

2017 Comprehensive Plan for HIV Prevention and Care Services

Prevention and Early Identification Workgroup

3:00 p.m., Monday, March 7, 2016

Meeting Location: 2223 W. Loop South, Room #532

AGENDA

- I. Call to Order Amy Leonard and
TBA, Co-Chairs
 - A. Welcome
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes

- II. Review 2017 Comprehensive Plan Objectives Amber Harbolt, Health
Planner, Office of Support

- III. Review 2012 PEI Benchmarks Progress

- IV. Begin Development of 2017 PEI Activities
 - A. Logic Model 1 – Goals, Solutions, and Benchmarks
 - B. Logic Model 2 – Solution, Focus & Activities
 - C. Logic Model 3 – Action Planning Matrix

- V. Next Steps Amy Leonard and
TBA, Co-Chairs
 - A. Set Next Meeting– 3/11 or 4/1
 - 1. Review Available Data
 - 2. Continue Development of 2017 Comprehensive Plan
Activities

- VI. Announcements

- VII. Adjourn

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

♦ Houston Health Department ♦ HIV Prevention Community Planning Group ♦ Ryan White Planning Council
♦ Harris County Public Health & Environmental Services ♦ Ryan White Grant Administration ♦ The Resource Group

♦ 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, February 1, 2016

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

Minutes

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

Call to order: Amy Leonard, Co-Chair, called the meeting to order at 3:08 p.m.; she welcomed everyone and asked for a moment of reflection. She then asked for volunteers/nominations for someone to chair the last part of the meeting because she will have to leave at 4:00 p.m.. ***Motion #1:*** *it was moved and seconded (Kelly, Torrente) to nominate John Lazo to chair the meeting after 4:00 p.m.. Motion carried.*

Adoption of the Agenda: ***Motion #2:*** *It was moved and seconded (Kelly, Pradia) to adopt the agenda. Motion Carried.*

Approval of the Minutes: ***Motion #3:*** *It was moved and seconded (Kelly, Collins-Nelson) to approve the December 14, 2015 meeting minutes. Motion Carried.* Abstentions: Noble, Pradia, Torrente.

2017 Comprehensive Plan Goals: The workgroup reviewed the goals that were approved by the Leadership Team on January 13, 2016. See attached. Harbolt said that the Leadership Team is still working on the Objectives which should be completed later this month.

2012 Prevention and Early Identification Activities Progress: Harbolt reviewed the Prevention and Early Identification Activities and the progress made for each. See attached.

Integrated HIV Prevention and Care Plan Guidance on Activities: Harbolt reviewed the HRSA guidance on creating activities, see attached.

Next Meeting: March 7, 2016 at 3:00 p.m.; Agenda items include: (1) review the final 2017 Comprehensive Plan Objectives; (2) review progress on the 2012 Comprehensive Plan Prevention and Early Identification Strategy Benchmarks; and (3) begin discussing 2017 Comprehensive Plan activities.

Announcements: See attached memo regarding Year End Petty Cash Procedures.

Adjourn: The meeting was adjourned at 4:30 p.m.

2017-2021 Comprehensive Plan Goals & Objectives

(Approved by the Leadership Team 02-03-15)

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.

Objectives

By 2021, we hope to accomplish the following:

1. Reduce the number of new HIV diagnoses in the Houston Area by at least 25 percent (from 1,338 to 1,004).
2. 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 (beginning at 94.4 percent).
3. Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within one month of their HIV diagnosis to at least 85 percent (from X.X percent).
- 4.1 Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by at least 25 percent (from 25.9 percent to 19.4 percent).
- 4.2 Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year among Hispanic/Latino men age 35 and up by at least 25 percent (from X.X percent to X.X percent).
5. 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 percent (from 75 percent).
6. 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 at least three months apart) to at least 90 percent (from 61.2 percent).
7. Maintain and, if possible, increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed (beginning at 80.4 percent).
8. Increase the percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed to at least 80 percent (from 55 percent)
9. Provide PrEP awareness education to at least 2,000 gay and bisexual men of color and females of color each year

Suggested staff revision: Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year to at least 2,000 (beginning at X)

Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012-2014

Benchmark Evaluation Tool, By Strategy

Updated 12-3-15

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2012 Actual (time period)	2013 Target	2013 Actual (time period)	2014 Target	2014 Actual (time period)	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS (2011 Epi-Profile)	1,335 (2008)	No Interim Data Available	N/a	1,377 (2012)	↓25% =1001 (NHAS target)	1,361 (2013)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HDHHS	86,389 (2011)	59,541* (Jan-Nov 12)	Maintain =86,389 (local target)	86,900 (2013)	Maintain =86,389 (local target)	88,700	Target based on current resources and planning *Decrease due to under-reporting
❖ BENCHMARK 3: Mean number of calls per day to local HIV prevention hotline	HDHHS	4.1 (2012)	4.1 (Mar 19-Nov16 2012)	Maintain =4.1 (local target)	2.9 (2013)	Maintain =4.1 (local target)	Data point not captured in 2014*	Target based on current resources and planning Adjusted baseline and targets in response to data cleaning; mean calculated from COH business days * Not captured due to technology system changes
❖ BENCHMARK 4 : Number of persons reached with an HIV awareness message specific to mass testing events	Radio One (97.9) Hip-Hop for HIV Awareness	1,231,400 (2011)	1,309,200 (Jan-Nov 12)	↑3.2% =1,311,471 (local target)	1,237,300	↑3.2% =1,353,438 (local target)	1,106,300*	Radio campaign only Targets based on available historical data (2009=1,156,700; 2010=1,166,300) *New radio partner for 2014-Cumulus 104.1 KRBE
❖ BENCHMARK 5: Percentage of individuals at annual mass testing event that agrees “HIV/AIDS is a major health problem for my peers”	HDHHS Hip-Hop for HIV Awareness	55.9% (2011)	PENDING (awaiting data)	Maintain =55.9% (local target)	Data not yet available	Maintain =55.9% (local target)	Pending from HDHHS	Among attendees completing both pre and post test (N=2,362). Baseline is percent of respondents who marked <i>Yes</i> when asked if they agree with the statement.
❖ BENCHMARK 6: Mean score on HIV/STD knowledge test among annual mass testing event participants	HDHHS Hip-Hop for HIV Awareness	10.9 (2011) <small>[95% CI: 10.87 - 11.02]</small>	PENDING (awaiting data)	Maintain =10.9 (local target)	Data not yet available	Maintain =10.9 (local target)	Pending from HDHHS	Among attendees completing both pre/post test (N=2,362). Measure is mean score on pre-test that includes 14 knowledge questions scored equally with no weighting. Mean score positively correlated with correctly-answered questions.
❖ BENCHMARK 7: Number of publicly-funded HIV tests	DSHS HIV Testing & Awareness Data	165,076 (2010)	201,860 (Jan-Nov 12)	Maintain =165,076 (local target)	206,911 (2012)	Maintain =165,076 (local target)	207,272 (2013)	Region is EMA Targeted and opt-out testing 2013/2014 Actual data sources are the FY12 & FY13 RW/A progress report, EIIHA data tables (DSHS+HDHHS)

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION *Continued*

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2012 Actual (time period)	2013 Target	2013 Actual (time period)	2014 Target	2014 Actual (time period)	Notes
❖ BENCHMARK 8: Positivity rate for publicly-funded <i>traditional</i> HIV testing	DSHS HIV Testing & Awareness Data	1.7% (2010)	2.1% (2011)	N/a	2.3% (2012)	2.0% (ECHPP target)	2.3% (2013)	Region is EMA 2013/2014 Actual data sources are the FY12 & FY13 RW/A progress report, EIIHA data tables (DSHS+HDHHS); includes previously diagnosed
❖ BENCHMARK 9: Positivity rate for publicly-funded <i>opt-out</i> HIV testing	DSHS HIV Testing & Awareness Data	1.2% (2010)	0.8% (2011)	N/a	0.7% (2012)	1.0% (ECHPP target)	1.01% (2013)	Region is EMA 2013/2014 Actual data sources are the FY12 & FY13 RW/A progress report, EIIHA data tables (DSHS+HDHHS); includes previously diagnosed
❖ BENCHMARK 10: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	DSHS HIV Testing & Awareness Data	92.9% (2010)	87.6% (2011)	N/a	85.0% (2012)	Maintain =93.0% (local target)	94.4% (2014)	Region is EMA Target exceeds NHAS goal of 90% 2013/2014 Actual data sources are the FY12 & FY13 RW/A progress report, EIIHA data tables (DSHS+HDHHS)
❖ BENCHMARK 11: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	DSHS Late Diagnoses Data	34.5% (2010)	28.7% (2011)	N/a	31.5% (2012)	↓25% =27.0% (DHAP target)	32.8% (2013)	Region is EMA
❖ BENCHMARK 12: Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis	DSHS Linkage to Care Data	65.1% (2010)	77.4% (2011)	N/a	77.9% (2012)	85% (NHAS target)	78% (2013)	Region is EMA
❖ BENCHMARK 13: Proportion of Ryan White HIV/AIDS Program clients with undetectable viral load	CPCDMS Report	57.0% (2011)	72.3% (Oct 11-Sept 12)	N/a	68.3% (2013)	↑10% =62.7% (DHAP target)	80.4%* (2014)	Part A clients only * Actual=suppressed VL Denominator is clients who have had at least 2 medical visits and have been enrolled in care at least 6 months
❖ BENCHMARK 14: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention	HDHHS, eHARS	42 (2010)	30 (2011)	N/a	32 (2012)	↓25% =32 (NHAS target)	32 (2013)	Comparison will be made for targeted zip codes only (033, 051) New data received 2/14. Baselines, Actuals, and Targets updated accordingly.
❖ BENCHMARK 15: Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HDHHS, STDNIS	CT: 510.3 GC: 149.0 P&S: 6.4 (2010)	No Interim Data Available	N/a	CT: 516.0 GC: 136.6 P&S: 6.3 (2011)	CT: Maintain =510.3 (local target) GC: ↓0.6%/year =146.0 (local target) P&S: 6.0 (HP target)	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)	Region is Houston/Harris County CT/GC targets based on available historical data

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks

<p>Solutions {Recommended approaches to achieve the goal}</p>	<p>Goal {Desired long-term result, outcome, or change}</p>
<p>②</p>	<p>①</p>
	<p>Benchmarks {How the result will be measured}</p>
	<p>③</p>

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Logic Model 1: Goal, Solutions, and Benchmarks

Solutions {Recommended approaches to achieve the goal}
② <ul style="list-style-type: none">Expand opportunities for HIV testing for the general public and in high-incidence populations and communities



Goal {Desired long-term result, outcome, or change}
① <ul style="list-style-type: none">Increase Awareness of HIV Status

Benchmarks {How the result will be measured}
③ <ul style="list-style-type: none">Maintain, and if possible, increase the number of publicly-funded HIV tests administered each year in the Houston Area

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Logic Model 2: Solution, Focus & Activities

Solution {Recommended approach to achieve stated goals and targets}
①



Activities {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus

Solution
 {Recommended approach to achieve stated goals and targets}

①

- Expand opportunities for HIV testing for the general public and in high-incidence populations and communities



Activities {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
Mass Testing Events	Opt-Out/Routine Testing	Targeted Testing	—
<ol style="list-style-type: none"> Expand social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., <i>HIP HOP for HIV Awareness/Houston HITS Home</i>, <i>Testing Makes Us Stronger</i>, <i>Greater Than AIDS</i>, etc.) Expand non-targeted routine, opt-out HIV testing in facilities serving high-risk populations and continue to document and promote the benefits of the Expanded Testing Initiative Sustain targeted HIV testing by community-based organizations to high-risk populations 			

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution
{Recommended approach to achieve stated goals and targets}

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

2012 Plan Example

Solution

{Recommended approach to achieve stated goals and targets}

- Expand opportunities for HIV testing for the general public and in high-incidence populations and communities

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
Expand social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., <i>HIP HOP for HIV Awareness/Houston HITS Home, Testing Makes Us Stronger, Greater Than AIDS, etc.</i>)	HHD	Annually	CDC prevention funding; Bureau of HIV/STD & Viral Hepatitis staff & volunteers; contractors / vendors	African-American communities; Hispanic / Latino communities; MSM; Women	Number of individuals reached through social marketing & mass education events; Number of HIV tests administered;	