)	↓3.0% =4.1% (local target)	6.8% (2014)	Target based on available historical data (2008=10.1%)	• <b>Remove A from PLWHA; discuss other recommended data sources that may be available</b>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖ BENCHMARK 3: Percentage of PLWHA reporting prior history of being out-of-care	Needs Assessment	26% (2011)	Maintain =26% (local target)	23.5% (2014)	Target based on available historical data (2008=25%)	• <b>Remove A from PLWHA</b>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖ BENCHMARK 4: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	85% (NHAS target)	78% (2013)	Region is EMA	• <b>Reduce linkage timeframe to 1 month to align with NHAS Update</b>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are in continuous care (≥2 visits for routine HIV medical care in 12 months ≥3 months apart)	CPCDMS	78.0% (2011)	80% (NHAS target)	75.0% (2014)	Part A clients only Does not include clients newly enrolled in care during the 12 month timeframe	• <b>Discuss relevance of retaining both Benchmark 5 and Benchmark 6</b>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)
❖ BENCHMARK 6: Proportion of Ryan White HIV/AIDS Program clients who are retained in care ( $\geq 1$ visit for HIV primary care in the 2 <sup>nd</sup> half of the year after also having $\geq 1$ visit for HIV primary care in the 1 <sup>st</sup> half of the year)	CPCDMS Retention in Care Metric	75.0% (2011 Period 6)	Maintain =75% (local target)	Data Pending	Part A clients only	<ul style="list-style-type: none"> <li>• Discuss relevance of retaining both Benchmark 5 and Benchmark 6</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖ BENCHMARK 7: Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	CPCDMS	57.0% (2011)	$\uparrow$ 10% =62.7% (DHAP target)	80.4%* (2014)	To be confirmed by annual contractor audits; and training records, respectively	<ul style="list-style-type: none"> <li>• Change benchmark to measure viral suppression; consider adding benchmark to measure viral suppression for region</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove	
❖						<ul style="list-style-type: none"> <li>• Source:</li> <li>• Baseline:</li> <li>• Target:</li> <li>• 2021 Target:</li> </ul>	<input type="checkbox"/> Add <input type="checkbox"/> Do not add	
❖						<ul style="list-style-type: none"> <li>• Source:</li> <li>• Baseline:</li> <li>• Target:</li> <li>• 2021 Target:</li> </ul>	<input type="checkbox"/> Add <input type="checkbox"/> Do not add	

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – Solution 1

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – Solution 2

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>





UPDATED:  
05/23/16

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

**June**

**2016**

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				<b>1</b>	<b>2</b> 12 noon Steering Committee Room #240  3:00 pm Gaps in Care Wg Rm #416	<b>3</b> 9:00 am Special Populations Wg Rm # TBD	<b>4</b>
	<b>5</b> National HIV Long-Term Survivors Awareness Day	<b>6</b> 10:00 am NAG Analysis Wg Rm #TBD  3:00 pm Prevention and Early Identification Wg Room #416	<b>7</b>	<b>8</b> National Caribbean American HIV Awareness Day	<b>9</b> 12 noon Planning Council Leonel Castillo Community Ctr 2101 South St, 77009  2:00 pm Comp HIV Planning	<b>10</b> 9:00 am Coordination of Effort Wg Room #TBD	<b>11</b>
	<b>12</b>	<b>13</b> 11 am - 3 pm Priority & Allocations Special meeting Room #240	<b>14</b> CANCELLED Operations  11 am - 3 pm Priority & Allocations Special meeting	<b>15</b> 11 am - 3 pm Priority & Allocations Special meeting  6:30 pm Affected Community Change Happens 3353 Elgin St 77004	<b>16</b> CANCELLED Quality Improvement  1:30 pm NAG Analysis Wg Rm #TBD	<b>17</b> 9:00 am Special Populations Wg Rm # TBD	<b>18</b>
	<b>19</b>	<b>20</b>	<b>21</b> RESCHEDULED: See 06/15/16 Affected Community Room #532	<b>22</b> 11:00 am Priority & Allocations w/ <b>Project LEAP</b> Room #416	<b>23</b> CANCELLED P & A  2:00 p.m. Needs Assessment Group (NAG) Room #TBD	<b>24</b> 9:00 am Coordination of Effort Wg Room #TBD	<b>25</b>
	<b>26</b>	<b>27</b> 7:00 pm Public Hearing 900 Bagby 77002  Nat'l HIV Testing Day	<b>28</b> 11:00 am TENTATIVE Priority & Allocations	<b>29</b> SIRR	<b>30</b> 3:00 pm Leadership Team Room #TBD		

UPDATED:  
05/18/16

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change. Please call in  
advance to confirm:  
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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>
						<b>1</b>	<b>2</b>
	<b>3</b>	<b>4</b> Independence Day OFFICE CLOSED	<b>5</b>	<b>6</b>	<b>7</b> 12 noon Steering Committee Room #240	<b>8</b>	<b>9</b>
	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b> 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	<b>15</b>	<b>16</b>
	<b>17</b>	<b>18</b>	<b>19</b> 11:00 am Operations Room #240	<b>20</b>	<b>21</b> CANCELLED Quality Improvement	<b>22</b>	<b>23</b>
	<b>24</b>	<b>25</b>	<b>26</b> 12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Bellfort Ave. 77031	<b>27</b> SIRR	<b>28</b> 11:00 am Priority & Allocations Room #532	<b>29</b>	<b>30</b>
	<b>31</b>						