

**2017 Comprehensive Plan for HIV Prevention and Care Services  
Coordination of Effort Workgroup**

10:00 a.m., Friday, February 12, 2016  
Meeting Location: 2223 W. Loop South, Room #416

**AGENDA**

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| I. Call to Order   | David Benson and<br>Gloria Sierra, Co-Chairs        |
| A. Welcome   |   |
| B. Moment of Reflection  |   |
| C. Adoption of the Agenda  |   |
| D. Approval of the Minutes   |   |
| II. Review 2017 Comprehensive Plan Goals & Objectives                        | Amber Harbolt, Health<br>Planner, Office of Support |
| III. Review 2012 Coordination of Effort Activities Progress                  |   |
| IV. Review Integrated HIV Prevention and Care<br>Plan Guidance on Activities |   |
| V. Next Steps  | David Benson and<br>Gloria Sierra, Co-Chairs        |
| A. Set regular meeting schedule—3/11 or 3/18                                 |   |
| B. What to Expect at the Next Meeting  |   |
| 1. Review progress on the 2012 Comprehensive<br>Plan Benchmarks              |   |
| 2. Begin Discussing 2017 Comprehensive Plan Activities                       |   |
| VI. Announcements  |   |
| A. FYI – End of Year Petty Cash Procedures                                   |   |
| VII. Adjourn   |   |

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*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

### COORDINATION OF EFFORT WORKGROUP

9:00 a.m., Tuesday, December 22, 2015

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

#### Minutes

MEMBERS PRESENT	MEMBERS PRESENT	OTHERS PRESENT
David Benson, co-chair	Michael Kennedy	Amber Harbolt, Office of Support
Gloria Sierra, co-chair	Rodney Mills	Diane Beck, Office of Support
Alex C. Moses	Steven Vargas	Sha'Terra Johnson-Fairley, TRG
Andrew Motz	Tana Pradia	
Angela F. Hawkins	Tracy Gorden	
Ardry Skeet Boyle		
Becky Chen	<b>MEMBERS ABSENT</b>	
C. Bruce Turner	Amana Turner , excused	
Cecilia Ross	Arlene Johnson, excused	
Curtis Bellard	Brenda Booker	
Ella Collins-Nelson	Denis Kelly, excused	
Lorena Arista	Teresa Pruitt, excused	

**Call to order:** David Benson, Co-Chair, called the meeting to order at 9:06 a.m.; he welcomed everyone and asked for a moment of reflection. He then asked everyone to introduce themselves.

**Adoption of the Agenda:** **Motion #1:** *It was moved and seconded (Bellard, Boyle) to adopt the agenda. Motion Carried.*

**Workgroup Orientation:** The workgroup reviewed the following documents: Membership Requirements, Voting Rules and Quorum, Organizational Structure, Workgroup Description, and Milestones Timeline. See attached.

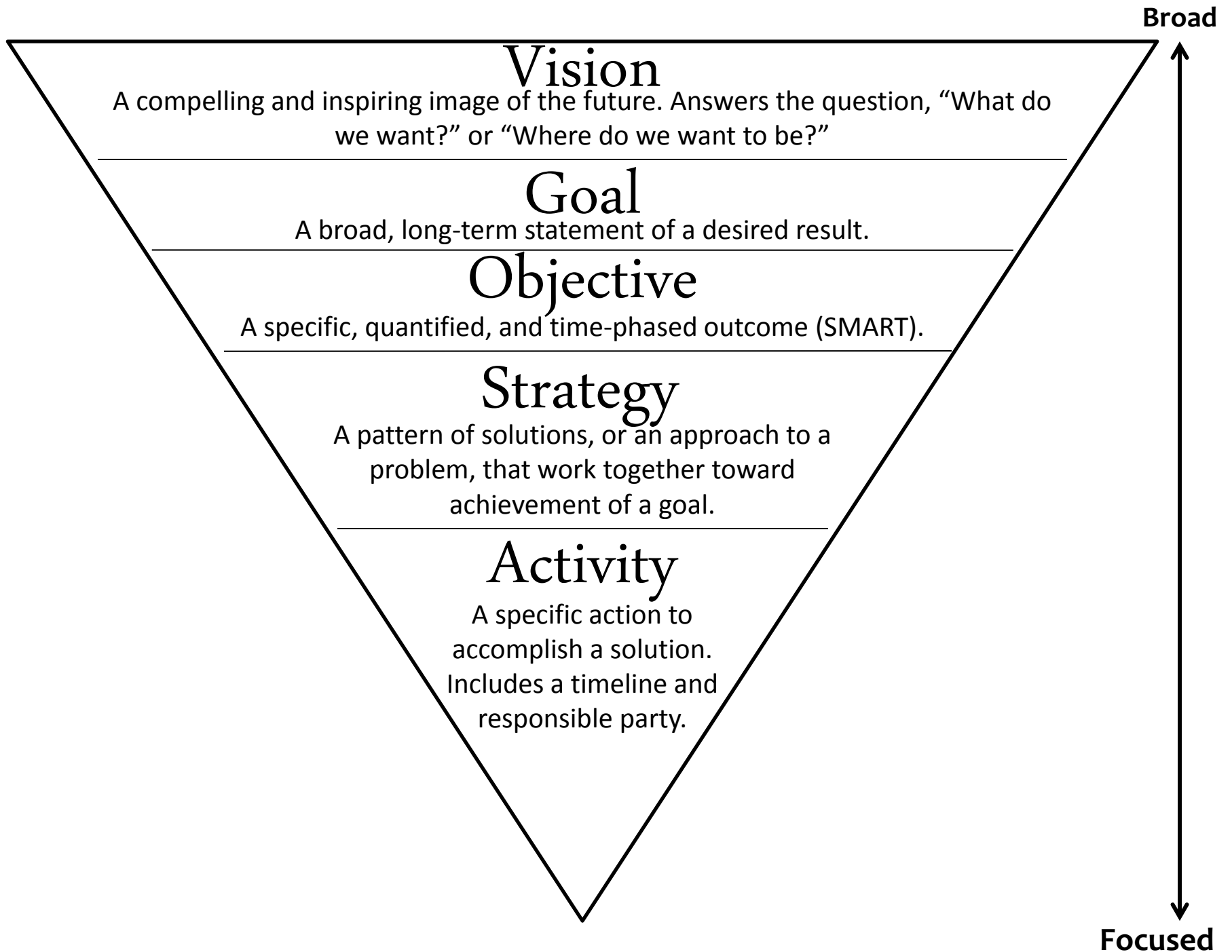
**Motion #2:** *It was moved and seconded (Kennedy, Bellard) to adopt quorum for the workgroup as at least 1/3 of members must be present, including one consumer and one co-chair. Motion Carried.*

**Review 2017 Comprehensive Plan Foundational Documents:** The workgroup reviewed the 2017 Comprehensive Plan Vision and Mission Statements and Guiding Principles that were approved by the Leadership Team on December 2, 2015. See attached.

**Next Meeting:** February 12, 2016 at 10:00 a.m.; Agenda items include: (1) review 2017 Comprehensive Plan Goals and Objectives; (2) review progress on the 2012 Comprehensive Plan Coordination of Effort Strategy Activities and Benchmarks; and (3) review data.

**Announcements:** Turner said that the next HIV and Aging meeting will be on Saturday, January 23<sup>rd</sup> at Montrose Center. The presentation will be on HIV and Oncology by Dr. Manner.

**Adjourn:** The meeting was adjourned at 10:03 a.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 months 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 to at least 2,000 (beginning at X)

## HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

### STRATEGY 4: STRATEGY TO IMPROVE COORDINATION OF EFFORT AND PREPARE FOR HEALTH CARE SYSTEM CHANGES

#### GOALS

1. Increase Awareness of HIV among all Greater Houston Area Health and Human Service Providers
2. Increase the Availability of HIV Prevention and Care Services and Providers
3. Reduce Barriers to HIV Prevention and Care
4. Partner to Address Co-Occurring Public Health Problems that Inhibit Access to Care
5. Prepare for State and National-Level Changes in the Health Care System

#### SOLUTIONS

1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
2. Intensify technical assistance and training to current *and potential* AIDS-service organizations (ASOs) and providers
3. Maximize the use of media to (re) mobilize the public and providers around HIV
4. Maximize the use of technology to: (a) link people at risk for or living with HIV/AIDS (PLWHA) with resources; and (b) assist providers with real-time referrals for clients to needed HIV prevention and care services
5. Intensify coordination of data systems within the HIV care system; between HIV prevention and care; and between AIDS-service organizations and the broader health care delivery system

#### PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE)

##### For the Entire HIV System

1. Engage broad-based Houston Area coalitions in order to enlist new and non-traditional partners in supporting the HIV mission (Ryan White Planning Council, Community Planning Group; 2013)

2. Adopt a process to develop a Houston Area HIV media and marketing plan that encapsulates priority audiences, messages, products, outlets, and outcomes for engaging earned media on HIV prevention and care issues (Ryan White Planning Council, Community Planning Group; 2013)
3. Explore the feasibility and practicality of developing a clearinghouse of available funding opportunities to support Strategy implementation (Ryan White Planning Council/Office of Support; 2013)
4. Translate the Houston Area HIV/AIDS Resource Guide into a real-time web- and phone-based resource locator with accompanying mobile applications (if feasible) accessible by clients and providers (Ryan White Planning Council/Office of Support; 2013)

##### Within the Ryan White HIV/AIDS Program

1. Facilitate technical assistance and training for Administrative Agents, funded ASOs, and potential new ASOs such as FQHCs and Medicaid providers to prepare for health care system changes (*e.g., Medicaid/Medicare eligibility and processes, expanding client pools, EMR and quality measures, fiscal diversification and sustainability, core elements of HIV care and transitioning to medical homes, etc.*) (Ryan White Grant Administration, The Resource Group; 2012-2014)
2. Create an "increased public health insurance coverage scenario" for Ryan White Part A, B, and State Services in anticipation of health care reform (Ryan White Planning Council; 2013)

**PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE) CON'T**

Within the Ryan White HIV/AIDS Program Con't

3. Provide educational opportunities and materials to people living with and/or affected by HIV/AIDS regarding the impact of the *Patient Protection and Affordable Care Act* on HIV services (Ryan White Planning Council/Office of Support, The Resource Group, Ryan White Grant Administration; 2012 - 2014)

Between HIV Prevention and Care

1. Continue to conduct core comprehensive HIV planning processes jointly between the Ryan White Planning Council and the Community Planning Group (Ryan White Planning Council, Community Planning Group; 2012-2014)
2. Fully implement Phase One of the roll-out of collecting client-level HIV prevention data (ECLIPS) and linking to HIV care data (CPCDMS) (Ryan White Grant Administration, Houston Department of Health and Human Services; 2012)
3. Support ongoing regional efforts to operationalize HIV prevention and care integration as outlined by the *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) and *Early Identification of Individuals with HIV/AIDS* (EIIHA) (Houston Department of Health and Human Services, Ryan White Grant Administration; 2012-2014)
4. Support ongoing statewide efforts for increased integration of HIV prevention and care as outlined in the *Texas HIV/STD Prevention Plan*, *Texas Jurisdictional Plan*, and the *Texas Program Collaboration, Service Integration* (PCSI) Plan (Ryan White Planning Council, Community Planning Group; As requested)

Between ASOs and other Priority Groups

*Other Public Health Care Providers, e.g., Medicare, Medicaid, and Community Health Centers*

1. Work with Ryan White HIV/AIDS Program funded primary care providers to develop implementation plans for federally-compliant Electronic Medical Records platforms for HIV infected clients (Ryan White Grant Administration, The Resource Group; 2014)
2. Explore the feasibility of partnering with Area Agencies on Aging and Aging and Disability Resource Centers (ADRC) to provide public health insurance benefits counseling to newly eligible HIV infected consumers (Ryan White Planning Council/Office of Support; 2014)

*Private Providers*

1. Implement plans to conduct a survey of the HIV testing and linkage to care activities of private providers in the Houston Area (Houston Department of Health and Human Services; 2012)

*Substance Abuse*

1. Develop a methodology for determining the need for and use of alcohol treatment services vs. drug treatment services among Ryan White HIV/AIDS Program clients (Ryan White Planning Council/Office of Support, Ryan White Grant Administration, The Resource Group; 2013)

*Other Agencies and Non-Traditional Partners*

1. Sustain formal partnerships with the Housing Opportunities for People with AIDS (HOPWA) program and other housing and homelessness prevention coalitions and groups to address housing instability among PLWHA (Ryan White Planning Council; 2012-2014)

**PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE) CON'T**

Between ASOs and other Priority Groups Con't  
*Other Agencies and Non-Traditional Partners Con't*

1. Partner with the AIDS Education and Training Center (AETC) to target medical and nursing education providers to promote the opportunity of HIV-related training and employment

(Ryan White Planning Council/Office of Support; 2012 - 2014)

2. Target the following sectors and groups for coordination of effort activities:
  - a) Aging (e.g., assisted living, home health care, hospice, etc.)
  - b) Alcohol and drug abuse providers and coalitions at the local and regional levels
  - c) Business and Chambers of Commerce
  - d) Community centers
  - e) Chronic disease prevention, screening, and self-management programs
  - f) Medical professional associations, medical societies, and practice groups
  - g) Mental health (e.g., counseling associations, treatment facilities, etc.)
  - h) New AIDS-service providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)
  - i) Philanthropic organizations
  - j) Primary education, including schools and school districts
  - k) Secondary education, including researchers, instructors, and student groups
  - l) Workforce Solutions and other vocational training and rehabilitation programs

(Ryan White Planning Council/Office of Support; 2012-2014)

**BENCHMARKS**

1. Increase the number of non-ASOs serving as members of the Ryan White Planning Council each year (baseline is 10)

2. Increase the number of non-ASOs requesting information about HIV services each year (baseline is 42)
3. Maintain the number of agencies listed in the Houston Area HIV/AIDS Resource Guide at 187
4. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Core Medical Services by 27.2 percent (from 1,397 to 1,017 reports)
5. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Support Services by 12.7 percent (from 2,151 to 1,878 reports)
6. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Mental Health Services by 27.3 percent (from 117 to 85 reports)
7. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Substance Abuse Services by 43.7 percent (from 58 to 32 reports)
8. Prevent the percentage of PLWHA reporting housing instability from increasing above 22.2 percent Prevent the percentage of PLWHA reporting seeking no medical care due to inability to pay from increasing above 8 percent
9. Maintain the number of individuals working for ASOs who receive training on health insurance reform at 200 each year
10. Track the percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment (baseline is 16.7 percent)



## Section II: Integrated HIV Prevention and Care Plan

### A. Integrated HIV Prevention and Care Plan

The Integrated HIV Prevention and Care Plan development is a joint effort between jurisdictions and planning bodies that engages persons at higher risk for HIV infection, PLWH, service delivery providers, and other community stakeholders. It sets forth the jurisdiction's commitment to collaboration, efficiency, and innovation to achieve a more coordinated response to addressing HIV. The Integrated HIV Prevention and Care Plan establish the blueprint for achieving HIV prevention, care, and treatment goals. The Integrated HIV Prevention and Care Plan should include:

- **Goals:** a broad statement of purpose that describes the expected long-term effects of efforts consistent with the National HIV/AIDS Strategy and covering a period of 5 years
- **Objectives:** measurable statements that describe results to be achieved;
- **Strategies:** the approach by which the objectives will be achieved
- **Activities:** describing how the objectives will be achieved
- **Resources:** committed toward implementing the activities

In this section, grantees and planning bodies will use the National HIV/AIDS Strategy (NHAS) as the organizing framework for the Integrated HIV Prevention and Care Plan to achieve a more coordinated jurisdictional response to the local HIV epidemic. The Integrated HIV Prevention and Care Plan should respond to the needs identified in Section I of the Integrated HIV SCSN/Needs Assessment guidance and align with the three NHAS goals: (1) reducing new HIV infections; (2) increasing access to care and improving health outcomes for PLWH; and (3) reducing HIV related disparities and health inequities.

This section should:

- a. Identify at least two objectives (using the SMART format – specific, measurable, achievable, realistic, and time-phased) that correspond to each NHAS goal.
- b. For each objective, describe at least three strategies that correspond to each objective.
- c. For each strategy, describe the activities/interventions, targeted populations, responsible parties, and time-phased, resources needed to implement the activity. Identify any activities specifically aimed at addressing gaps along the HIV Care Continuum.
- d. Describe the metrics (e.g., number of HIV tests performed, medical visits, mental health screenings, HIV positivity rate, etc.) that will be used to monitor progress in achieving each goal outlined in the plan. Metrics should be consistent with the most current HHS Core Indicators and the NHAS Indicators.
- e. Describe any anticipated challenges or barriers in implementing the plan.

*Below is an example of a response that corresponds to an NHAS goal:*

**2010 – 2015 NHAS Goal:** Reducing New HIV infections

**2010 – 2015 SMART Objective (National):** By 2015, lower the annual number of new infections by 25% (from 56,300 to 42,225).

**2017 – 2021 SMART Objective (Local):** By 2021, lower the annual number of new infections by 10 percent (from 100 to 90).

**Strategy:** Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

Timeframe	Responsible Parties	Activity	Target Population	Data Indicators
By the end of 2021:	Ryan White Part A Early Intervention Service Providers	Deliver intensified HIV testing, referral services to eliminate barriers to care, health literacy and linkage to core medical services	Young Men who have Sex with Men (MSM)	<ul style="list-style-type: none"> <li>Number of HIV tests performed</li> <li>HIV Positivity Rate</li> <li>Number linked to medical care</li> </ul>
By the end of 2021:	CDC-funded Health Department	Deliver expanded partner services and HIV testing for partners of those infected.	MSM	<ul style="list-style-type: none"> <li>Number of HIV tests performed</li> <li>Number of newly diagnosed HIV positive persons</li> </ul>

## B. Collaborations, Partnerships, and Stakeholder Involvement

Collaboration among stakeholders is critical to maximizing resources and efficiencies in serving PLWH. As jurisdictions continue to develop high-quality, coordinated prevention and care and treatment for PLWH, collaboration will become even more important and will be paramount to providing services that fully address each component of the HIV care continuum.

This section should:

- Describe the specific contributions of stakeholders and key partners to the development of the plan
- Describe stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV Care Continuum

<p>UPDATED: 02/02/16</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724.</p> <p><i>Unless otherwise noted, meetings are held at:</i></p> <p>2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			<b>1</b>	<b>2</b>	<b>3</b> 12 noon Steering Committee Room #240	<b>4</b> 5:00 pm Deadline for submitting Idea Forms	<b>5</b>
	<b>6</b>	<b>7</b> 3:00 pm Prevention and Early Identification Wg Room #TBD	<b>8</b>	<b>9</b>	<b>10</b> 12 noon Planning Council Room #532  2:00 pm Comp HIV Planning Room #532  Nat'l Woman & Girls HIV Awareness Day	<b>11</b>	<b>12</b>
	<b>13</b>	<b>14</b>	<b>15</b> 11:00 am Operations Room #240	<b>16</b>	<b>17</b> 11:00 am Joint Meeting and Quality Improvement Room #416	<b>18</b>	<b>19</b>
	<b>20</b> National Native HIV Awareness Day	<b>21</b>	<b>22</b> 12:00 pm Affected Community Room #532	<b>23</b> SIRR Conference	<b>24</b> 11:00 am Priority & Allocations Room #240	<b>25</b> Good Friday Office Closed	<b>26</b>
	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>			

March

2016

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**2223 West Loop South, Suite 240, Houston, Texas 77027**  
**713 572-3724 telephone; 713 572-3740 fax**

**MEMORANDUM**

To: Members, Ryan White Planning Council  
External Members, Ryan White Committees

Copy: Modelle Brudner  
Carin Martin

From: Tori Williams, Manager, Office of Support

Date: January 21, 2016

Re: End of Year Petty Cash Procedures

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The fiscal year for Ryan White Part A funding ends on February 29, 2016. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and External Committee members must turn in all requests for petty cash reimbursements **at or before 2 p.m. on Friday, February 5, 2016.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2015 **will not be reimbursed at all if they are turned in after March 31, 2016.**
- 3.) The Office of Support may not have access to petty cash funds between March 1 and May 31, 2016. This means that volunteers can give Eric the usual reimbursement request forms for expenses incurred after March 1, 2016 (expenses such as transportation, food and childcare) but the Office may not be able to reimburse volunteers for these expenses until mid to late May 2016.

We apologize for this significant inconvenience. Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

