

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

3:00 p.m., Thursday, July 23, 2020

*Meeting Location: Online or via phone – **Please do not come in person***

Join Zoom Meeting by clicking on this link: <https://us02web.zoom.us/j/81035711790>

Meeting ID: 810 3571 1790

To join via telephone call: (346) 248-7799

AGENDA

I. Call to Order

- A. Welcome
- B. Moment of Reflection
- C. Adoption of the Agenda
- D. Approval of the Minutes (June 11, 2020)

Daphne L. Jones and
Steven Vargas, Co-Chairs

II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.

III. FY 2021 EIIHA Target Populations

- A. Review FY 2021 EIIHA Plan Motions
from EIIHA Workgroup
- B. Review Council and Community Input on Target Populations
- C. Approve FY 2021 EIIHA Target Populations

Amber Harbolt, Health Planner
Office of Support

IV. Announcements

- A. No Committee Meeting in August

Daphne L. Jones and
Steven Vargas, Co-Chairs

V. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, June 11, 2020

Meeting Location: Zoom teleconference

Minutes

MEMBERS PRESENT

Daphne L. Jones, Co-Chair
 Steven Vargas, Co-Chair
 Dawn Jenkins
 Rodney Mills
 Matilda Padilla
 Shital Patel
 Faye Robinson
 Dominique Brewster
 Bianca Burley
 Anthony Williams
 Larry Woods

MEMBERS ABSENT

Ryan Clark
 Datonye Charles
 Denis Kelly
 Deondre Moore
 Esther Ogunjimi
 Imran Shaikh

OTHERS PRESENT

Tya Johnson, HHD
 Miyase Koksai-Ayhan, HHD
 Crystal Townsend, TRG
 Amber Harbolt, Office of Support
 Diane Beck, Office of Support

Call to Order: Daphne L. Jones, Co-Chair, called the meeting to order at 2:08 p.m. and asked for a moment of reflection.

Adoption of Agenda: **Motion #1:** *it was moved and seconded (Williams, Vargas) to adopt the agenda.*
Motion carried.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Vargas, Williams) to approve the March 26, 2020 minutes.* **Motion carried.** Abstentions: Burley, Padilla, Robinson, Woods.

Public Comment: None.

2020 Houston HIV Care Services Needs Assessment: The committee reviewed and commented on Chapters 3, 4, and 5. **Motion #3:** *it was moved and seconded (Vargas, Williams) to approve the 2020 Needs Assessment.* **Motion carried.**

Announcements: Williams said that Goodwill is still working from home but they are helping clients with employment needs. Please refer clients in need of employment services to 713-699-6317. Vargas said there was a long-term survivors webinar that will soon be posted to view, he will forward the link when it is available. Townsend said net Thursday at noon there will be a presentation on in home testing, she will send information to those who wish to participate in this virtual meeting.

Adjournment: **Motion:** *it was moved and seconded (Vargas, Williams) to adjourn the meeting at 3:14 p.m.* **Motion carried.**

Submitted by:

Approved by:

Amber Harbolt, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting

LR = Left room temporarily

LM = Left the meeting

C = Chaired the meeting

2020 Voting Record for Meeting Date June 11, 2020

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: 2020 NA			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne L. Jones, Co-Chair				C				C				C
Steven Vargas, Co-Chair		X				X				X		
Dawn Jenkins		X				X				X		
Denis Kelly	X				X				X			
Rodney Mills		X				X				X		
Matilda Padilla		X						X		X		
Shital Patel		X				X				X		
Faye Robinson		X						X		X		
Imran Shaikh	X				X				X			
Dominique Brewster		X				X				X		
Bianca Burley		X						X		X		
Datonye Charles	X				X				X			
Ryan Clark	X				X				X			
Deondre Moore	X				X				X			
Esther Ogunjimi	X				X				X			
Anthony Williams		X				X				X		
Larry Woods		X						X		X		

Early Identification of Individuals with HIV/AIDS (EIIHA) Planning Process and Requirements

Purpose of the EIIHA Strategy:

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV positive. The goals of the EIIHA initiative are to present a strategy for:

- 1) identifying individuals with HIV who do not know their HIV status;*
- 2) making such individuals aware of such status and enabling such individuals to use the health and support services; and*
- 3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. (HRSA-21-055)*

Role of EIIHA Workgroup:

To review existing epidemiologic and other data and suggest three (3) distinct populations for inclusion in the EIIHA section of the HRSA grant application.

Considerations:

- **Additional populations may be selected, but three (3) distinct populations must be selected for inclusion in the EIIHA section of the HRSA grant application.**
- Selection of target populations must be data-driven and pertinent to the goals of the strategy. Sufficient data must exist for each selected population to allow staff to discuss why each target population was chosen and how data support that decision.
- Traditionally, the Council has allowed the Comprehensive HIV Planning Committee to have final approval of the three (3) populations to be included in the EIIHA section of the HRSA grant application, pending distribution to Planning Council members for review and input.

Timeline for the EIIHA Planning Process:

July 2020

Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16 2 p.m. – EIIHA Workgroup identifies selection criteria and selects FY 2021 EIIHA target populations Office of Support distributes FY 2021 EIIHA target populations to Planning Council members for input	17	18
19	20	21	22 5 p.m. – All Council input on FY2021 EIIHA target populations is due to Office of Support	23 3 p.m. - Comprehensive HIV Planning Committee reviews Planning Council input and approves FY 2021 EIIHA target populations.	24	25
26	27	28	29	30	31	

Fiscal Year 2021
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Criteria Worksheet

Type of Data	Possible Criterion	Definition	Suggested Thresholds	Selected
Epidemiological	1. HIV diagnosis rate*	Number of new diagnoses of HIV disease within the population after accounting for population size (per 100,000)	Rate > EMA rate	✓
	2. HIV prevalence rate	Number of HIV diagnosed people within the population after accounting for population size (per 100,000)	Rate > EMA rate	
	3. Unaware estimates*	Number of people in each population group estimated to be HIV+ and unaware of their status using the CDC estimate (17.3%)	Comprises largest # of status-unaware within demographic category	✓
Care Continuum	4. Linked proportion*	Percent of population that was linked to HIV medical care within 3 months** of diagnosis	% < EMA %	✓
	5. Unmet need/out of care proportion*	Percent of diagnosed persons in the population with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	% > EMA %	✓
Planning	6. Special populations*	Population is designated as a “special population” in the Comprehensive HIV Plan	Yes/No	✓
	7. FY20 EIIHA Target Group*	Population was included in the FY20 EIIHA Matrix as a Target Group	Yes/No	✓
Other	8. Late diagnosis*	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of initial HIV diagnosis	% > EMA %	✓

*Criteria used in selection of FY 2020 EIIHA target populations

**Linkage within 1 month not available by population

Fiscal Year 2021
Early Identification of Individuals with HIV/AIDS (EIIHA)
Target Populations Selection Matrix

DRAFT – ALL CRITERIA

 = meets criteria

	1. HIV Diagnosis Rate	2. Undiagnosed Estimate	3. Linked Proportion	4. Unmet Need / Out of Care Proportion	5. Special Populations	6. FY20 EIIHA Target Group	7. Late Diagnosis	Total # Criteria
Houston EMA	21.6	6,825	79%	25%	--	--	20%	7
Sex								
Male	34.1	5,124	79%	25%	Y	Y	17%	4
Female	9.2	1,701	82%	24%	Y	Y	21%	3
Race/Ethnicity								
White	8.1	1,199	84%	21%	N	N	13%	0
Black / African American	44.4	3,296	75%	26%	Y	Y	16%	6
Hispanic	20.7	1,993	82%	26%	Y	Y	27%	4
Other	6.8	96	92%	25%	N	N	33%	1
Multi-race	--	241	75%	17%	Y	N	12%	2
Age								
0 - 1	--	0	--	---	N	N	--	0
2 - 12	0.2	13	--	15%	N	N	--	0
13 - 24	29.8	275	81%	23%	Y	N	8%	2
25 - 34	51.3	1,405	80%	24%	N	Y	18%	2
35 - 44	27.8	1,585	79%	26%	N	Y	25%	4
45 - 54	23.9	1,782	80%	24%	Y	Y	36%	5
55 - 64	14.2	1,310	77%	23%	Y	Y	31%	4
65+	2.1	456	65%	31%	Y	Y	20%	4
Risk Category								
Male-Male Sexual Contact	d	3,948	79%	24%	Y	Y	20%	3
PWID	d	530	77%	28%	Y	N	26%	4
MSM/PWID	d	280	75%	24%	Y	N	21%	3
Sex with Female/Sex with Male	d	1,985	81%	25%	Y	N	21%	2
Perinatal	d	80	--	30%	N	N	--	1
Adult other risk	d	4	--	35%	N	N	--	1

Notes	1. HIV Diagnosis Rate	2. Undiagnosed Estimate	3. Linked Proportion	4. Unmet Need / Out of Care Proportion	5. Special Populations	6. FY20 EIIHA Target Group	7. Late Diagnosis
Definition of selection criterion	Number of new diagnoses of HIV within a population while accounting for population size (rate is the number of new HIV cases per 100,000 population)	Number of people in each population group estimated to be living with HIV and unaware of their status using the CDC estimate (19.0%)	Percent of newly diagnosed individuals linked to HIV medical care within 3 months of diagnosis	Percent of diagnosed people living with HIV with <u>no</u> evidence of HIV medical care in the previous 12 months per HRSA definition	Population is designated as a “special population” in the Comprehensive HIV Plan	Population was included in the FY20 EIIHA Matrix	Percent of persons within each group who are diagnosed with HIV stage 3 within 3 months of HIV diagnosis. **Denominator is new diagnoses ONLY.**
Threshold for prioritization	Rate > EMA rate	Comprises largest # of status-unaware within demographic category	% < EMA %	% > EMA %	Yes/No	Yes/No	% > EMA %
Data source	DSHS, New diagnoses 2018. Released 8/8/19	DSHS, HIV Undiagnosed 2018. Released 8/9/19	DSHS, Linkage to care 2018. Released 8/9/19	DSHS, Unmet need 2018. Released 8/9/19	2017 Comprehensive Plan Special Populations	FY19 Houston EMA EIIHA Target Populations, approved by the Comprehensive HIV Planning Committee on 7/30/18	DSHS, Late Diagnosis by population 2017. Released 8/7/19
Explanations and additional background	Population data are not available for risk groups; therefore, it is not possible to calculate rate by risk	Estimates have been extrapolated using a national approximation of status unaware. No local estimates are available.	Linked proportion not available for risk category Adult other	---	--	Target Groups for FY20 EIIHA Plan were: <ul style="list-style-type: none"> African Americans Hispanics/Latinos age 25 and over Men who have Sex with Men (MSM) 	Late diagnosis proportion not available for age range 0-1; risk category Adult Other There were no late diagnoses observed among age range 2 – 12.

EIIHA Workgroup Motions

FY 2021 EIIHA Populations – 07/16/2020

The EIIHA Workgroup met on July 16, 2020. Participants included representatives from prevention and care, community members, and consumers. The Workgroup reviewed the FY 2021 guidance from HRSA, adopted selection criteria, and selected the FY 2021 populations.

Item: FY 2021 EIIHA Plan Populations

Recommended Action: **FYI: (Committee provided final approval):** Approve the following populations for inclusion in the FY 2021 EIIHA Plan:

1. Black/African Americans
2. Hispanics/Latinx age 25 and over
3. Male-Male Sexual Contact/Men who have Sex with Men (MSM)

Office of Support is to include information on late diagnoses, along with HIV and aging, in the EIIHA section of the HRSA application.

Recommended Action: **FYI: (Committee provided final approval):** Office of Support is to include a statement in the EIIHA section of the HRSA application recognizing that currently available epidemiologic data consistently fail to assess the need for testing, referral, and linkage in vulnerable populations such as among those who are transgender, intersex, homeless, those released from incarceration, adolescents ages 13 to 17, and young adults ages 18 to 24.

The Comprehensive HIV Planning Committee will meet on Thursday, July 23, 2020 at 3:00 p.m., online via Zoom, to review and approve the FY 2021 EIIHA Plan populations.

Zoom Meeting ID 810 3571 1790

Link to Zoom Meeting: <https://us02web.zoom.us/j/81035711790>

All are welcome to provide public comment at the July 23rd Comprehensive HIV Planning Committee Zoom meeting at 3:00 p.m. Those unable to attend are encouraged to provide input via phone, email or fax to Amber Harbolt no later than Wednesday, July 22, 2020 at 5:00 p.m. Those submitting input via email or fax are encouraged to call to confirm receipt.

Input can be submitted via:

Phone: (832) 927-7926
Email: amber.harbolt@cjo.hctx.net
Fax: (713) 572-3740

Thank you very much, and we look forward to receiving your input!

Amber Harbolt, Health Planner
Ryan White Planning Council
Office of Support