

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee Meeting

2:00 p.m., Thursday, October 12, 2017

Meeting Location: 2223 W. Loop South, Room 532
Houston, Texas 77027

AGENDA

* = To be provided at meeting

I. Call to Order

- A. Welcome
- B. Moment of Reflection
- C. Adoption of the Agenda
- D. Approval of the Minutes*

Isis Torrente 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/AIDS 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 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. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. Q2 2017 Comprehensive Plan Implementation Progress Report

Amber Harbolt, Health Planner
Office of Support

IV. Update on Out of Care Special Study

- A. Discuss Prompts and Questions for Key Informant Interviews

V. Announcements

Isis Torrente and
Steven Vargas, Co-Chairs

VI. Adjourn

**Minutes from
September 28th will be
provided at the
October
Comprehensive HIV
Planning Committee
meeting.**

2017-2021 Comprehensive Plan

2017 Q2 Activities Implementation Progress Report

(Implementation April through June 2017)

Implementation Progress by Strategy

	Not Initiated (NI)	In Progress (P)	Completed (C)	Total Activities Slated for 2017
PEI	0	9	2	11
Gaps	1	4	1	6
SP	1	7	0	8
COE	2	6	1	9
Total n (%)	4 (11.7%)	26 (76.5%)	4 (11.7%)	34

Activities Not Initiated in Q2:

1. **Gaps: “Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.”**
 - a. To be reviewed during annual Standards of Care review in fall 2017.
2. **SP: “Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.”**
 - a. Data availability to create Special Population Care Continua will be evaluated this fall during development of the next Epi Profile.
3. **COE: “Facilitate an annual Task Force meeting for community-wide coordination of effort.”**
 - a. Not yet initiated, though both CPG and RWPC hosted meetings to review the cross-walk between the Comprehensive Plan and the *Roadmap to Ending the HIV Epidemic in Houston* to coordinate efforts.
4. **COE: “Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).”**
 - a. RWGA does not have capacity to host training for additional interested organizations.

Implementation Highlights:

1. **PEI: “Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.” – In Progress**
 - a. HHD: Bureau leadership met with the Harris County Sheriff’s Office to discuss potential changes in data sharing and processes to ensure that those released from Harris County Jail are linked to HIV medical care in a timely manner. Populations of particular focus for discharge planning are pregnant females and anyone living with HIV who has a scheduled release date.
 - b. RWPC-OS: 6/8 – Council approved the FY 2017 and FY 2018 service definition for Emergency Financial Assistance and bundled it with Ambulatory Outpatient Medical Care/Local Pharmacy Assistance Program (LPAP) to facilitate early access to HIV medications while other payors are secured. Council also approved FY 2018 Ryan White Part A, Part B and State Services service definitions and the proposed special idea for the Compassionate Care Program to identify medication cost assistance.
2. **Gaps: “Expand the Road to Success consumer training program to housing sites.” – In Progress**
 - a. While holding Road to Success training at housing sites is not feasible, RWPC-OS coordinated transportation with a housing provider to allow several housing clients to attend the 2017 Project LEAP course.

3. **SP: “Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.” – In Progress**
 - a. HHD: The Bureau included the following statement in the March marketing RFP sent to procurement and will also include it in future RFPs when possible: “The contractor will serve clients in a manner that is free of stigma and discrimination in regards to age, sex, race/ethnicity, color, sexual orientation, national origin, familial status, marital status, military status, gender identity, genetic information, religious or political affiliation, pregnancy, mental or physical disability, or addiction, incarceration, or housing status.”
 - b. RWGA: Not Initiated (To be reviewed during annual SOC review in Fall 2017)
 - c. TRG: Collects information partners and RWPC for DSHS SOC review for modifications, and participates RWPC QI committee monthly.
4. **COE: “Cultivate peer technical assistance that facilitates sharing best practice models between current providers.” – In Progress**
 - a. RWGA: This activity is ongoing and is primary function QM staff in both CQI and CM training activities.

Activities Slated for Completion in Other Years with Progress in 2017 Q2:

1. **2018 SP: “Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services.”**
 - a. TRG will be restarting the Project-Wide Consumer Advisory Board (P-CAB) meetings in August to review and revise TRG consumer satisfaction survey.
2. **2019 SP: “Partner with SIRR to develop a process for tracking linkage for recently released PLWH.”**
 - a. TRG facilitated the SIRR meeting in April to discuss the new Harris County Sherriff’s Office position that will target linkage to care. Tracking referrals will be part of that position’s responsibilities.
3. **2020 PEI: “Expand education activities into new MSM and transgender specific community events.”**
 - a. HHD staff assisted and/or conducted the following community education events targeting MSM and individuals who are transgender or gender non-conforming:
 - i. **April 2017** - Provided education materials for Legacy and Bee Busy National Transgender HIV Testing Day event
 - ii. **May 2017**- Wrote Hispanic/Latino MSM education/testing activities into Project PODER grant application; co-sponsored the Center for Black Equity’s Black Pride and Community Leadership Meeting targeting MSM; participated Legacy’s END Initiative focus group on transgender cultural competency and barriers to care; Houston Splash
 - iii. **June 2017**- Partnered with Legacy’s END Initiative on a community update meeting on Initiative progress; distributed education materials and condom packets at Houston Pride; distributed condoms and educational materials as a sponsor and vendor at the Dallas Southern Pride Annual Juneteeth Festival; partnered with Walgreen’s for HITS to commemorate National HIV Testing Day
4. **2021 PEI: “Explore opportunities to partner with community health workers to support timely linkage to care.”**
 - a. HHD leadership provided feedback to RWGA QM staff on the proposed Outreach Worker position standards, including collaboration with Service Linkage on referrals deemed “unable to locate”.
5. **2018 PEI: “Expand materials that educate PLWH and partners about PrEP and treatment as prevention (TasP).”**

- a. HHD included activities to create and disseminate marketing materials/strategies targeting Hispanic/Latino MSM in the Project PODER grant application; an HHD commercial on PrEP aired at all Harris County AMC movie theatres before R-rated movies in May and June; HHD partnered with local agencies to create video material on PrEP, TasP, and gender identity
- 6. **2019 PEI: “Explore feasibility of same-day PrEP initiation for high-risk HIV negative individuals.”**
 - a. HHD opened a second PrEP clinic at Sharpstown Health Center in May
- 7. **2019 Gaps: “Evaluate, adjust, and distribute existing social media materials to increase consumer and community health literacy.”**
 - a. HHD released the marketing RFP for PrEP and TasP/Data-to-Care in June
- 8. **2019 Gaps: “Identify Houston area hospitals serving highest number of HIV positive patients, and target for dialog about ways to interface with the Ryan White system for re-linkage.”**
 - a. Since October 2016, the HHD PrEP Outreach Specialist has contacted 104 providers to schedule meetings regarding PrEP information/resources, including toolkits with information on service linkage/re-linkage to care; in May HHD funded an agency to provide technical assistance and outreach to other agencies on routine HIV testing, service linkage and Data-to-Care
- 9. **2021 COE: “Explore transportation-based advertisements of PrEP and other HIV prevention and care messaging.”**
 - a. HHD’s marketing RFP for PrEP and TasP/Data-to-Care was released the first week of June

Special Study Prospectus: Out of Care (OOC) Needs Assessment Updated 10-06-17

Why is this special study of interest/importance to the Houston HIV Community?	<ul style="list-style-type: none"> • OOC people living with HIV (PLWH) have historically been under sampled needs assessments. • The most recent unmet need estimate suggests that OOC PLWH comprise 27% of all PLWH in the Houston EMA. Only 4 (0.8%) of participants in the 2016 Needs Assessment met HRSA unmet need criteria. • Houston Health Department's (HHD) Re-linkage Program and Texas Department of State Health Services (TDSHS) Region 6/5 South contact individuals meeting HRSA OOC criteria, and work to connect those individuals back into care.
Where is the gap in our knowledge about this topic?	<ul style="list-style-type: none"> • In the Houston EMA, we do not know enough about the core medical and support service needs of OOC PLWH, what factors lead to currently OOC PLWH falling out of care, and what service system changes could improve retention in care.
What do we ultimately want to learn? What are our research questions?	<ul style="list-style-type: none"> • What causes PLWH in the Houston area to fall out of care? What helps them return to care? • What are the needs of OOC PLWH in the Houston EMA? • How have OOC PLWH met their other needs outside the Ryan White system? • What proportions of OOC PLWH are truly OCC (vs. being OOC "on record")? • Are there any barriers to care in the Houston EMA that contribute to PLWH falling out of care? • What service system improvements would be necessary to reduce the number of PLWH who are OOC?
What methodology/methodologies will be used in this special study?	<ul style="list-style-type: none"> • Ideal key informants: Appx. 25 PLWH in the Houston HSDA each with two or more OOC episodes, regardless of current care status • Snowball/chain referral sampling, convenience sampling through HHD and TDSHS if amenable, and self-selected sampling through advertisement • In-person semi-structured key informant interviews; telephone interviews as needed • Screening questions to be implemented to ensure key informants meet sampling criteria
Are there any risks for special study participants?	<ul style="list-style-type: none"> • No, standard informed consent and confidentiality practices will be applied; identifiable information will not be linked to interview transcripts. A benefit to special study participants may be referral to re-linkage resources for themselves and others
What are the potential limitations of this study?	<ul style="list-style-type: none"> • Lack of generalizability due to potentially small size and sampling strategies
What is our data analysis process for this special study?	<ul style="list-style-type: none"> • Conduct and transcript interviews, develop coding schema based on research questions, code for themes in NVivo, analyze themes
Who are the responsible parties and potential community partners who can assist in this special study?	<ul style="list-style-type: none"> • Comprehensive HIV Planning Committee & Ryan White Planning Council • RWPC Office of Support & Interns • Potential partners: HHD's Bureau of HIV/STD & Viral Hepatitis Prevention Program, TDSHS Region 6-5 South, TRG
What is a rough timeline for this special study?	<ul style="list-style-type: none"> • Duration of study will be partially determined by availability of participants. • Design interview prompts and questions • Conduct and transcribe interviews • Develop coding schema and code/cross-code transcripts for themes in NVivo • Analyze themes, and develop service system improvement recommendations • Draft report
How will the findings of this special study be used?	<ul style="list-style-type: none"> • The findings of this special study will inform HIV re-linkage and care services design, allocations, provision, and potentially standards of care should findings warrant action in these areas.