

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee Meeting

2:00 p.m., Thursday, November 8, 2018

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

AGENDA

I. Call to Order

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

Ted Artiaga 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. 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. Update on PrEP and Data to Care Campaigns

Denis Kelly

**IV. Year 1 (2017) Comprehensive Plan Evaluation Report
Results and Recommendations**

Amber Harbolt, Health Planner
Office of Support

- A. Approve Year 1 (2017) Comprehensive Plan
Evaluation Report

V. Quarterly Report

Ted Artiaga and
Steven Vargas, Co-Chairs

VI. Announcements

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, October 11, 2018

Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Steven Vargas, Co-Chair	Ted Artiaga, excused	Eddie Givens
Herman Finley	Eddie Gonzalez	Gloria Sierra
Denis Kelly	Dawn Jenkins, excused	Samantha Bowen, RWGA
Rodney Mills	Cristina Martinez	Sha'Terra Johnson-Fairley, TRG
Shital Patel	Osaro Mgbere, excused	Amber Harbolt, Office of Support
Cynthia Deverson	Robert Noble	Diane Beck, Office of Support
Elizabeth Drayden	Faye Robinson, excused	
Nancy Miertschin	Isis Torrente, excused	
Esther Ogunjimi	Ryan Clark, excused	
Crystal Starr	Oluseyi Orija, excused	
	Amana Turner, excused	
	Larry Woods, excused	

Call to Order: Steven Vargas, Co-Chair, called the meeting to order at 2:05 p.m. and asked for a moment of reflection.

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

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Starr, Ogunjimi) to approve the September 13, 2018 minutes. Motion carried.* Abstentions: Drayden, Ogunjimi, Mills.

Public Comment: None.

Update on PrEP and Data to Care Campaigns: Kelly said that they will be meeting next Thursday and will get to preview the videos. The people featured in the campaign look like every day people. All marketing materials should be out in time for World AIDS Day.

Social Determinants of Health and Out of Care Special Studies: Harbolt presented the attached PowerPoint and reports. **Motion #3:** *it was moved and seconded (Ogunjimi, Miertschin) to approve the special study report with the changes shown in blue in the PowerPoint. Motion Carried.*

Announcements: The Office of Support is beginning final data collection for the Out of Care Special Study. Eight interviews are still needed to reach the sampling goal. Candidates for the study have a history of two or more periods of 12 months or longer during which they did not receive HIV medical care. Participants needed are women and transgender individuals, though

qualified candidates of any gender will be accepted. Share the attached study flyer. See the attached Yale news handout regarding the recent HIV outbreak in Indiana.

Adjournment: **Motion #4:** *it was moved and seconded (Starr, Miertschin) to adjourn the meeting at 3:58 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

2018 Voting Record for Meeting Date October 11, 2018

MEMBERS	Motion #1: Agenda Motion Carried				Motion #2: Minutes Motion Carried				Motion #3: Special Study: Social Determinants of Health Motion Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Co-Chair				C				C				C
Ted Artiaga, Co-Chair	X											
Herman Finley lm 3:30 pm		X				X			X			
Dawn Jenkins	X											
Denis Kelly lm 3:38 pm		X				X			X			
Osaro Mgbere	X											X
Rodney Mills		X						X		X		
Robert Noble	X											
Shital Patel		X				X				X		
Faye Robinson	X											
Isis Torrente	X											
Ryan Clark	X											
Cynthia Deverson		X				X				X		
Elizabeth Drayden		X						X		X		
Eddie Gonzalez	X											
Cristina Martinez	X											
Nancy Miertschin		X				X				X		
Esther Ogunjimi		X						X		X		
Oluseyi Orija	X											
Crystal Starr		X				X				X		
Amana Turner	X											
Larry Woods	X											



Houston Area Comprehensive HIV Prevention and Care Services Plan **2017 - 2021**

*Capturing the community's vision for an ideal system of
HIV prevention and care for the Houston Area*

Year 1 (2017) Evaluation Report

Draft – Pending Approval

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Vision

The greater Houston area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission

The mission of the 2017-2021 Houston Area Comprehensive HIV Prevention & Care Services Plan is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

Contributors

Members of the 2017 Houston Area Comprehensive HIV Plan Evaluation Workgroup *The following individuals serve as members of the 2017 Houston Area Comprehensive HIV Plan Evaluation Workgroup, which met May through September 2018 to evaluate Year 1 implementation. This report summarizes their findings and recommendations.*

Brenda Harrison, Co-Chair
 Nicholas Sloop, Co-Chair
 Steven Vargas, Co-Chair
 Skeet Boyle
 Cynthia Deverson
 Ronnie Galley
 Selena Harbor
 Camden Hallmark
 Brenda Harrison
 Dawn Jenkins
 Sha'Terra Johnson-Fairley

Osaro Mgbere
 Calvin Mills
 Rodney Mills
 Cecilia Oshingbade
 Crystal Star
 Crystal Townsend
 Isis Torrente
 Amana Turner
 Kellie Watkins
 Mike Wilkerson

Other Contributors *The following individuals provided data, analysis, and other information used during the evaluation process and in this report*

Ryan White Planning Council Office of Support

Tori Williams
 Amber Harbolt
 Diane Beck
 Rodriga Avila

Harris County Public Health Ryan White Grant Administration

Carin Martin
 Tasha Traylor
 Heather Keizman
 Judy Hung
 Samantha Bowen

The Houston Regional HIV/AIDS Resource Group, Inc.

Patrick Martin
 Sha'Terra Johnson-Fairley
 Crystal Townsend

Houston Health Department Bureau of HIV/STD & Viral Hepatitis Prevention

Marlene McNeese
 Camden Hallmark
 Cathy Wiley
 Nick Sloop
 Kellie Watkins
 Truc Pham

Houston Health Department Office of Surveillance and Public Health Preparedness

Jeffrey Meyer

Texas Department of State Health Services HIV Prevention and Care Branch

Janina Vazquez

Suggested citation:

The Houston Area Ryan White Planning Council and The Houston HIV Prevention Community Planning Group. Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021). Evaluation Report for Year 1 Implementation (covering the period of January 2017 to December 2017). Conducted May-September, 2018.

Introduction

The Houston Area Comprehensive HIV Prevention and Care Services Plan (2017 – 2021) (also referred to as the 2017 Comprehensive Plan) was revealed to the public on January 10, 2017, following an 11-month planning process with collaboration between 90 individuals and 55 agencies. The final plan included 64 specific activities slated for completion by 2021 to help shape an ideal system of HIV prevention and care in the Houston Area. Seventy-five (75) distinct objectives and benchmark measurements were included to evaluate progress over time. The 2017 Comprehensive Plan included an *Evaluation and Monitoring Plan*, which set forth the annual assessment process of the plan’s activities and progress made in achieving the plan’s objectives and benchmarks. This report summarizes the findings of the evaluation and monitoring process for Year 1 (January 2017 – December 2017) plan implementation, including implementation highlights and recommendations.

Purpose

The 2017 Comprehensive Plan’s *Evaluation and Monitoring Plan* (Section III) outlines specific goals and methods for assessing progress in both the short- and long-term aims of the plan:

The goal of the monitoring and evaluation plan is to assess successful implementation of the 2017-21 Comprehensive HIV Prevention and Care Services Plan as measured by:

- 1. Completion of stated activities and efforts (Section II); and*
- 2. Annual progress toward the target measurements of stated objectives and benchmarks (Section II).*

Assessment of activities status measures the extent of the community’s implementation of the 2017 Comprehensive Plan each calendar year, and allows for regular review and update. Over time, assessment of the progression of objectives and benchmarks reveals the plan’s larger impact on reaching stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, alleviating the local HIV epidemic.

Methods

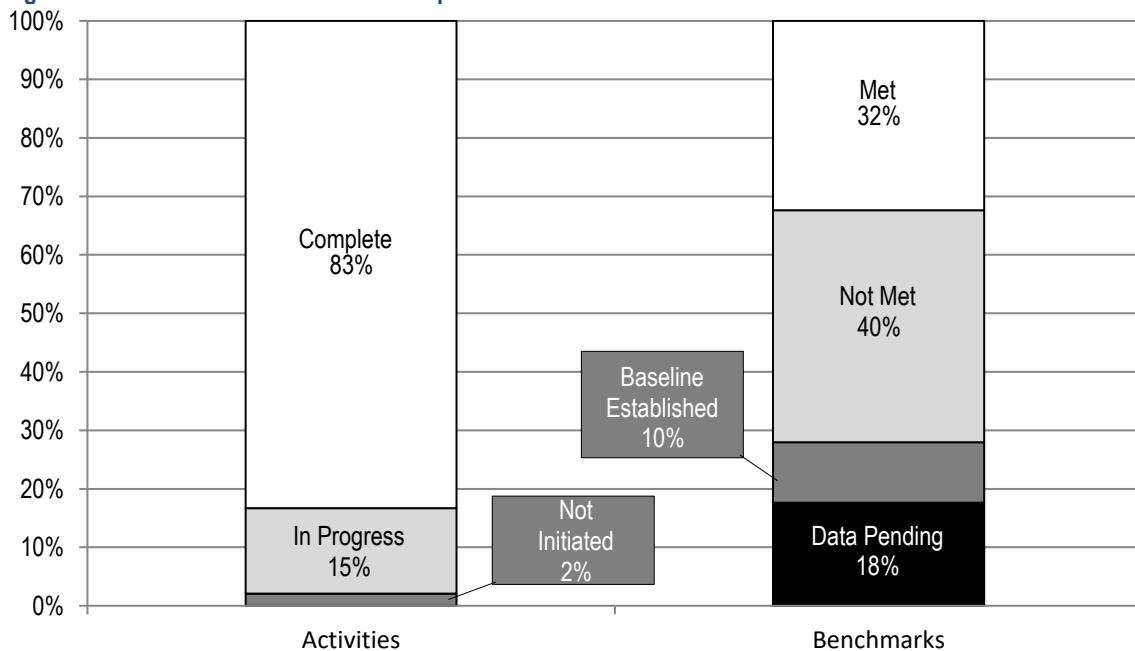
The methods used for evaluating Year 1 implementation are consistent with the *Evaluation and Monitoring Plan* (Section III). Quarterly throughout 2017, each Responsible Party (**RP**) named in the 2017 Comprehensive Plan (Section II) completed a series of written checklists of designated activities and benchmarks. For the former, the RP provided process notes and other updates to support and provide context for progress made on each designated activity. The RP also indicated the level of completion for each assigned activity (NI = Not Initiated, P = In Progress, C = Complete). For the latter, the RP supplied the most current and complete year-end data point for each benchmark using approved data sources. Staff in the Planning Council Office of Support cross-referenced and consolidated all checklists and supporting documentation, and gathered data on system-wide objectives and any benchmarks not assigned to a RP. The 2017 Comprehensive Plan’s standing *Evaluation Workgroup* convened monthly between May and September 2017 to review activities and benchmarks progress, offer suggested revisions to activities, review suggested activities from the 2017 Project L.E.A.P. class, and identify key findings.

Summary of Year 1 Implementation

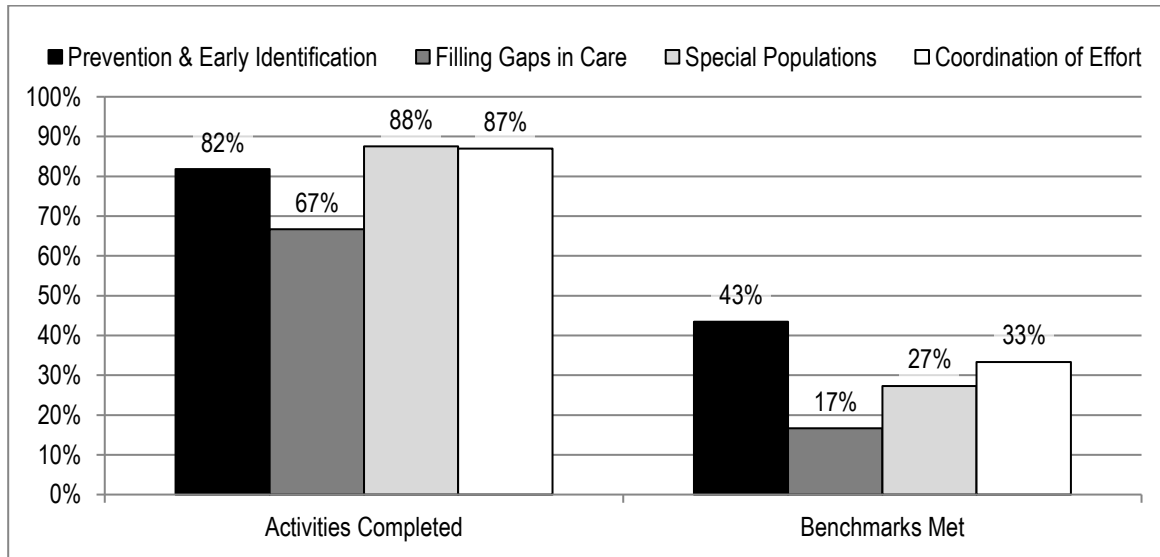
- **The Houston Area Report Card: Overall Status of Year 1 Activities and Benchmarks**

The 2017 Comprehensive Plan is organized into four specific Strategies, each containing activities and benchmarks. Across the four Strategies, 48 distinct activities were designated for completion in Year 1, including activities to be conducted annually; and 68 benchmarks were measured for Year 1. Overall, 47 of the activities designated for Year 1 (98%) were completed or had progress made (**Figure 1**). Only one activity (2%) that was designated for completion in Year 4 was not initiated the *Strategy to Improve Coordination of Effort* Activity 4: “Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospital.” Twenty-two benchmarks measured in Year 1 (32%) met or exceeded targets set for 2017. Data were not available or were still pending for 12 benchmarks in Year 1 benchmarks (18%). Baselines were established for seven benchmarks (10%).

Figure 1: Activities and Benchmarks Completion for Year 1



Overall, the *Strategy for Addressing the Needs of Special Populations* saw the most activity progress with 88% of its activities completed (**Figure 2**). The *Strategy for Bridging Gaps in Care and Reaching the Out of Care* saw the least overall activity progress with 67% of its activities completed by the end of Year 1. The *Strategy for Prevention and Early Identification* had the most benchmark progress with 43% of benchmarks met or exceeded. The *Strategy for Bridging Gaps in Care and Reaching the Out of Care* saw the least benchmark progress with 17% of benchmarks measures met.

Figure 2: Percent of Activities and Benchmarks Completed/Met for Year 1, by Strategy

- The Houston Area Objectives: Progress Made in Year 1**

The 2017 Comprehensive Plan includes ten objectives intended to serve as measures of overall improvements in the Houston Area of HIV prevention and care system. The objectives include core epidemiological indicators of HIV diagnosis, nationally defined benchmarks for HIV prevention and care services, and locally defined goals for the Houston Area Ryan White HIV Program (**Figure 3**). Of the ten objectives measured for Year 1, five had most current measurements that met or exceeded the 2017 Comprehensive Plan targets originally set for Year 1.

Figure 3: Status of System-Wide Objectives for the Houston Area, 2017

Objective	Baseline	Y1 Measure	Y1 Target	Status
1.) Number of new HIV diagnoses	1,386	1,234	≤ 1,310	✓
2.) Percent of newly diagnosed PLWH* informed of status through targeted testing	97%	88%	≥ 97%	✗
3.) Proportion of newly diagnosed PLWH linked to clinical care within one month	66%	61%	≥ 70%	✗
4.1) Percent of new HIV diagnoses with an HIV Stage 3 diagnosis within one year	26%	22%	≤ 25%	✓
4.2.) Percent of new HIV diagnoses with an HIV Stage 3 diagnosis within one year among Hispanic/Latino men age 35+	36%	34%	≤ 34%	✓
5.) Percent of RW Program clients who are in continuous HIV care	75%	59%	≥ 78%	✗
6.) Percent of diagnosed PLWH retained in HIV medical care	61%	68%	≥ 67%	✓
7.) Proportion of RW Program clients who are virally suppressed	80%	73%	≥ 80%	✗
8.) Percent of diagnosed PLWH who are virally suppressed	55%	57%	≥ 60%	✗
9.) Number of gay and bisexual men of color and women of color receiving PrEP** education each year	2,822 (baseline established)	2,822	≥ 2,000	✓

*People Living with HIV

**Pre-Exposure Prophylaxis

Highlights of Year 1 Implementation

- **New Activities Initiated in Year 1**

As the first year of implementation for the 2017 Comprehensive Plan, Year 1 marked in the initiation of several new activities to support a more cohesive and equitable system of HIV prevention and care in the Houston Area. Under the *Strategy for Prevention and Early Identification* Activity 3: “Adopt pre-exposure prophylaxis (**PrEP**) uptake marketing models designed to remove stigma”, the HHD’s Project PrIDE marketing campaign distributed over 11,000 PrEP materials and over 6,000 data to care materials including provider toolkits and bathroom posters. The campaign received nearly 2 million views/impressions on social media. The PrEP Outreach Specialist contacted 130 providers, met with 14 providers in person to discuss PrEP, and delivered 107 in-depth provider toolkits. HHD incorporated similar efforts into 2017 planning and development for Project PODER to serve Houston Area Hispanic/Latino communities. Activity 4 under the *Strategy for Bridging Gaps in Care and Reaching the Out of Care* to “expand the Road to Success consumer training program to housing sites,” was found to be infeasible as written due to barriers with meeting space and number of consumers served at particular housing sites, but additionally the Office of Support sought additional efforts to coordinate transportation for housing clients to both Road 2 Success and Project LEAP classes. Under the *Strategy for Addressing the Needs of Special Populations* Activity 6: “Compile *HIPAA* compliant best practices for using technology to communicate with consumers and incorporate into provider training”, RWGA gathered best practice information from the HRSA-funded Learning Collaborative to integrate into allowable Houston EMA provider policies and technical assistance in the first quarter of fiscal year 2018 (**FY18**). TRG collected best practices information to share with primary care community advisor board for review and recommendation. Within the *Strategy for Improving Coordination of Effort*, the RPs established contact with new groups and sectors including bringing substance use disorder, law enforcement, trauma specialists, and consumers to address the case management supervisors and frontline staff; partnering barbershops, boutiques, and other local businesses to providing education, testing, and HIV testing, and connecting with humanitarian and philanthropic organizations like the Red Cross in the wake of Hurricane Harvey.

- **Twenty-two Benchmarks Met or Exceeded Targets in Year 1**

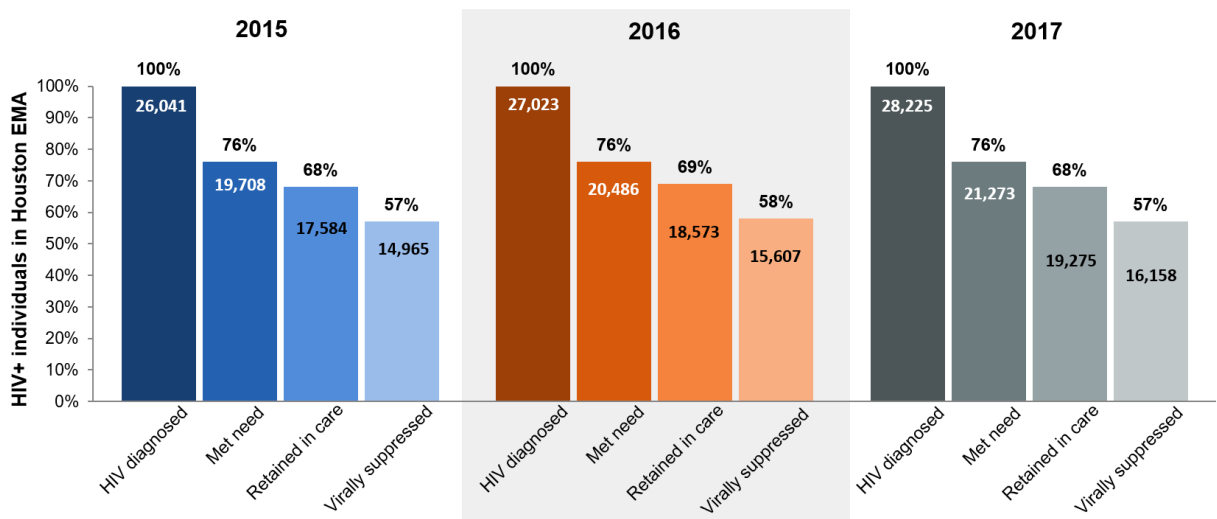
Of the 68 benchmarks measured in Year 1, 22 had measurements that met or exceeded 2017 targets. The 2017 Comprehensive Plan’s *Strategy for Prevention and Early Identification* benchmarks for the number of new HIV diagnoses in the Houston Area, the number of HIV/STD brochures distributed, the positivity rate for new diagnoses through publicly-funded targeted testing, the percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year, the number of new HIV diagnoses in Sharpstown, Sunnyside/South Park, Greater 5th Ward, and Montrose zip codes, the diagnosis rate of primary and secondary syphilis, and the number of high-risk individuals who complete an evidence-based behavioral intervention to reduce risk for HIV their 2017 targets. New for the 2017 Comprehensive Plan, a baseline of 68% was established for the percentage of HIV-negative HHD clients screened for PrEP eligibility. The *Strategy for Bridging Gaps in Care and Reaching the Out of Care* benchmark for the percentage of individuals with diagnosed HIV in the Houston Area retained in HIV medical care exceeded its 2017 target. Nine benchmark measurements met or exceeded 2017 targets for the *Strategy for Addressing the Needs of Special Populations*: the number of new HIV diagnoses among youth (13-24), people with injection drug use (**PWIDU**), men who have sex with men (**MSM**), transgender and gender non-conforming individuals, and aging (65+); the proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis

including youth (13-24), MSM, and aging (55+); and the proportion of PLWH with unmet need among individuals experiencing homelessness. New for the 2017 Comprehensive Plan, baselines were established for three measures for women of color including the number of new diagnoses (219), the proportion of newly-diagnosed women of color linked to clinical care within one month of their HIV diagnosis (81%), and the proportion of women of color with unmet need (23%). Under the *Strategy for Improving Coordination of Effort*, the proportion of Ryan White Planning Council (**RWPC**) members not employed at HIV care or prevention service providers and the percentage of Ryan White Program clients with private health insurance (including Marketplace QHPs) were met in 2017.

- Year 1 Progress in the Houston EMA HIV Care Continuum**

In addition to monitoring the system objectives in the Plan Objectives, evaluation process includes monitoring of the local HIV Care Continuum (**HCC**). While the 2017 Comprehensive Plan includes the Houston Health Services Delivery Area (**HSDA**) served through Ryan White Part B and States Services funds, and through CDC HIV prevention funding in the Houston Metropolitan Statistical Area (**MSA**), the data reflected in the HCC are derived only from data collected for the counties that comprise the Houston Eligible Metropolitan Area (**EMA**) (**Figure 4**).

Figure 4: The Houston EMA HIV Care Continuum, 2015-2017



Source: Texas Department of State Health Services, 2018

HIV diagnosed = No. people living with diagnosed HIV in 2015, 2016, and 2017 in the Houston EMA

Met need = No. diagnosed PLWH with met need (at least one: medical visit, ART prescription, or CD4/VL test in 12 months) in 2015, 2016, and 2017 in the Houston EMA.

The HCC reflects within the Houston EMA: the estimated total number of PLWH (diagnosed and estimated status unaware); the number of PLWH in who have been diagnosed; and, among the diagnosed, the numbers of PLWH with records of met need, retention in care, and viral suppression within the 2015, 2016, and 2017 calendar years. The proportions of the diagnosed PLWH with met need, who were retained in care, and who had suppressed viral loads at the end of the calendar year has remained consistent since 2017.

Recommendations from the Evaluation Workgroup

• Recommendations for Existing Activities

The Evaluation Workgroup reviewed updates for all activities with annual or 2017 completion timeframes, and recommends the following modifications to existing activities:

Strategy for Prevention and Early Identification:

- Activity 2: “Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.”
 - Recommendation: Remove Speakers Bureau evaluations from data indicators as the Speakers Bureau has been discontinued.
- Activity 3: “Adopt PrEP uptake marketing models designed to remove stigma.”
 - Recommendation: Continue to review PrEP uptake marketing models designed to remove stigma annually.
- Activity 4: “Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools.”
 - Recommendation: Remove Texas HIV/AIDS Coalition as a potential non-RP partner, and replace with the End New Diagnoses Houston (**END**) Coalition.
- Activity 5: “Disseminate routine testing implementation toolkit to targeted private and non-Ryan White funded providers and FQHCs to facilitate linkage to care.”
 - Recommendation: Revise timeframe to “as needed”.
- Activity 9: “Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.”
 - Recommendation: Retain activity for Year 2; add TRG to RP as TGG is administering Compassionate Care program funding from the state.
- Activity 10: “Hold consumer PrEP and treatment as prevention education forums.”
 - Recommendation: Add TRG to RP as TRG hosts a regional symposium on PrEP.
- Activity 11: “Identify methods for measuring local online HIV and sexual health information seeking.”
 - Recommendation: Retain activity for Year 2.

Strategy for Bridging Gaps in Care and Reaching the Out of Care:

- Activity 1: “Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s).”
 - Recommendation: Retain for Year 2 to allow for quantification of outcomes for provider-supported buddy/peer mentoring programs to determine whether these programs could benefit from support with Ryan White funds.
- Activity 2: “Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.”
 - Recommendation: Retain for Year 2 and follow up with RWGA regarding incorporation in the Standards of Care (**SOC**) revision process in fall 2018.
- Activity 3: “Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.”
 - Recommendation: Retain for Year 2 and follow up with RWGA regarding incorporation in the Standards of Care (**SOC**) revision process in fall 2018.
- Activity 4: “Expand the Road to Success consumer training program to housing sites.”
 - Recommendation: Revise to reflect collaboration with housing providers to facilitate attendance of housing clients at Road to Success and Project LEAP; remove RWGA and TRG from RP.

- Activity 6: “Contact Health Departments in other jurisdictions and begin dialogue regarding success and opportunities for working with health insurance providers to identify and reengage Out of Care individuals.”
 - Recommendation: Request that the Ryan White Planning council prioritize a profile using 2016 Needs Assessment data exploring the barriers to linkage and retention for PLWH with health insurance, and include information from the Health Insurance Assistance Program on utilization and retention in care.

Strategy for Addressing the Needs of Special Populations:

- Activity 1: “Educate providers serving special populations about routine HIV testing and PrEP, and promote inclusion of routine HIV testing and PrEP education in policies, procedures, and practices to facilitate linkage to care.”
 - Recommendation: Move RWPC from RP to potential non-RP partner.
- Activity 4: “Train PrEP providers and prevention workers on best practices for educating and promoting PrEP among special populations.”
 - Recommendation: Add END Coalition as a potential non-RP partner.
- Activity 6: “Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training (also COE Activity #9).”
 - Recommendation: Retain for Year 2.
- Activity 8: “Train surveillance staff to enhance data collection on transgender community.”
 - Recommendation: Set timeframe to 2017, with additional timeframes of 2019 and 2021 to determine whether this training continues and is implemented with new staff.
- Activity 8: “Train surveillance staff to enhance data collection on transgender community.”
 - Recommendation: Set timeframe to 2017; with additional timeframes of 2019 and 2021 to determine whether this training in on going and is implemented with new staff.

Strategy for Improving Coordination of Effort:

- Activity 1: “Support AETC efforts to provide regular HIV-related updates to the Houston medical community.”
 - Recommendation: Remove RWGA from RP.
- Activity 2: “Facilitate an annual Task Force meeting for community-wide coordination of effort.”
 - Recommendation: Add END Coalition as a potential non-RP partner.
- Activity 3: “Sustain current efforts and target the following sectors and groups for coordination of effort activities.”
 - Recommendation: In Year 2, focus efforts on sectors with low interactions in Year 1.
- Activity 4: “Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).”
 - Recommendation: Redefine activity to include general trainings when capacity does not present a barrier; expand RP to all, and follow-up with new RWGA QM coordinator to discuss alternatives to this activity.
- Activity 8: “Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.”
 - Recommendation: Remove RWGA and add RWPC (Road to Success) to RP.
- Activity 6: “Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training (also SP Activity #6).”

- Recommendation: Retain for Year 2.

- **Recommendations for Incorporating New Activities from 2018 Project LEAP**

The Evaluation Workgroup reviewed activities developed as a result of the 2018 Project LEAP class project presented at the Ryan White Planning Council's June meeting. The Workgroup recommends inclusion of the following modified new activities:

Strategy for Prevention and Early Identification New Activities:

None

Strategy for Bridging Gaps in Care and Reaching the Out of Care New Activities:

- Pilot a Road to Success/Camino Hacia Tu Salud class for newly diagnosed and recently reengaged individuals with assistance from Service Linkage Workers; RP: RWPC/OS with assistance from HHD; Timeframe: 2019
- Incorporate self-efficacy, self-advocacy, adherence/retention advice from long-term survivors, and health literacy topics in pilot Road to Success/Camino Hacia Tu Salud class for newly diagnosed and recently reengaged individuals; RP: RWPC/OS; Timeframe: 2019
- Explore creating a small flier with information about the Houston HIV epidemic, the importance of testing, and how to obtain a copy of the Blue Book; RP: RWPC/OS; Timeframe: 2020
- Explore options for providing primary care to isolated populations, in particular homeless and rural populations, through telemedicine and satellite sites; RP: RWGA and TRG; Timeframe: 2021

Strategy for Addressing the Needs of Special Populations New Activities:

- Investigate the need for Ryan White-funded support groups (traditional or online) for youth, seniors, LGBTQ populations, heterosexual, and rural populations in the 2019 Needs Assessment; RP: RWPC/OS; Timeframe: 2019
- Assess the need for referral networks to specialty care providers for people living with HIV and aging-related health conditions in the 2019 Needs Assessment; RP: RWPC/OS; Timeframe: 2019
- Consider funding a transgender-targeted sub-category under Mental Health Services; RP: RWPC; Timeframe: 2019
- Train frontline staff on resources and access to gender-affirming medications; RP: RWGA and HHD; Timeframe: 2019
- In partnership with the Serving the Incarcerated and Recently Released Coalition (**SIRR**), facilitate development of a process to train correctional staff on stigma reduction; RP: TRG; Timeframe: 2020

Strategy for Improving Coordination of Effort New Activities:

- Explore opportunities for cross-representation between the Houston HIV community and inter-faith coalitions in the Houston Area; RP: All; Timeframe: 2020

- **Recommended Technical Adjustments to Benchmarks**

The Evaluation Workgroup reviewed the Objectives and Benchmark Evaluation tool (see **Appendix**), and made the following recommendations for technical adjustments:

System Objectives:

- Objective 1: Correct to reflect non-stigmatizing language.
- Objective 2: Clarify that objective measures newly diagnosed only.
- Objective 6: Correct to reflect non-stigmatizing language.
- Objective 8: Correct to reflect non-stigmatizing language.

Strategy for Prevention and Early Identification Benchmarks:

- Benchmark 1: Correct to reflect non-stigmatizing language.
- Benchmark 4: Clarify that benchmark measures newly diagnosed only.
- Benchmark 5: Clarify that benchmark measures newly diagnosed only.
- Benchmark 9: Correct to reflect non-stigmatizing language.
- Benchmark 10: Correct to reflect non-stigmatizing language.
- Benchmark 11: Correct to reflect non-stigmatizing language.
- Benchmark 12: Correct to reflect non-stigmatizing language.
- Add “Number of times Task Forces use Mobile Testing Unit” as a benchmark.

Strategy for Bridging Gaps in Care and Reaching the Out of Care Benchmarks:

- Benchmark 4: Correct to reflect non-stigmatizing language.
- Benchmark 6: Correct to reflect non-stigmatizing language.

Strategy for Addressing the Needs of Special Populations Benchmarks:

- Benchmark 1: Correct to reflect non-stigmatizing language, change IDU to PWIDU, and break out of aging (50 and older) population into age ranges 45+, 55+, and 65+.
- Benchmark 2: Change IDU to PWIDU, and break out of aging (50 and older) population into age ranges 45+, 55+, and 65+.
- Benchmark 3: Determine whether the Texas Department of State Health Services (**TDSHS**) Minority AIDS Initiative Coordinator has local data on unmet need among recently released, determine whether TDSHS HIV Systems Consultant has data available to measure unmet need among transgender and gender non-conforming population, change IDU to PWIDU, and break out of aging (50 and older) population into age ranges 45+, 55+, and 65+.

Strategy for Improving Coordination of Effort Benchmarks:

- Benchmark 1: Revise as “Proportion of Ryan White Planning Council members who are not employed at HIV care or prevention service providers.”
- Benchmark 2: Revisit for Year 2 evaluation and check with END Coalition Speakers’ Bureau, as these data are not reliably collected.

Appendix: 2017 Comprehensive Plan System Objective Evaluation Tool

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,310	1,234	✓ Met	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ OBJECTIVE 2: Percentage of newly diagnosed individuals identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	88.2%	✗ Not met	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal; Y1 Eval update: redefined as newly diagnosed. Baseline updated to match.
❖ OBJECTIVE 3: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	69.8%	61%	✗ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ OBJECTIVE 4.1: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	24.6%	22.2% (2016)	✓ Met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ OBJECTIVE 4.2: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year among Hispanic/Latino men age 35 and up	TDSHS Late Diagnoses Data	36% (2014)	34%	34% (2017)	✓ Met	↓ at least 25% = 27% (local target)	Region is EMA
❖ OBJECTIVE 5: 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)	CPCDMS	75.0% (2014)	78%	59%	✗ Not met	↑ to at least 90% (NHAS target)	
❖ OBJECTIVE 6: Percentage of individuals with diagnosed HIV 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)	TDSHS Retention Data	61% (2014)	66.8%	68%	✓ Met	↑ to at least 90% (NHAS target)	Region is EMA
❖ OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	✗ Not met	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	57%	✗ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ OBJECTIVE 9: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year	HHD	2,822 (2017)	≥2000	2,822 (2017)	✓ Met	≥2000 (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors

2017 Comprehensive Plan PEI Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,310	1,234	✓ Met	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HHD	88,700 (2014)	88,700 (2014)	90,000	✓ Met	Maintain =88,700 (local target)	Region is Houston/Harris County; 2017 Measure includes materials distributed in addition to PrEP materials
❖ BENCHMARK 3: Number of publicly-funded targeted and routine HIV tests							Region is Houston/Harris County for HHD; EMA for TDSHS
Number of publicly-funded <i>targeted</i> HIV tests	HHD, TDSHS HIV Testing & Awareness Data	10,109 (2015)	10,109 (2015)	7,918	✗ Not met	Maintain = 10,109 (local target)	
Number of publicly-funded <i>routine</i> HIV tests	HHD, TDSHS HIV Testing & Awareness Data	117,610 (2015)	117,610 (2015)	104,663	✗ Not met	Maintain = 117,610 (local target)	
❖ BENCHMARK 4: New diagnoses positivity rate for publicly-funded <i>targeted</i> HIV testing	HHD, TDSHS HIV Testing & Awareness Data	1.76% (2015)	1.76%	1.92%	✓ Met	Maintain = 1.76% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS; Y1 Eval update: redefined as newly diagnosed. Baseline updated to match.
❖ BENCHMARK 5: Percentage of newly diagnosed individuals identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	97.2% (2015)	97.2%	88.2%	✗ Not met	Maintain or increase ≥97.2% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal Y1 Eval update: redefined as newly diagnosed. Baseline updated to match.

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 6: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	24.6%	22.2% (2016)	✓ Met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ BENCHMARK 7: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	69.8%	61%	✗ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 8: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	✗ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 9: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	57%	✗ Not met	↑ to at least 80% (NHAS target)	Region is EMA
❖ BENCHMARK 10: Number of new HIV diagnoses in high HIV/STD morbidity zip codes targeted for intervention							
Sharpstown (77036 and 77074)	HHD, eHARS	56 (2014)	53	47	✓ Met	↓25% =42 (NHAS target)	
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	34 (2014)	32	27	✓ Met	↓25% =26 (NHAS target)	
Greater 5th Ward (77020 and 77026)	HHD, eHARS	28 (2014)	27	27	✓ Met	↓25% =21 (NHAS target)	
Acres Home (77088 and 77091)	HHD, eHARS	32 (2014)	30	39	✗ Not met	↓25% =24 (NHAS target)	
Montrose (77006)	HHD, eHARS	26 (2014)	25	12	✓ Met	↓25% =20 (NHAS target)	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 11: Rate of STD diagnoses per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STD MIS	CT: 600.4 GC: 184.1 P&S: 7.6 (2016)	CT: 582.4 GC: 173.0 P&S: 7.42	CT: 590.9 GC: 190.5 P&S: 7.0	✗ Not met ✗ Not met ✓ Met	CT: =510.3 (local target) GC: ↓0.6%/year =157.0 (local target) P&S: 6.7 (HP 2020 males target)	Region is Houston/Harris County CT/GC targets based on available historical data
❖ BENCHMARK 12: Number of condoms distributed	HHD	450,000 (2014)	450,000	425,000	✗ Not met	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts
❖ BENCHMARK 13: Number of high-risk individuals that completed an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	4,944	GLI = 3,525 PrEP edu = 8,101	✓ Met	Maintain =4,944 (local target)	Includes completion of ILI or GLI intervention only (not CLI)
❖ BENCHMARK 14: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	To be developed	---	HHD: 100% RWGA: 100% of CM staff	PENDING TRG	100% (local target)	
❖ BENCHMARK 15: Number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education	Project PrIDE	1,215 (2017)	2,000	1,215	✗ Not met	2,000 annually (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors
❖ BENCHMARK 16: Percentage of HIV-negative clients screened for PrEP eligibility	HHD Project PrIDE, ECLIPS, Maven	68% (2017)	---	68%	Baseline established	10% increase (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors

2017 Comprehensive Plan Gaps Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	TDSHS Unmet Need Data	25.0% (2014)	23.4%	24.6%	✗ Not met	↓ 1.6% annually =17.0% (local target)	Region is EMA Target based on available historic data (2010= 33.1%)
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	69.8%	61%	✗ Not met	↑ to at least 85% (NHAS target)	Region is EMA
❖ BENCHMARK 3: 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)	CPCDMS	75.0% (2014)	78%	59%	✗ Not met	↑ to at least 90% (NHAS target)	
❖ BENCHMARK 4: Percentage of individuals with diagnosed HIV 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)	TDSHS Retention Data	61% (2014)	66.8%	68%	✓ Met	↑ to at least 90% (NHAS target)	Region is EMA
❖ BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	✗ Not met	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	57%	✗ Not met	↑ to at least 80% (NHAS target)	Region is EMA

2017 Comprehensive Plan SP Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV diagnoses among each special population:							
Youth (13-24)	TDSHS eHARS	360 (2014)	302	278	✓ Met	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	51	No new data	No new data	↓25% =41 (NHAS target)	Region is Harris/Fort Bend County Baseline: 3.9%-National Alliance to End Homelessness, 2009. http://www.nationalhomeless.org/factsheets/hiv.html applied to local 2014 new Dx
Incarcerated in Jail	TRG	Baseline to be established	---		PENDING TRG	↓25% (NHAS target)	
Incarcerated in Prison	TDCJ	Baseline to be established	---		PENDING TRG	↓25% (NHAS target)	
PWIDU	TDSHS eHARS	66 (2014)	63	46	✓ Met	↓25% =50 (NHAS target)	Region is EMA
MSM	TDSHS eHARS	930 (2014)	884	870	✓ Met	↓25% =698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	20 (2016)	19	18	✓ Met	↓25% =14 (NHAS target)	Region is Houston/Harris County
Women of Color	TDSHS eHARS	Baseline to be established	---	219	No 2017 target specified	↓25% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 264 55+ = 88 65+ = 20 (2014)	45+ = 251 55+ = 84 65+ = 18	45+ = 252 55+ = 91 65+ = 15	✗ Not met ✗ Not met ✓ Met	↓25% 45+ = 198 55+ = 66 65+ = 15 (NHAS target)	Region is EMA

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 2: Proportion of newly-diagnosed individuals within each special population linked to clinical care within one month of their HIV diagnosis							
Youth (13-24)	TDSHS Linkage to Care Data	74.0% (2014)	76.2%	79%	✓ Met	85% (NHAS target)	Region is EMA Baseline and 2017 measure: Reflects 3 month linkage window, not 1 month
Homeless	Needs Assessment	53.9% (2016)	60.1%	No new NA	No new NA	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	TRG	Baseline to be established	---		PENDING TRG	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	TRG	Baseline to be established	---		PENDING TRG	85% (NHAS target)	Region is HSDA
PWIDU	TDSHS Linkage to Care Data	85.0% (2014)	≥85.0%	72%	✗ Not met	85% (NHAS target)	Region is EMA
MSM	TDSHS Linkage to Care Data	78.0% (2014)	79.4%	79%	✓ Met	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	60.3%	No new NA	No new NA	85% (NHAS target)	Region is HSDA
Women of Color	TDSHS eHARS	Baseline to be established	---	81.3%	No 2017 target specified	85% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	45+ = 83% 55+ = 85% 65+ = Not available (2014)	45+ = 85% 55+ = 85% 65+ = 85%	45+ = 84% 55+ = 86% 65+ = 76%	✗ Not met ✓ Met ✗ Not met	85% (NHAS target)	Region is EMA

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population							NHAS 90% retention target
Youth (13-24)	TDSHS Unmet Need Analysis	24.0% (2014)	21.2%	22.0%	✗ Not met	10% (NHAS target)	Region is EMA
Homeless	TDSHS Unmet Need Analysis	60% (2015)	50%	50.7%	✓ Met	10% (NHAS target)	Region is EMA Year 1 Eval – changed data source to TDSHS Unmet Need Analysis
Recently Released from Jail/Prison	TDSHS Minority AIDS Initiative Coordinator	Local data not available	---	Local data not available	No 2017 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 11.9%
PWIDU	TDSHS Unmet Need Analysis	27.0% (2014)	23.6%	28.0%	✗ Not met	10% (NHAS target)	Region is EMA
MSM	TDSHS Unmet Need Analysis	25.0% (2014)	22%	24.0%	✗ Not met	10% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	TDSHS HIV Systems Consultant	17% (2017)	---	17%	Baseline established	10% (NHAS target)	Region is HSDA Year 1 Eval changed source and measure. Data provided by Ann Dills
Women of Color	TDSHS Unmet Need Analysis	To be developed	---	22.8%	No 2017 target specified	10% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS Unmet Need Analysis	45+ = 24% 55+ = 26% 65+ = Not available (2014)	45+ = 21% 55+ = 23% 65+ = 31%	45+ = 24% 55+ = 24% 65+ = 31%	✗ Not met ✗ Not met Baseline established	10% (NHAS target)	Region is EMA
❖ BENCHMARK 4: Percentage of grievances relating to cultural and linguistic competence received through the Ryan White grievance lines and the HHD prevention “warmline” and website	HHD: RWGA; TRG	To be developed	Track only	HHD: Data not available RWGA: 0%	PENDING TRG	Track only	Region is Houston/Harris Count; EMA; HSDA

2017 Comprehensive Plan COE Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 1: Proportion of Ryan White Planning Council members who are not employed at HIV care or prevention service providers	RWPC-OS FY Membership Roster (Program Terms Report)	19/37 (51%) (FY16)	46% - 56%	16/37 (46%) (FY17)	✓ Met	Maintain within 5 percentage points of 51% (local target)	Year 1 Eval changed measure and target. Includes Council members who are not employed at an HIV prevention or care services provider
❖ BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services	RWPC-OS	110 (2015)	>110	These data are not reliably collected; revisit for Year 2 evaluation and check with END Speakers' Bureau	These data are not reliably collected; revisit for Year 2 evaluation and check with END Speakers' Bureau	Increase (local target)	Actual numbers tallied using office tracking sheets and website requests. Defined as an entity that does not state HIV prevention or care in its mission.
❖ BENCHMARK 3: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services	Needs Assessment	40.5% (2016)	No new NA	No new NA	No new NA	No new NA	Baseline: Numerator = 203; Denominator = 501 Target to be based on available historical data (2014)
❖ BENCHMARK 4: Proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services	Needs Assessment	20.2% (2016)	No new NA	No new NA	No new NA	No new NA	Baseline: Numerator = 93 Denominator = 461 Target to be based on available historical data (2014)
❖ BENCHMARK 5: Proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services	Needs Assessment	8.2% (2016)	No new NA	No new NA	No new NA	No new NA	Baseline: Numerator = 10 Denominator = 122 Target to be based on available historical data (2014)

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
❖ BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	No new NA	No new NA	No new NA	Pending 2014 SPSS Re-Run	Baseline: Numerator = 32 Denominator = 265 Target to be based on available historical data (2014)
❖ BENCHMARK 7: Proportion of PLWH reporting housing instability	Needs Assessment	25.6% (2016)	≤25.6%	No new NA	No new NA	Maintain =25.6% (local target)	Target based on current resources and planning
❖ BENCHMARK 8: Percentage of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment	CPCDMS	27% (2014)	>27%	24%	✖ Not met	Increase (local target)	Baseline to be updated
❖ BENCHMARK 9: Proportion of Ryan White HIV/AIDS Program clients who may qualify for Medicaid or Medicare, but who are not enrolled in either program	CPCDMS	To be developed	---	RWGA cannot determine who may be qualified for Medicaid or Medicare; revisit for Year 2 evaluation	RWGA cannot determine who may be qualified for Medicaid or Medicare; revisit for Year 2 evaluation	Decrease (local target)	
❖ BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance (including Marketplace QHPs)	CPCDMS	10% (2014)	>10%	15% (FY17)	✓ Met	Increase (local target)	Baseline to be updated
❖ BENCHMARK 11: Proportion of Ryan White HIV/AIDS Program who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.	CPCDMS	To be developed	---	23% (2017)	Baseline established	Decrease (local target)	6.3% of RW enrolled in QHP in 2015

For more information, contact:

Houston Area Ryan White Planning Council
2223 West Loop South, #240
Houston, Texas 77027
Tel: (832) 927-7927
Fax: (713) 572-3740
Web: www.rwpchouston.org

2018 QUARTERLY REPORT COMPREHENSIVE HIV PLANNING COMMITTEE

Status of Committee Goals and Responsibilities (*means mandated by HRSA):

1. Assess, evaluate, and make ongoing recommendations for the Comprehensive HIV Prevention and Care Services Plan and corresponding areas of the End HIV Plan.

2. *Determine the size and demographics of the estimated population of individuals who are unaware of their HIV status.

3. *Work with the community and other committees to develop a strategy for identifying those with HIV who do not know their status, make them aware of their status, and link and refer them into care.

4. *Explore and develop on-going needs assessment and comprehensive planning activities including the identification and prioritization of special studies.

5. *Review and disseminate the most current Joint Epidemiological Profile.

Committee Chairperson

Date



OCT 19 2018

Dear Ryan White HIV/AIDS Program Colleagues,

Several large studies have demonstrated that people living with HIV (PLWH) who have consistent viral suppression do not sexually transmit HIV. This letter outlines recommendations for Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients as they incorporate messages on the impact viral suppression has on HIV transmission in service delivery settings.

According to recent data from the 2016 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U.S. From 2010 to 2016, HIV viral suppression in the RWHAP has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased.¹ Scientific advances have shown that HIV medication (antiretroviral therapy) preserves the health of people living with HIV (PLWH) and prevents sexual HIV transmission. PLWH who take HIV medication daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their HIV medication.

HRSA strongly encourages RWHAP recipients, subrecipients, planning bodies, and providers to leverage their expertise and RWHAP infrastructure to incorporate viral suppression messages in service delivery settings where PLWH are engaged (e.g., outpatient ambulatory health services, medical and non-medical case management, health literacy, early intervention services, and treatment adherence discussions). To do this, providers should: 1) involve PLWH in the decision-making process of their HIV treatment and their sexual health; 2) develop a trusting relationship with their patients; 3) assess barriers to treatment adherence; and 4) support PLWH to achieve and maintain healthy outcomes.

HRSA encourages ongoing discussions about the impact of viral suppression for PLWH. Discussions with PLWH should be supported by all staff (e.g., case manager, social worker, medical provider, etc.), use consistent language, and include tailored messages regarding a person's viral suppression and sexual health practices, reinforcing prevention of other sexually transmitted infections.

Sharing messages about viral suppression with PLWH may have a profound impact on how they feel about themselves, their life choices, and reducing stigma and discrimination. By reducing HIV-stigma for providers, PLWH, and their family members, these discussions could have a positive impact on linkage to HIV care, retention in care, and HIV viral suppression.

HRSA continues to work with HIV prevention, care, and treatment partners across the U.S. to increase awareness about the importance of HIV treatment and to integrate viral suppression messaging into ongoing discussions with PLWH to reduce HIV transmission. We look forward to continued work with our RWHAP recipients, partners, and stakeholders to improve health outcomes for PLWH and to make continued advancements toward ending the HIV epidemic.

Sincerely,

/Laura W. Cheever/

Laura W. Cheever, M.D., Sc.M.

Associate Administrator

HIV/AIDS Bureau

Health Resources and Services Administration

ⁱ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016. <http://hab.hrsa.gov/data/data-reports>. Published December 2017. Accessed September 25, 2018.