DRAFT

2017 Comprehensive Plan for HIV Prevention and Care Services

Prevention and Early Identification Workgroup

3:00 p.m., Monday, February 1, 2016
Meeting Location: 2223 W. Loop South, Room #416

AGENDA

I.	Call to Order A. Welcome B. Moment of Reflection C. Adoption of the Agenda D. Approval of the Minutes	Rose Haggerty and Amy Leonard, Co-Chairs
II.	Review 2017 Comprehensive Plan Goals	Amber Harbolt, Health Planner, Office of Support
III.	Review 2012 Prevention and Early Identification Activities Progress	
IV.	Review Integrated HIV Prevention and Care Plan Guidance on Activities	
V.	Next Steps A. Set Next Meeting– 3/7 or 3/14 B. What to Expect at the Next Meeting 1. Review final 2017 Comprehensive Plan Objectives 2. Review progress on the 2012 Comprehensive Plan Benchmarks 3. Begin Discussing 2017 Comprehensive Plan Activities	Rose Haggerty and Amy Leonard, Co-Chairs
VI.	Announcements A. FYI – End of Year Petty Cash Procedures	
VII.	Adjourn	

◆ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ◆
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2017 Comprehensive Plan for HIV Prevention and Care Services

PREVENTION AND EARLY IDENTIFICATION WORKGROUP

3:00 p.m., Monday, December 14, 2015
Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
Amy Leonard, co-chair	Rodney Mills	Camden Hallmark, HHD
Rose Haggarty, co-chair	Teresa Pruitt	Sha'Terra Johnson-Fairley, TRG
Alex C. Moses	Tracy Gorden	Amber Harbolt, Office of Support
Annette Johnson	Yvonne Lu	Diane Beck, Office of Support
Arlene Johnson	W. Jeffrey Campbell	
Cecilia Ross		
Curtis Bellard	**MEMBERS ABSENT**	
Denis Kelly	Brenda Booker	
Denny Delgado	Isis Torrente, excused	
Ella Collins-Nelson	Kevon Strange	
John Lazo	Maggie White, excused	
Michael Kennedy	Ruth Atkinson	

Call to order: Amy Leonard, Co-Chair, called the meeting to order at 3:12 p.m.; she welcomed everyone and asked for a moment of reflection. She then asked everyone to introduce themselves.

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

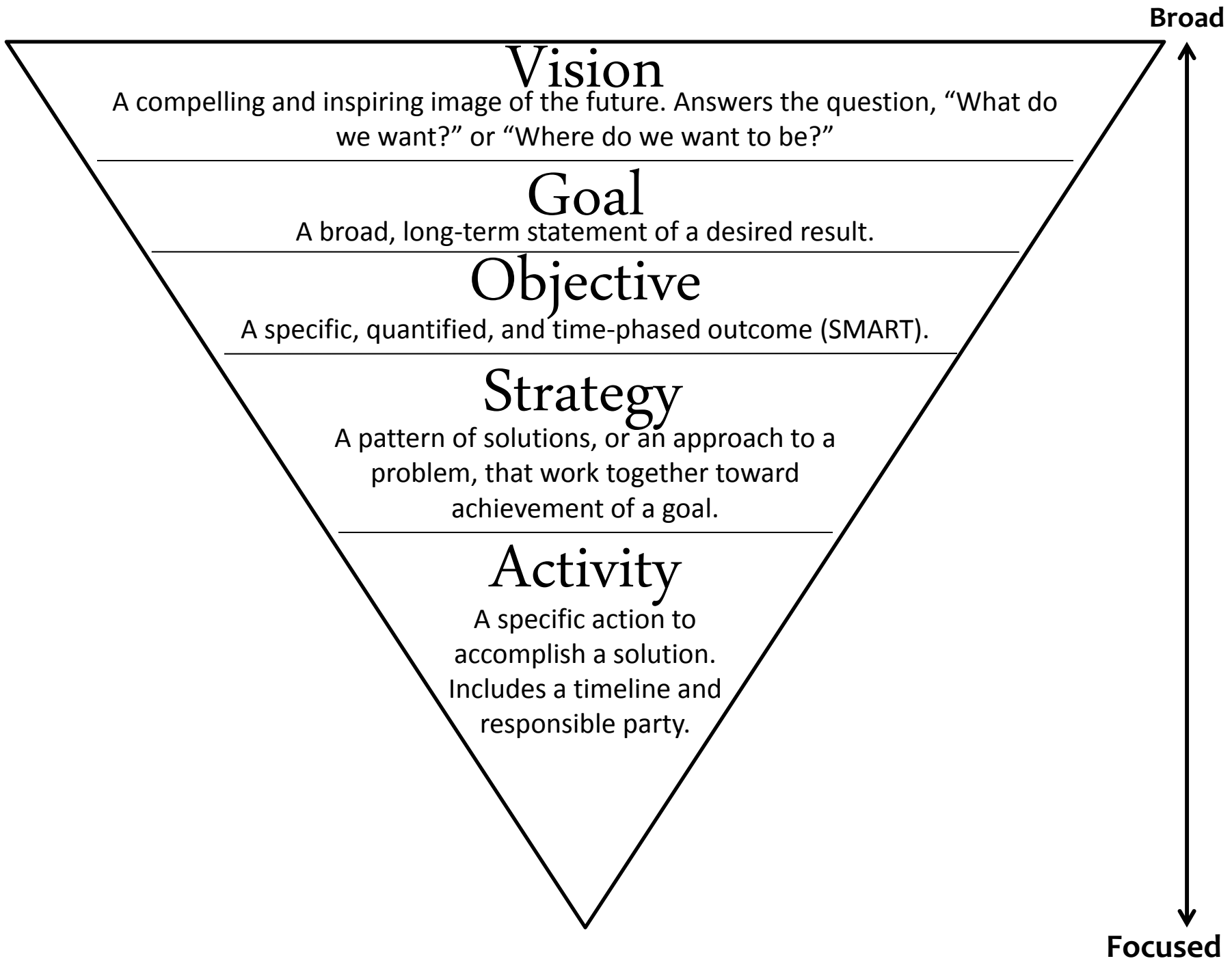
Workgroup Orientation: The workgroup reviewed the following documents: Membership Requirements, Voting Rules and Quorum, Organizational Structure, Workgroup Description, and Milestones Timeline. See attached. ***Motion #2:*** *It was moved and seconded (Pruitt, Kelly) to adopt quorum for the workgroup as at least 1/3 of members must be present, including one consumer and one co-chair.* ***Motion Carried.***

Review 2017 Comprehensive Plan Foundational Documents: The workgroup reviewed the 2017 Comprehensive Plan Vision and Mission Statements and Guiding Principles that were approved by the Leadership Team on December 2, 2015. See attached. ***Motion #3:*** *It was moved and seconded (Delgado, Kelly) to recommend that the Leadership Team add 'immigration status' to the 2017 Comprehensive Plan Vision statement.* ***Motion Carried.***

Next Meeting: February 1, 2016 at 3:00 p.m.; Agenda items include: (1) review 2017 Comprehensive Plan Goals and Objectives; and (2) review progress on the 2012 Comprehensive Plan Prevention and Early Identification Strategy Activities and Benchmarks.

Announcements: Kelly said that Omega House is in need of food donations for Christmas; see him for more information.

Adjourn: **T**he meeting was adjourned at 4:03 p.m.


Broad
Vision
A compelling and inspiring image of the future. Answers the question, “What do we want?” or “Where do we want to be?”
Goal
A broad, long-term statement of a desired result.
Objective
A specific, quantified, and time-phased outcome (SMART).
Strategy
A pattern of solutions, or an approach to a problem, that work together toward achievement of a goal.
Activity
A specific action to accomplish a solution. Includes a timeline and responsible party.
Focused

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.

STRATEGY 1: STRATEGY FOR PREVENTION AND EARLY IDENTIFICATION

GOALS

1. Reduce New HIV Infections
2. Increase Awareness of HIV
3. Increase Awareness of HIV Status
4. Ensure Early Entry Into Care
5. Maximize Adherence to Antiretroviral Therapy
6. Address the HIV Prevention Needs of High Incidence Communities
7. Reduce Population Risk Factors for HIV Infection

SOLUTIONS

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that normalize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
4. Intensify prevention with positives including treatment adherence, HIV prophylaxis, and behavior change interventions for HIV+ individuals and their partners
5. Expand the HIV prevention knowledge base to include behavioral surveillance and measures of community-wide HIV health

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g., repeal the ban on syringe access, adopt comprehensive sexuality education in schools, etc.) (Houston Department of Health and Human Services; 2012-2014)
2. Sustain condom distribution for: (a) the general public; and (b) high-risk populations and communities (Houston Department of Health and Human Services; 2012-2014)
3. Expand social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., *HIP HOP for HIV Awareness*, Testing Makes Us Stronger, Greater Than AIDS, etc.) (Houston Department of Health and Human Services; 2012-2014)
4. Sustain *targeted* HIV testing by community-based organizations to high-risk populations (Houston Department of Health and Human Services; 2012-2014)
5. Document and present outcomes of the Expanded Testing Initiative (ETI) to encourage other hospital systems, private medical providers, and Federally Qualified Health Centers (FQHCs) to begin routine HIV testing in their facilities; cost benefit analysis and leveraging public/private collaboration should be emphasized (Houston Department of Health and Human Services; 2012)
6. Expand *non-targeted* routine, opt-out HIV testing in facilities serving high-risk populations and continue to document and promote the benefits of the ETI (Houston Department of Health and Human Services; 2012-2014)
7. Intensify combination HIV prevention in high-risk communities (Houston Department of Health and Human Services; 2012-2014)
8. Implement training to Counseling, Testing, and Referral (CTR) providers on integrating HIV testing with testing for other (non-HIV) STDs and Viral Hepatitis (Houston Department of Health and Human Services; 2013)

ACTIVITIES (RESPONSIBLE PARTY, TIMELINE) CON'T

9. Implement training to CTR providers about their role in encouraging entry into care beginning at post-test counseling/results notification; and establish linkage to care performance measures for CTR providers (Houston Department of Health and Human Services; 2012)
10. Implement training to Ryan White HIV/AIDS Program funded case managers on Partner Services (Houston Department of Health and Human Services; Ryan White Grant Administration; 2012)
11. Expand Disease Intervention Specialist (DIS) activities to include a readiness for HIV care assessment at the time of DIS interview as a means of assisting with linkage to care efforts (Houston Department of Health and Human Services; 2013)
12. Re-develop the Ryan White HIV/AIDS Program Service Category definition for Case Management (Non-Medical) (i.e., Service Linkage) during the *How to Best Meet the Need* process to improve linkage to care rates (Ryan White Planning Council; 2012)
13. Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter HIV care (Ryan White Planning Council/Office of Support; 2013)
14. Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program (Ryan White Planning Council/Office of Support; 2013)
15. Expand the provision of Partner Services to HIV infected individuals (e.g. identification, notification, counseling and testing, and linkage to care for partners) (Houston Department of Health and Human Services; 2012-2014)
16. Sustain evidence-based behavioral interventions (EBIs)* for HIV infected individuals and their partners (Houston Department of Health and Human Services; 2012-2014) *Refer to the 2011 Texas HIV/STD Prevention Plan for a list of approved EBIs for use in the Houston Area.
17. Form a Scientific Advisory Council for the Houston Area that will use scientific expertise to advise on HIV prevention activities and research questions (Houston Department of Health and Human Services; 2012)
18. Support ongoing efforts of local HIV clinical trial networks (Ryan White Planning Council, Community Planning Group; 2012-2014)
19. Develop community-wide guidelines for the use of Pre-exposure Prophylaxis (PrEP) and for Non-Occupational Post-Exposure Prophylaxis (nPEP) (Houston Department of Health and Human Services; 2013)
20. Launch a Ryan White HIV/AIDS Program clinical quality management initiative focused on retention in care (Ryan White Grant Administration/Clinical Quality Management Committee; The Resource Group; 2012)
21. Establish a mechanism for tracking medication adherence among Ryan White HIV/AIDS Program clients (Ryan White Grant Administration; 2012)
22. Establish a baseline for Houston Area community viral load of individuals in HIV care (Houston Department of Health and Human Services; 2014)

BENCHMARKS

1. Reduce the number of new HIV infections diagnosed in the Houston Area by 25 percent (from 1,029 to 771)
2. Maintain the number of HIV/STD brochures distributed at 86,389 annually

BENCHMARKS CON'T

3. Maintain the mean number of calls per day to the local HIV prevention hotline at 6.2
4. Increase the number of persons reached each year with an HIV awareness message via the *HIP HOP for HIV Awareness* Radio One advertising campaign by 3.2 percent (from 1,231,400 to 1,353,438)
5. Maintain the percentage of individuals at *HIP HOP for HIV Awareness* that agree "HIV/AIDS is a major health problem for my peers" at 55.9 percent
6. Maintain the mean score on the *HIP HOP for HIV Awareness* individual HIV/STD knowledge test at 10.9 correct answers (out of 14)
7. Maintain the number of publicly-funded HIV tests at 165,076 annually
8. Increase the positivity rate for *targeted* HIV testing to 2 percent (from 1.7 percent) to demonstrate maximization of HIV testing resources in high risk populations
9. Reduce the positivity rate for *non-targeted* routine, opt-out HIV testing to 1 percent (from 1.2 percent) to demonstrate maximized identification of new positives
10. 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 (from 92.9 percent to the goal of 100 percent)
11. 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)
12. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis to 85 percent (from 65.1 percent)
13. 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)
14. Reduce the number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention by 25 percent (from 33 to 24)
15. Reduce or maintain the rate of STD infection per 100,000 population (Chlamydia = Maintain at 510.0, Gonorrhea = Reduce by 0.6% annually to 146.0; Primary and Secondary Syphilis = Reduce to 6.0)
16. Maintain the number of condoms distributed at 380,000 annually
17. Maintain the number of high-risk individuals receiving information on HIV risk reduction through community outreach at 9,000 annually
18. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV at 3,288 annually

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)	• 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	• 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:

a. Describe the specific contributions of stakeholders and key partners to the development of the plan

b. Describe stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum

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)

March 1	**Feb 5**	**Feb 29**	**March 31**
2015……..	**2016……**	**2016.....**	**2016**
Beginning of fiscal year 2015	Turn in all receipts	End of fiscal year 2015. No money available to write checks until April or May	Turn in all receipts or you will not be reimbursed for any expenses incurred between March 1, 2015 and Feb. 29, 2016