

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, March 11, 2021

Meeting Location: Online or via phone

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598

Passcode: 253271

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

Daphne L. Jones and
Rodney Mills, 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. Training: Data-to-care (D2C) Study

Ricardo Mora, Health Planner
Ryan White Office of Support

IV. Active Projects

- A. Upcoming Comprehensive Plan Update
- B. EHE Joint Trainings Update
- C. 2021 Special Project

V. Announcements

VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, February 11, 2021
Meeting Location: Zoom Teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Daphne L. Jones, Co-Chair	Tom Lindstrom	Allen Murray, RWPC Chair
Rodney Mills, Co-Chair	Deondre Moore	Tya Johnson, HHD
Dawn Jenkins	Robert Sliepka, excused	Miyase Koksai-Ayhan, HHD
Shital Patel	Herman Finley	Zeldra Vawters, HHD
Faye Robinson		Heather Keizman, RWGA
Imran Shaikh		Sha'Terra Johnson
Steven Vargas		Crystal Townsend, TRG
Dominique Brewster		Tori Williams, Office of Support
Lisa Felix		Ricardo Mora, Office of Support
Esther Ogunjimi		Diane Beck, Office of Support
Debra Reagans		

Call to Order: Daphne L. Jones, Co-Chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection. She then asked everyone to introduce themselves.

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

Approval of the Minutes: Motion #2: *it was moved and seconded (Brewster, Reagans) to approve the November 12, 2020 minutes with one change, Vargas was present. Motion carried.*
Abstentions: Felix, Jenkins, Ogunjimi, Patel, Reagans.

Public Comment: None.

Nuts and Bolts for Committee Members: Williams reviewed the Nuts and Bolts for Committee Members, Petty Cash deadlines, Conflict of Interest, Open Meetings Act Training, Timeline of Critical 2021 Council Activities, Purpose of the Committee, and the Committee Meeting Schedule. **Motion #3:** *it was moved and seconded (Vargas, Mills) to approve the committee goals with one change: on Goal #1 change one local ending the epidemic plan to an ending the epidemic plan. Motion Carried.*

Select a Committee Vice Chair: Jenkins nominated Vargas and he accepted.

Active Projects

Comprehensive Plan: Mora said that the current plan will end this year. We are still waiting to receive the guidance for the next plan.

EtE Joint Trainings with the CPG and RWPC: Mora said there will be four trainings based on the pillars: 1-diagnose, 2-treat, 3-prevent, and 4-respond. Williams said that this is the first time we've done cross trainings with the prevention side. The first meeting will be sometime in March, it will be late in the day since the CPG meetings are later in the day. Townsend asked the End HIV Houston be included in the trainings. Williams said all who participated in creating the plan would be invited. She will ask the COH to provide an update on EHE.

2021 Epidemiological Report: Mora said an update was done last year and the full report has to be done every three years. Shaikh said that a supplemental would be better for this year and it can wait until the second half of the year as they are short on resources right now due to COVID.

Out of Care Special Study: Motion #4: *it was moved and seconded (Vargas, Mills) to table discussion of this item until the next meeting.* **Motion Carried.**

Announcements: Vargas said that T.Johnson put the link to the EHE plan in the chat box:
<https://www.ehehouston.org/>

Adjournment: The meeting was adjourned at 3:30 p.m.

Submitted by:

Approved by:

Tori Williams, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting
 R = Left room temporarily
 M = Left the meeting
 C = Chaired the meeting

2021 Voting Record for Meeting Date February 11, 2021

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: 2021 committee goals				Motion #4: Table special study			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne L. Jones, Co-Chair				C				C				C				C
Rodney Mills, Co-Chair		X				X				X				X		
Dawn Jenkins		X						X		X				X		
Tom Lindstrom	X				X				X				X			
Deondre Moore	X				X				X				X			
Shital Patel		X						X		X				X		
Faye Robinson		X				X				X				X		
Imran Shaikh		X				X				X				X		
Robert Sliepka	X				X				X				X			
Steven Vargas		X				X				X				X		
<i>Dominique Brewster</i>		X				X				X				X		
<i>Lisa Felix</i>		X						X		X				X		
<i>Herman Finley</i>	X				X				X				X			
<i>Esther Ogunjimi</i>		X						X		X				X		
<i>Debra Reagans</i>		X						X		X				X		



DEPARTMENT OF HEALTH & HUMAN SERVICES

February 26, 2021

Dear Health Resources and Services Administration Ryan White HIV/AIDS Program and Centers for Disease Control and Prevention HIV Prevention Colleagues:

The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP) issued guidance for the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), a legislative requirement for Ryan White HIV/AIDS Program (RWHAP) Part A and B recipients in June 2015. This guidance established that health departments and planning groups funded by DHAP and HAB develop an Integrated HIV Prevention and Care Plan. The guidance format allowed jurisdictions to submit one Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), to CDC and HRSA by September 30, 2016, covering calendar years 2017 – 2021. Submission of the Integrated HIV Prevention and Care Plan not only meets the legislative and programmatic requirements of CDC and HRSA, but also serves as a jurisdictional HIV Strategy or roadmap.

As HAB and DHAP notified you last summer, the updated Integrated HIV Prevention and Care Plan guidance and plan submission for the calendar years 2022 – 2027 was postponed due to the unprecedented COVID-19 pandemic. This delay was to provide you with an opportunity to stay focused on the work to address the COVID-19 pandemic and to consider how HIV prevention and care planning may need to evolve going forward, while you also consider what activities are necessary to move us toward ending the HIV epidemic. We continue to hear of the innovative changes in the prevention and care delivery system and in HIV planning that you have implemented as a result of the pandemic and continue to applaud you in your efforts.

We are planning to issue the updated Integrated HIV Prevention and Care Plan guidance in June 2021 with submission of the plans targeted for December of 2022, allowing for sufficient time to develop your plans. Our continued joint expectation is that RWHAP Part A and B recipients and DHAP funded state and local health departments continue to utilize the existing Integrated HIV Prevention and Care Plans and other jurisdictional plans (e.g., Ending the HIV Epidemic Plans, Fast Track Cities), as applicable, as their jurisdictional HIV Strategy or roadmap. In acknowledgement that many of you have developed Ending the HIV Epidemic (EHE) Plans, we encourage you to incorporate your community engagement efforts for the EHE plans with your integrated planning activities to the extent that is helpful. The Integrated HIV Prevention and Care Plan is the umbrella plan for all your HIV-related resources and activities and the EHE plan should work in conjunction as a subset of focused resources and activities.

We appreciate the work that you are doing to support people with HIV and people at risk for HIV through your programs during this continued public health emergency.

Sincerely,

/Laura W. Cheever/

Laura W. Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services
Administration

A handwritten signature in black ink, reading "Demetre Daskalakis". The signature is written in a cursive style with a large, sweeping initial 'D'.

Demetre Daskalakis, MD, MPH
Director
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, Viral
Hepatitis, STDs, and TB Prevention
Centers for Disease Control and Prevention

Houston Health Department HIV Service Linkage & Data-to-Care

RICARDO MORA, MPH

FEBRUARY 11, 2021

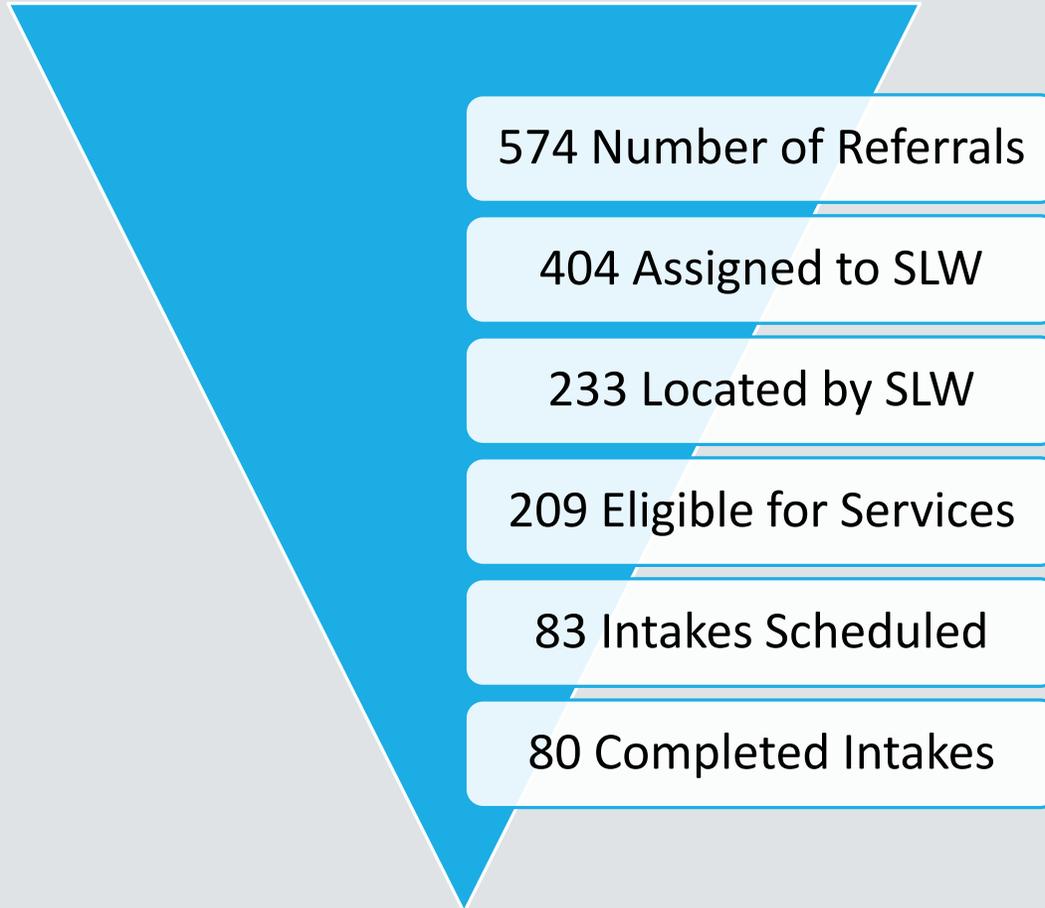
Definitions

HIV Service Linkage Program: The program helps HIV-positive individuals — who are newly diagnosed or who are not currently accessing HIV care — by providing them with short-term, intensive support in engaging with an HIV care provider.

Data-to-care: The use of data to locate persons living with HIV (PLWH) who were once in care, but have been out of care for 1 year or longer.

HIV Service Linkage Cascade in 2020

(January 1, 2020 – December 31, 2020)



- 70% of referrals assigned
- 58% of referrals located
- 90% of referrals eligible
- 40% of referrals scheduled an intake
- 96% of referrals completed an intake

Most Requested Services in 2020

(January 1, 2020 – December 31, 2020)

Most Requested Services Among Clients in the Houston Health Departments

HIV Medical Care	66
Dental Care	45
Vision Care	37
Prescription Assistance	30

HIV Medical Care Linkage by Year

(January 1, 2016 – December 31, 2020)

HIV Medical Care Requests by Year	
2016	22
2017	218
2018	195
2019	133
2020	66

Top Requested Services by Year

(January 1, 2016 – December 31, 2020)

Top Requested Services by Year	
2016	Dental Care (24) HIV Medical Care (22) Vision Care (19)
2017	Dental Care (225) HIV Medical Care (218) Vision Care (200)
2018	HIV Medical Care (195) Dental Care (190) Vision Care (175)
2019	HIV Medical Care (133) Dental Care (124) Vision Care (110)
2020	HIV Medical Care (66) Dental Care (45) Vision Care (37)

Date-to-Care

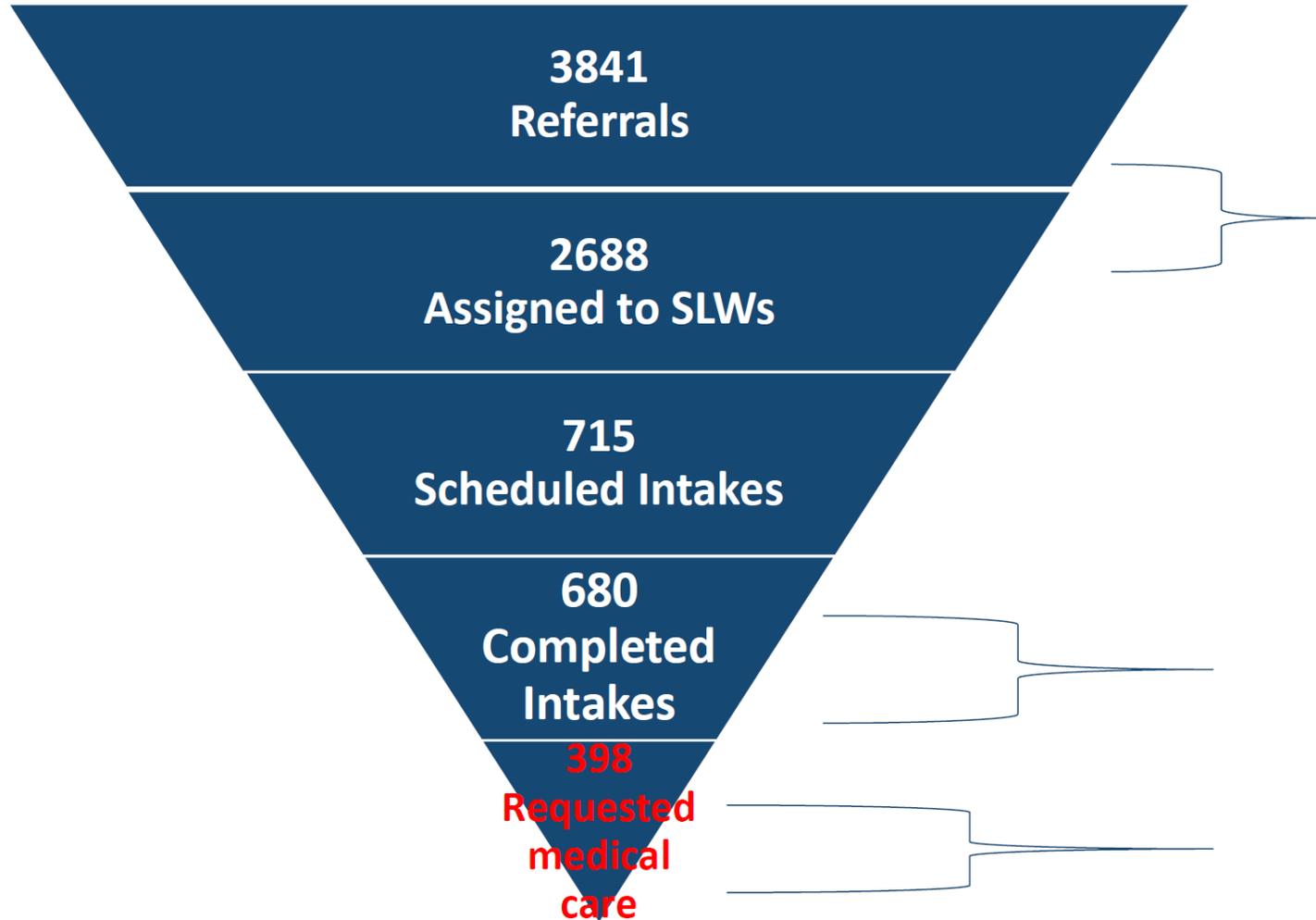
- Project PrIDE (PS15-1506) started the Data-to-Care (D2C) project at the HHD.
- CDC Grant funded demonstration project that focused on Men who have sex with men (MSM) of color and transgender people of color.
- Two objectives:
 - Effective ways to identify people who are out of care
 - Effective ways to conduct outreach to Providers

Program Data

Data date range: 09/30/2015-9/29/2018



HOUSTON HEALTH DEPARTMENT



Administrative Closure Outcomes

Already in care	68%
Referred to program recently/ current case	15%
Deceased	8%
Incarcerated	3%
Ineligible	2%
Refused COH contact	1%
Deported/ ICE	1%
Other	1%
Total (N=1153)	100%

Percentage of individuals (re)linked to care among those who completed intakes

41%

Percentage of individuals (re)linked to care among those who requested HIV medical care services

70%

*Percentage of individuals (re)linked to care among those who completed intakes, includes both persons who requested medical care and/or ancillary services only

Referrals: Assigned/Not Assigned to Service Linkage

Year 1

(August 5, 2016 to September 29, 2016)

Total number of referrals	50	100%
Referrals administratively closed	32	64%
Assigned to Service Linkage	18	36%

Year 2

(August 5, 2016 - September 29, 2017)

Total number of referrals	1942	100%
Referrals administratively closed	562	29%
Assigned to Service Linkage	1380	71%

Year 3

(August 5, 2016 - August 6, 2018)

Total number of referrals	3735	100%
Referrals administratively closed	1141	31%
Assigned to Service Linkage	2594	69%

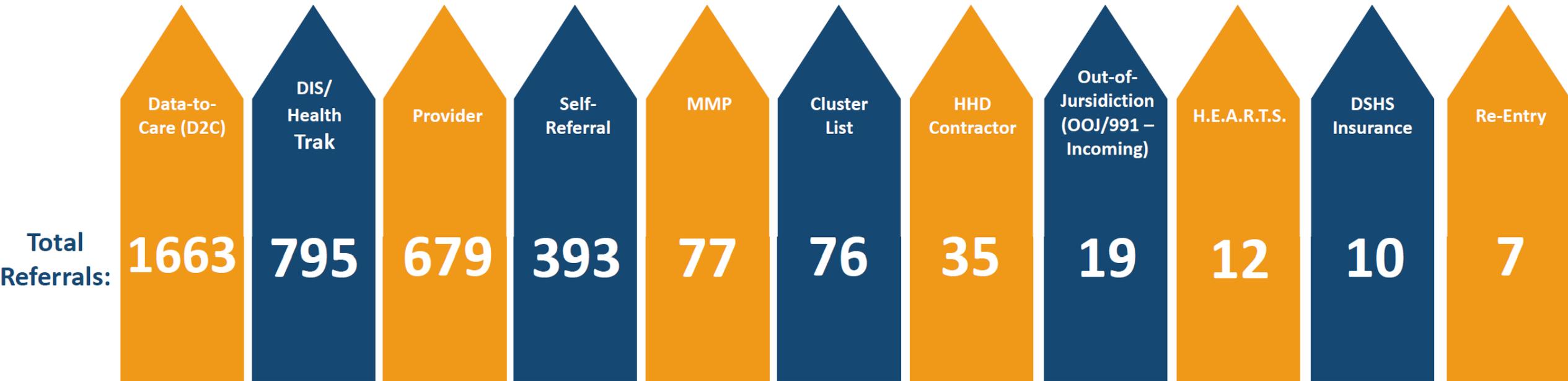
Evaluation Question #1

Referrals



HOUSTON HEALTH
DEPARTMENT

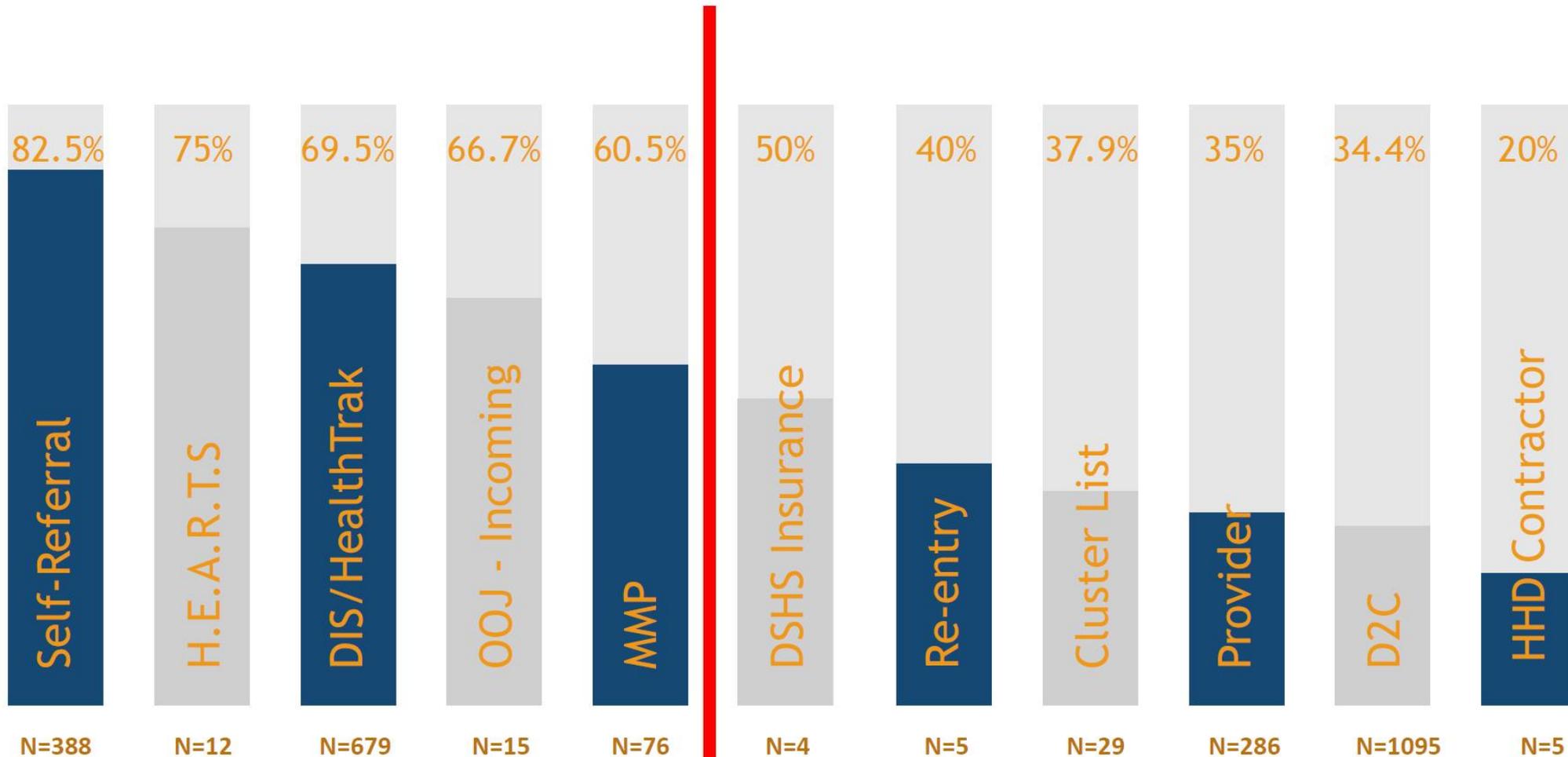
Which referral method is the most effective at increasing re-linkage to HIV care among MSM and TG persons diagnosed with HIV?



Evaluation Question #1

Percentage of clients located out of referrals assigned

Which referral method is the most effective at increasing re-linkage to HIV care among MSM and TG persons diagnosed with HIV?



Evaluation Question #1

Percentage of clients linked out of those located



Which referral method is the most effective at increasing re-linkage to HIV care among MSM and TG persons diagnosed with HIV?

