

2017-2021

## HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

### STRATEGY 2: STRATEGY FOR BRIDGING GAPS IN CARE AND REACHING THE OUT OF CARE

#### GOALS

1. Ensure early entry into care
2. Reduce Unmet Need
3. Increase retention in continuous care
4. Improve health outcomes for PLWH
5. Increase viral suppression

#### SOLUTIONS

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
2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy
3. Adopt strategies to retain and/or reengage PLWH to return to care, particularly those receiving care outside of Ryan White

#### ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

1. Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s) (RWGA; 2017)
2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols (RWGA; 2017 and revisit annually)
3. Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis (RWGA; 2017 and revisit annually)
4. Provide case managers with training to improve skills for building referral networks for appropriate support group, mental health, and substance abuse resources (RWGA and TRG; annually)
5. Develop a process to provide regular updates on Ryan White system developments and resources to targeted private providers (RWPC/OS; 2018)
6. Coordinate a workgroup to develop and secure funding for a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care (RWPC; 2019)
7. Assess consumer-preferred alternative hours of operation for primary care sites as a component of client satisfaction surveys (RWGA and TRG; 2020)
8. Collaborate with the City of Houston Housing and Community Development Department on development of the Houston HOPWA care continuum and expansion of engagement and retention activities (RWPC/OS; 2018)
9. Expand the Road to Success consumer training program to housing sites (RWPC/OS, RWPC, RWGA, and TRG: annually)
10. Evaluate, adjust, and distribute existing social media materials to increase consumer and community health literacy (RWPC, HHD, and CPG; 2018)
11. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications (RWPC/OS and RWGA; 2018)

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**  
**CON'T**

12. Assess current level of risk reduction counseling provided through Primary Care, focusing particularly on promotion of treatment as prevention (RWGA; 2018)
13. Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage (RWGA; 2017)
14. Explore and, if appropriate, implement best practices for incentivization for providers to increase retention and viral suppression (RWGA and RWPC/OS; 2021) *[Clarification: incentivization in this instance refers to creating an incentive for providers to improve retention and viral suppression among their clients, not direct incentivization; incentivization does not necessarily imply a financial incentive]*
15. 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 (HHD and RWGA; 2019)
16. Contact Health Departments in other jurisdictions and begin dialog regarding success and opportunities for working with health insurance providers to identify and reengage Out of Care individuals (RWPC/OS; 2017)

**BENCHMARKS**

1. Reduce the proportion of PLWH with Unmet Need by 1.6% annually (25.0% to 17.0%)
2. Increase the proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis to at least 85% (from 66%)
3. Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart) to at least 90% (from 75%)
4. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period) to at least 90% (from 61%)
5. Maintain and, if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed (from 80.4%)
6. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80% (from 55%)