

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

10:00 a.m., Tuesday, June 21, 2016  
Meeting Location: 2223 W. Loop South, Room #532

**AGENDA**

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**Goal of Today's Meeting:**  
Complete Logic Model 2

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|--|---|
| 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. Complete Focus and Activity Development<br>(Logic Model 2) | Amber Harbolt, Health<br>Planner, Office of Support |
| III. Next Meeting – 7/7  | Connie Barnes and<br>Pam Green, Co-Chairs.          |
| A. Complete Logic Model 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

3:00 p.m., Thursday, June 2, 2016

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

#### Minutes

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

**Call to order:** Pam Green, Co-Chair, called the meeting to order at 3:06 p.m.; she welcomed everyone; she noted that Council Member Gene Ethridge passed away earlier this week and then asked for a moment of reflection.

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

**Approval of the Minutes: Motion #2:** *It was moved and seconded (Torrente, Pruitt) to approve the April 28, 2016 meeting minutes. Motion Carried.* Abstention: Noble.

**Gaps in Care Benchmarks for 2017 Plan (Logic Model 1):** See attached. The workgroup chose to revise the benchmarks as follows: Benchmark 1 was revised to read: *Proportion of PLWH with Unmet Need*; Benchmark 2 was deleted; Benchmark 3 was revised as follows: remove the A from PLWHA; the timeframe for Benchmark 4 was updated to one month (if available); Benchmark 5 was kept as is; Benchmark 6 was deleted; Benchmark 7 was revised to read: *Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed*. The workgroup added two Benchmarks: *Proportion of PLWH in the EMA who are retained in care* and *Proportion of PLWH in the EMA who are virally suppressed*. **Motion #3:** *it was moved and seconded (Pruitt, Kennedy) to approve the Gaps in Care benchmarks as revised. Motion carried.*

**Gaps in Care Activities for 2017 Plan (Logic Model 2):** See attached. Harbolt said that the Leadership Team suggested adding “transitioning from pediatric to adult care” as one of the vulnerable points listed in Solution 1. The workgroup agreed to this change. Topics discussed

for focus and activities included what would help case managers do their job (sensitivity training, language of care training); buddy/peer support for at least the first two primary care visits; more personal interaction with clients (phone calls, emails, etc); warm staff handoffs (original staff is with client for the first two primary care visits); make two first appointments in case the first one is missed (especially for recently released); connect access to a peer/mentor system with private providers; same day meds for newly diagnosed and those seeking PrEP; more education for private doctors.

**Next Meetings:** June 21, 2016 at 10:00 a.m. and July 7, 2016 at 3:00 p.m.; Agenda items include completion of Logic Models 2 and 3.

**Announcements:** None.

**Adjourn:** The meeting was adjourned at 5:10 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}
<p>②</p> <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, unstably housed, transitioning from pediatric to adult care, 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}
<ol style="list-style-type: none"> <li>1. Decrease the proportion of PLWH with Unmet Need ③</li> <li>2. Decrease the percentage of PLWHA reporting prior history of being out-of-care</li> <li>3. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis (one month if available)</li> <li>4. Increase the 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)</li> <li>5. Increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed</li> <li>6. Increase the proportion of PLWH in the Houston Area who are retained in care</li> <li>7. Increase the proportion of PLWH in the Houston Area who are virally suppressed</li> </ol>

# 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}
<p>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, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH</p>



<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}			
Focus	Focus	Focus	Focus
Peer Mentoring	Policy/Process Changes	Communication with Private Providers	
<p>1. Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s).</p> <p>2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.</p> <p>To develop:</p> <ul style="list-style-type: none"> <li>• what would help case managers do their job (sensitivity training, language of care training);</li> <li>• more personal interaction with clients (phone calls, emails, etc);</li> <li>• make two first appointments in case the first one is missed (especially for recently released);</li> <li>• connect access to a peer/mentor system with private providers;</li> <li>• review best practices for same day medication initiation for newly diagnosed PLWH and those seeking PrEP</li> <li>• more education for private doctors.</li> </ul>			





UPDATED:  
06/14/16

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>
						<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  3:00 pm Gaps in Care Wg Room #TBD	<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>	<b>20</b>	<b>21</b>	11:00 am Operations Room #240  SIRR  CANCELLED Quality Improvement	<b>22</b>	<b>23</b>
<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Bellfort Ave. 77031  11:00 am Priority & Allocations Room #532	<b>29</b>	<b>30</b>
<b>31</b>							