

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

9:00 a.m., Friday, June 24, 2016
Meeting Location: 2223 W. Loop South, Room #416

AGENDA

Goal of Today's Meeting:

Complete Logic Model 2 for each Coordination of Effort Solution by selecting focus areas and activities

- | | |
|---|---|
| I. Call to Order | David Benson and
Gloria Sierra, Co-Chairs |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes | |
| II. Develop Foci and Activities for Each Solution (Logic Model 2) | Amber Harbolt, Health
Planner, Office of Support |
| III. Next Steps | David Benson and
Gloria Sierra, Co-Chairs |
| A. Set Next Meeting - July | |
| B. What to Expect at the Next Meeting | |
| 1. Complete Logic Model 3 (Activity Details) | |
| IV. Announcements | |
| V. 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

COORDINATION OF EFFORT WORKGROUP

9:00 a.m., Friday, June 10, 2016

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

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Alex Moses	Allen Murray	Pam Chambers
Amana Turner	C. Bruce Turner	Amber Harbolt, Office of Support
Andrew Motz	David Benson, excused	Diane Beck, Office of Support
Angela F. Hawkins	Ella Collins-Nelson, excused	
Ardry Skeet Boyle	Gloria Sierra, excused	
Becky Chen	Kevin Aloysius	
Cecilia Ross	Nancy Miertschin, excused	
Curtis Bellard	Robert Noble	
Denis Kelly	Steven Vargas	
Isis Torrente		
Lorena Arista		
Michael Kennedy		
Rodney Mills		
Tana Pradia		
Teresa Pruitt		
Tracy Gorden		

Call to order: Curtis Bellard, called the meeting to order at 9:05 a.m.; he welcomed everyone and asked for a moment of reflection.

Adoption of the Agenda: Motion #1: *It was moved and seconded (Pruitt, Boyle) to adopt the agenda with one correction: delete item IV. Motion Carried.*

Approval of the Minutes: Motion #2: *It was moved and seconded (Pruitt, Kelly) to approve the May 13, 2016 meeting minutes. Motion Carried.* Abstentions: Gorden, Ross, Turner.

Coordination of Effort Benchmarks for 2017 Plan: Benchmarks were revised as follows: Benchmark 6 - change Number to Proportion; Benchmark 8 - delete the A in PLWHA; Benchmark 9 - change to read percentage of PLWH reporting private or public health insurance coverage; Benchmark 10 - delete; Benchmark 11 - add Medicare; Benchmark 12 - no change; add new Benchmark 13 and 14 - Percentage of RW clients who are eligible for Medicaid/Medicare but not enrolled (compare to the percentage enrolled) and Percentage of RW clients who are eligible for Health Insurance (marketplace plans) but not enrolled. **Motion #3:** *it was moved and seconded (Kelly/Hawkins) to approve the Coordination of Effort Benchmarks for 2017 Plan as revised. Motion carried.*

Develop Foci and Activities for Each Solution (Logic Model 2): See attached information from the

2012 Plan and Logic Model 2 worksheet for each solution. The workgroup discussed Solution 1 as follows: Foci include Federally Qualified Health Centers, New Partners, and Non-Traditional Partners. Activities discussed included unifying stakeholders, such as FQHCs that are not currently at the table, how to have ongoing communication between private doctors, hospitals, medical systems such as Kelsey Seybold, collaborating with new partners (such as the AETC) for training medical providers, developing a Ryan White system educational update to be done every 1-2 years (similar to the Sharing Science symposium). One item suggested for Solution 3 was to update activity #5 from the 2012 plan to read: Explore the feasibility and practicality of developing a clearinghouse of educational opportunities, if there is a resource that can promote that.

Next Meeting: June 24th at 9:00 a.m.; Agenda items include completion of Logic Model 2 and Logic Model 3.

Announcements: None.

Adjourn: The meeting was adjourned at 11:00 a.m.

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – COE Solution 1

Solution {Recommended approach to achieve stated goals and targets}
<p>1. Launch proactive efforts to unify stake-holders and to engage new and non-traditional partners in achieving the HIV prevention and care mission Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission</p>



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
FQHCs	New Partners	Non-Traditional Partners	
<p>[Still to be developed into activities: Unifying stakeholders, such as FQHCs that are not currently at the table; how to have ongoing communication between private doctors, hospitals, medical systems such as Kelsey Seybold; collaborating with new partners (such as the AETC) for training medical providers; developing a Ryan White system educational update to be done every 1-2 years (similar to the Sharing Science symposium) to share program and systems changes]</p>			

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – COE Solution 2

Solution {Recommended approach to achieve stated goals and targets}
2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*



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

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – COE Solution 3

Solution {Recommended approach to achieve stated goals and targets}
3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*



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
1. Explore the feasibility and practicality of developing a clearinghouse of educational opportunities.			

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 #)

HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN FOR 2012-2014 YEAR 3 EVALUATION CHECKLIST

***Status Key**
 Complete (C)
 Complete for Year 3 (C3)
 In Progress (P)
 Not Initiated (NI)
 N/A for Time Period (NA)
 N/A Complete (NA/C)
 *Staff recommendation

Strategy: 4—COORDINATION OF EFFORT (COE)

Activity	Responsible Party/ Parties	RWPC/CPG Committee or Other Partner	Data Source/ Reference	Timeframe	Process Notes	Status <small>*See key above</small>
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	RWPC/OS, RWGA, TRG	N/a	N/a	2013	Addressed via 2014 Needs Assessment (NA) conducted in Y2; was also replicated in East Texas HASA NA process.	C
2. 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	RWPC/OS	AETC	N/a	2013	Defer to Activity #13 (f) and (k) below.	
3. Engage broad-based Houston Area health, social service, and community coalitions in order to engage new and non-traditional partners in supporting the HIV mission	RWPC, RWPC/OS, TRG	RWPC Comp HIV Planning, CPG CMRC	N/a	Annually	Continued involvement in United Way ESPN & United Way Interagency Network in Y3.	C3
4. 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	RWPC, CPG	RWPC Affected, Committee, CPG CMRC, Needs & Response, and QA Committees	N/a	2013	A process for media planning was implemented in Y2.	C
5. Explore the feasibility and practicality of developing a clearinghouse of available funding opportunities to support Strategy implementation	RWPC/OS	RWGA, TRG, HDHHS	N/a	2013	Multiple HIV prevention and care funding distribution lists were identified in Y2. Creation and maintenance of a clearing house would be duplicative.	C
6. 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	RWPC/OS	N/a	N/a	2015	Mobile Blue Book app created in Y3/Y4, with "beta" version of the app available for Android smartphones in early Y4. HDHHS/CPG membership also assisted in the planning and development of a phone application that integrates the Blue Book, information on testing/care sites, and safer sex messages with Baylor Teen Clinic. <i>Recommendation: Retain activity in Y4</i>	P*

Activity	Responsible Party/ Parties	RWPC/CPG Committee or Other Partner	Data Source/ Reference	Timeframe	Process Notes	Status <i>*See key above</i>
7. Create an “increased public health insurance coverage scenario” for Ryan White Part A, B, and State Services funding allocations in anticipation of expansions in coverage occurring through health care reform	RWPC	RWPC P&A Committee	N/a	2013	The approved Level Funding Scenario for Y2 included adjusted allocations per the impact of the federal/ACA marketplace. The RWPC HIA Workgroup also convened, and the HIA service definition was revised to align with ACA.	C
8. Work with Ryan White HIV/AIDS Program funded primary care providers to develop implementation plans for federally-compliant Electronic Medical Records platforms	RWGA, TRG	N/a	Standards of Care	2014	Adult primary care providers have EMR systems in place per SOC adopted in Y1.	C
9. Provide educational opportunities and materials to people living with and/or affected by HIV/AIDS regarding the impact of the <i>Patient Protection and Affordable Care Act</i> on HIV services.	RWGA, TRG, RWPC/OS	RWPC Affected Committee	N/a	Annually	Training was provided in Y3 via RWPC, frontline staff, and ASOs. Agendized discussion of the marketplace also occurred at RWPC meetings throughout Y3. New Part A/B SOC related to the marketplace became effective in Y3. RWPC/OS conducted two Special Studies in Y3 on ACA enrollment among consumers, and feasibility of a pilot project to purchase Marketplace plans for individuals below 100% FPL.	C3
10. 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	RWPC/OS	N/a	N/a	2014	Partnership was found to be unnecessary as AAA and ADRC were selected for federal funding in Y2 to provide navigator services.	C

11. Facilitate technical assistance and training for Administrative Agents, funded AIDS-service organizations (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.)	RWGA, TRG	AETC	N/a	Annually	RWGA and RWPC/OS provided technical assistance to Dallas EMA and Dallas Planning Council Support Office on Quality Management/Quality Improvement; fostering positive relationships and participation with planning council membership, and EIIHA plan development in Y3.	C3
12. Continue to conduct core comprehensive HIV planning processes jointly between the Ryan White Planning Council (RWPC) and the HIV Community Planning Group (CPG)	RWPC, CPG	RWPC Comp HIV Planning, CPG Executive, Needs & Response, and QA Committees	N/a	Annually	A Joint Epi Profile Supplement was released in Y3; 2014 Project LEAP was co-sponsored by RWPC and HDHHS, resulting in new RWPC/CPG members for Y3.	C3
Activity	Responsible Party/ Parties	RWPC/CPG Committee or Other Partner	Data Source/ Reference	Timeframe	Process Notes	Status <i>*See key above</i>
13. 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)	RWGA, HDHHS	RWPC EIIHA Workgroup	ECHPP, EIIHA Strategy	Annually	A Joint EIIHA Workgroup was convened in Y3 to design the FY15 EIIHA Plan. <i>Recommendation: Remove ECHPP component of activity</i>	C3*
14. Support ongoing statewide efforts for increased integration of HIV prevention and care as outlined in the <i>Texas HIV/STD Prevention Plan, Texas Jurisdictional Plan, and the Texas Program Collaboration, Service Integration (PCSI) Plan</i>	RWPC, CPG	RWPC Comp HIV Planning, CPG Executive, Needs & Response, and QA Committees	TX HIV/STD Prevention Plan, TX HIV Plan, PCSI	As requested	Specific tasks were completed as requested by DSHS, including participation in the Texas HIV Syndicate by RWPC/CPG members and staff.	C3
15. Sustain formal partnerships with the (HOPWA) program and other housing and homelessness prevention coalitions and groups to address housing instability among PLWHA	RWPC	RWPC	N/a	Annually	HOPWA and Harris Health/ Healthcare for the Homeless/ SPNS formal representation continued on RWPC in Y3; Representatives of HOPWA and the Homeless Coalition presented at Project LEAP in Y3.	C3
16. Target the following sectors and groups for coordination of effort activities:	RWPC/OS, RWPC, CPG	RWGA, TRG, HDHHS, Task Forces	N/a	Annually		P
a) Aging (e.g., home health, hospice, assisted living, etc.)					HIV & Aging Coalition; ESPN; task force participation in health fair geared toward aging population in Y3	C3
b) Alcohol and drug abuse providers and coalitions at the					Substance abuse subject matter expert continued	C3

local and regional levels					membership on RWPC in Y3.	
c) Business community and Chambers of Commerce					Speaker's Bureau developed in Y3 to provide presentations for Chambers of Commerce and other business community organizations on the intersections of between HIV and the workforce; HDHHS health fair co-sponsored by local business for business community	C3
d) Community centers					Partnerships with local community centers for ACA education and tax prep formed in Y4 and will appear in Y4 Comprehensive Plan evaluation.	NI
e) Chronic disease prevention, screening, and self-management programs					HDHHS partnered with Gateway to Care for ACA implementation in Y3.	C3
f) Medical professional associations, medical societies, and practice groups					AETC; HDHHS provided syphilis information mailing to 100 providers in local medical professional associations in Y3.	C3
g) Mental health (e.g., treatment facilities, professional counseling associations, etc.)					HDHHS and RWGA co-hosted mental health trainings for frontline staff in Y3	C3
h) New AIDS-service providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)					HDHHS surveyed FQHCs on PrEP implementation and engaged with FQHCs on service linkage issues/plans in Y3;	C3
i) Philanthropic organizations						NI
j) Primary education, including schools and school districts					C2P Coalition; Youth Task force participation at Mayor's Back to School event in Y3; HDHHS participated in the Striving to Reduce Youth Violence Everywhere (STRYVE) Initiative with HISD	C3
k) Secondary education, including researchers, instructors, and student groups					BCM, MDACC, Methodist, and UT; UTSPH student began practicum with HDHHS in Y3; CFAR collaboration and the Scientific Advisory Council's Sharing Science Symposium in April 2014; HDHHS had two accepted peer-reviewed articles with researchers, and four accepted abstracts with researchers	C3

l) Workforce Solutions and other programs focused on vocational training and rehabilitation					HDHHS participated in ad hoc task force with Mayor's Office on workforce issues for re-entry population; Career & Recovery no longer contracted with HDHHS; see 16 c.	C3
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UPDATED:
06/17/16

All meetings subject to
change. Please call in
advance to confirm:
713 572-3724.

*Unless otherwise noted,
meetings are held at:*

2223 W. Loop South,
Suite 240
Houston, TX 77027

July 2016

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1	2
3	4 Independence Day OFFICE CLOSED	5	6	7	12 noon Steering Committee Room #240 3:00 pm Gaps in Care Wg Room #TBD	8 9:00 am Special Pops Wg Rm #TBD	9
10	11	12	13	14	12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	15	16
17	18	19 11:00 am Operations Room #240	20 SIRR	21 CANCELLED Quality Improvement	22	23	
24	25	26 12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Belfort Ave. 77031	27	28 11:00 am Priority & Allocations Room #532	29	30	
31							