

2017-2021 Comprehensive Plan for HIV Prevention and Care Services

Evaluation Workgroup

10:30 a.m., Thursday, July 19, 2018

Meeting Location: 2223 W. Loop South, Room 240
Houston, Texas 77027

AGENDA

Goal of Today's Meeting:

Continue evaluation of Year 1 (2017) Comprehensive Plan implementation

- | | |
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| I. Call to Order | Brenda Harrison, Nick Sloop,
and Steven Vargas, Co-Chairs |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes | |
| II. Continue Review Year 1 (2017) Comprehensive Plan Implementation | Amber Harbolt, Health
Planner, Office of Support |
| A. Develop Year 1 Evaluation Conclusions | |
| 1. Technical adjustments | |
| 2. Activities to retain for Year 2 (2018) implementation | |
| III. Next Meeting | Brenda Harrison, Nick Sloop,
and Steven Vargas, Co-Chairs |
| 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 Houston Area Comprehensive HIV Prevention and Care Services Plan
EVALUATION WORKGROUP**

11:00 a.m., Thursday, June 28, 2018

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

Minutes

MEMBERS PRESENT

Steven Vargas, Co-Chair
Skeet Boyle
Sha'Terra Johnson-Fairley
Crystal Townsend
Amana Turner
Kellie Watkins

MEMBERS ABSENT

Raven Bradley
Cynthia Deverson
Thomas Dickerson
Herman Finley
Brenda Harrison
Angela F. Hawkins
Dawn Jenkins
Osaro Mgbere
Calvin Mills
Sarah Njue
Nicholas Sloop
Crystal Starr
Mike Wilkerson

OTHERS PRESENT

Amber Harbolt, Ofc of Support
Diane Beck, Ofc of Support

Call to order: Steven Vargas, co-chair, called the meeting to order at 11:00 a.m. and asked for a moment of reflection.

Adopt the Agenda: **Motion #1:** *it was moved and seconded (Boyle, Townsend) to adopt the agenda.*
Motion Carried.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Townsend, Boyle) to approve the May 10, 2018 meeting minutes.* **Motion Carried.** Abstention: Boyle.

Review and Address Quorum Rules: Harbolt reviewed the attached workgroup quorum rules and staff suggested changes. **Motion #3:** *it was moved and seconded (Boyle, Turner) to accept the staff suggestions and change the minimum number of members needed for quorum to three.* **Motion Carried.**

Continue Review Year 1 (2017) Comprehensive Plan Implementation: The workgroup reviewed and completed Strategy 1: Prevention and Early Identification (Activity 11) as well as Strategy 2: Bridging Gaps in Care and Reaching the Out of Care, see attached.

Next Meeting: The next meeting will be on July 19, 2018; the time will depend on room availability.

Announcements: The FY19 EIIHA Plan Workgroup will meet on July 23rd at 2:00 p.m.. The draft EIIHA plan will be sent out for comment and then the Comprehensive HIV Planning Committee will meet on July 30th at either 12:00 p.m. or 2:00 p.m. for final approval of the EIIHA plan.

Adjournment: The meeting was adjourned at 2:04 p.m.



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*

Implementation Evaluation Year 1 (2017)

Role of the Evaluation Workgroup

“The 2017 Comprehensive Plan Evaluation Workgroup will convene on [an annual] basis to review the status of activities and benchmarks/care continua data, provide explanation of outcomes, identify areas of course correction, assess direction of stated objectives, and report findings to the planning bodies.”

- 2017-2021 Comprehensive Plan, Plan for Implementation and Evaluation

**Step 1:
Review Status of Activities &
Benchmarks**

Strategy 1: Prevention And Early Identification (PEI): Activities

- **11 activities** were designated for completion in 2017
 - 3 were designated for completion in 2017
 - 8 to be conducted annually/as needed
- **PROGRESS STATUS:**
 - 9 activities = Complete (C) = (82 %)
 - 2 activities = In Progress (P) = (18%)

Strategy for Prevention & Early Identification (PEI)

PEI Activity #1

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.	CPG; HHD	Annually	HHD CPG Support Staff; Task Forces (Youth Task Force)	Youth	Cross-representation occurred; SHAC minutes; Youth Task Force minutes

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

CPG/HHD:

- HHD has a staff member who serves on the HISD SHAC. This staff person serves on the Health Education ad hoc workgroup that addresses HISD wellness policies, and provides updates at CPG meetings. In 2017, SHAC reviewed several CBO curricula for use in HISD, and approved Bee Busy’s “Get Informed. Not Infected. (GINI)” and “Students Taking Responsibility and Action to Prevent Pregnancy (STRAPP)” programs and UTHealth’s “It’s Your Game” program. This staff member provides updates from SHAC and HHD at Baylor Teen Health’s Linkage to Care meetings and serves on AFH’s Community Advisory Board. When this staff member retired in October 2017, HHD assigned a new staff member to serve as youth-focused community liaison.
- HHD/CPG had several other instances of youth-focused cross-representation in 2017:
 - CPG/EIHA Workgroup member was also highly active with the Youth Task Force
 - Manager of Health and Physical Education for HISD (SHAC oversight) served on the Youth Task Force.
 - Health Education Specialist for HISD served on the Youth Task Force
- In September 2017, HHD submitted a grant application for a demonstration project for HIV prevention in partnership with My Brother’s Keeper and HISD.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #2

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.	CPG	Annually	HHD CPG Support Staff; Urban AIDS Ministry	Faith communities	Urban AIDS Ministry minutes; Speakers Bureau evaluations

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

CPG/HHD

- In May 2017, Bureau Program Manager addressed 2,500 person congregation for “National Week of Prayer for the Healing of AIDS”.
- HHD included activities to partner with the faith community serving the Hispanic/Latino community in Project PODER grant application for molecular HIV surveillance (**MHS**). This funding was awarded in September 2017.
- In June 2017, Bureau capacity building and training program began reaching out to new churches to join the Urban AIDS Ministry.
- In August 2017, Bureau coordinated with external representatives from the faith community on development of a strategic plan that 1) identifies types of collaboration between the HHD and faith community, and 2) addresses how HHD will engage additional organizations and leaders in the faith community.
- In October 2017, HHD participated in a AIDS Healthcare Foundation panel with a local pastor. The panelists discussed potential partnership between administrators faith organizations could partner together, specifically what administrators could do to facilitate collaboration.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #3

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Adopt PrEP uptake marketing models designed to remove stigma.	HHD	2017	HHD PrEP Coordinator; Project PrIDE	HIV negative individuals; partners of PLWH	Materials created

Status and Brief Progress

Complete (C)

In Progress (P)

Not Initiated (NI)

HHD

- In 2017, the Project PrIDE marketing and campaign distributed over 11,000 PrEP materials and over 6,000 D2C materials including provider toolkits and bathroom posters. The campaign received nearly 2 million views/impressions on social media. A total of 37 individuals participated in transgender, AA MSM, HL MSM, and provider targeted PrEP and D2C focus groups. The PrEP Outreach Specialist contacted 130 providers, met with 14 in person to discuss PrEP, and delivered 107 in-depth provider toolkits.
- In March 2017, Bureau hosted consumer and provider focus groups to inform development of city-wide social marketing campaign, in which more materials were created.
- In May 2017, HHD included activities to create and disseminate additional marketing materials/strategies to serve the Hispanic/Latino community in Project PODER grant application for MHS. This funding was awarded in September 2017.
- In May-June 2017, an HHD PrEP commercial aired at all Harris County AMC movie theatres (R movies), electronic boards on all floors of the HHD building
- In June 2017, Bureau released marketing media vendor RFP for PrEP and TasP/D2C. This vendor was selected in December 2017 with expected City-Council approval in February 2018. Also in June, the Bureau partnered with local agencies to create video marketing material on PrEP, TasP, and gender identity, including: FLAS: new telenovela episodes on PrEP, TasP, transgender identity (screened June 12, 2017); AFH: new PSAs on PrEP in progress; and Bee Busy, Inc.: new PSAs on PrEP in progress.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #4

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g. repeal the ban on syringe access, access to PrEP, adopt comprehensive sexuality education in schools, etc.).	HHD; CPG <i>Potential non-RP partners:</i> POP; Task Forces; THAC	Annually	HHD staff; HHD CPG Support Staff; HHD PrEP Coordinator	Public officials; policy-level interventions	Education occurred; local/state policy changes

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG

- In 2017, the Bureau Chief served as the UCHAPS Public Policy Workgroup Co-Chair, on the AIDS United Public Policy Committee, and on Board of NASTAD. Bureau participated in the Perinatal Task Force. The STD Program Manager served on FIMRSH Panel, which informs community action to prevent perinatal HIV and syphilis. Bureau participated in END plan.
- In February 2017, Houston/Harris Co HIV data was distributed to consumers for the Texas HIV Advocacy Day. Bureau met with NHBS to encourage staff to analyze and summarize data to create an educational tool regarding support of syringe exchange.
- In March 2017, Bureau helped organize Texas attendees to AIDSWatch 2017. CBOs and Task Forces received information free resources regarding immigration concerns. Bureau Chief visited with legislators and staffers 3 times to discuss Houston's gaps and needs related to HIV. Data and media/marketing team created fact sheets for general community and elected officials. These included information on PrEP and treatment access. Bureau promoted Undetectable=Untransmittable and participated in development of similar statements from AIDS United and NASTAD.
- In May 2017, Bureau helped coordinate presence of Council Member Larry Green at Splash, and a reception between the Mayor's LGBTQ Advisory Board and the Center for Black Equity.
- In June 2017, Bureau met with the Sheriff's Office to discuss changes in data sharing and processes to ensure I/RR have timely linkage.
- In August 2017, Congresswoman Sheila Jackson Lee was educated on the Red Ribbon Initiative and HIV service response instituted during disasters at the George R. Brown Hurricane Harvey Shelter. Bureau staff wore red ribbon pins to encourage residents living with HIV to approach for assistance and service linkage.
- In October 2017, Bureau participated in National Forum for Black Public Administrators (NFBPA) meeting and discussed HIV as a policy priority, including policies administrators could adopt in their own cities. Cities surrounding the Houston area were in attendance.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #5

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Disseminate routine testing implementation toolkit to targeted private and non-Ryan White funded providers and FQHCs to facilitate linkage to care.	RWPC-OS	Annually	TDSHS, Test Texas, Texas HIV/AIDS Coalition, and Baylor College of Medicine	Status unaware individuals	Toolkits disseminated
	<i>Potential non-RP partners:</i> TDSHS; AETC; HHS				

Status and Brief Progress

Complete (C) - for 2017

In Progress (P)

Not Initiated (NI)

RWPC - OS

- 250 provider toolkits promoting routine testing and linkage were created for the "Tools for Your Practice" Conference, which took place on January 21, 2017

Strategy for Prevention & Early Identification (PEI)

PEI Activity #6

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. <i>(Also SP Activity #5)</i>	HHD; CPG	Annually	HHD CPG support staff; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG

- In 2017, the Project PrIDE marketing and campaign distributed over 11,000 PrEP materials and over 6,000 D2C materials including provider toolkits and bathroom posters. The campaign received nearly 2 million views/impressions on social media. A total of 37 individuals participated in transgender, AA MSM, HL MSM, and provider targeted PrEP and D2C focus groups. The PrEP Outreach Specialist contacted 130 providers, met with 14 in person to discuss PrEP, and delivered 107 in-depth provider toolkits. Bureau distributes HIV prevention information to the general community, including providers, through the following campaigns: Take Charge. Take the Test., Testing Makes Us Stronger, Greater Than AIDS, Let's Stop HIV Together, and Doing It.
- In January 2017, Bureau partnered on "Tools for Your Practice" Conference.
- In May 2017, Bureau funded an agency to provide technical assistance to other agencies on routine HIV testing, service linkage, and D2C materials. HHD included HIV prevention education/awareness activities to target additional providers primarily serving the Hispanic/Latino community Project PODER. This funding was awarded in September 2017. HHD hosted meeting for HIV prevention and care service providers on MHS for HIV interruption and prevention.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #7

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability of the Mobile Testing Unit.	HHD	As needed	HHD staff	Task Forces; community groups; funded agencies; non-HHD funded agencies	Urban AIDS Ministry minutes; Speakers Bureau evaluations
	<i>Potential non-RP partners:</i> HHD Clinical Services				

Status and Brief Progress

- Complete (C)
 In Progress (P)
 Not Initiated (NI)

HHD

- In March 2017, Bureau has assigned a staff person to serve as a community liaison to the mobile unit. This person maintains an email list of interested members to receive the mobile unit calendar by email (calendar is updated every 2 weeks). The calendar is also emailed to city-funded contractors, CPG, and task force liaisons. HHD included activities to better disseminate mobile unit availability to the Hispanic/Latino MSM community and providers serving that community Project PODER grant application for MHS. This funding was awarded in September 2017.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #8

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Create and distribute rural referral resource list to DIS.	TRG	Annually	TRG staff	Rural PLWH	List created and distributed; list regularly updated

Status and Brief Progress

Complete (C) - for 2017

In Progress (P)

Not Initiated (NI)

TRG

- Planner sent out a updated list to DIS for the Houston HSDA

Strategy for Prevention & Early Identification (PEI)

PEI Activity #9

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.	HHD; RWGA; RWPC	2017	HHD staff; RWGA staff; RWPC-OS; contracted providers	Newly diagnosed PLWH; incoming consumers	Record of strategies pursued
	<i>Potential non-RP partners: all HIV care providers</i>				

Status and Brief Progress

- Complete (C)
 In Progress (P)
 Not Initiated (NI)

HHD

- In 2017, Bureau participated in the joint Prevention/Care frontline meetings in which timelines were re-emphasized and solutions were jointly discussed to ensure timely entry into care. Harris Health System continues to have HHD-funded SLWs stationed at hospital sites to ensure rapid linkage to care for those identified through Routine Testing. This process was enhanced to identify acute HIV and fast track those with acute HIV into treatment.
- In May 2017, HHD included new techniques to reduce the time period between diagnosis and entry into HIV medical care (and new techniques to reduce the time period between acquisition of HIV and diagnosis) in Project PODER grant application for MHS. This funding was awarded in September 2017
- In June 2017, Bureau met with the Sheriff's Office to discuss changes in data sharing and processes to ensure I/RR have timely linkage.

RWGA

- In support of this activity, RWGA tracks availability of PCare appointments for clients entering care; As of 1/2/18, avg. wait time was 6 days, ranging per agency from 4 days to 12 days.

RWPC

- In June 2017, Council approved the FY 2017 and FY 2018 service definition for Emergency Financial Assistance, and bundled it with PCare and LPAP to facilitate early access to HIV medications while other payors are secured. Council also approved FY 2018 Ryan White Part A, Part B and State Services service definitions and the proposed special idea for the Compassionate Care Program to identify medication cost assistance.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #10

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Hold consumer PrEP and treatment as prevention education forums.	RWPC; HHD	Annually	RWPC-OS; HHD staff; volunteers; possibly pharma rep if not COI	PLWH; partners of PLWH	Forums occurred; evaluations
	<i>Potential non-RP partners:</i> AETC				

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

RWPC

- In January, PrEP education session was provided at *Camino hacia Tu Salud*.

HHD

- In January 2017, HHD Project PrIDE and H.E.A.R.T.S. teams participated in the National AIDS Education & Services for Minorities (NAESM)'s National MSM Leadership Conference in Dallas, TX. HHD hosted a PrEP event at the conference. HHD presented PrEP and TasP at the Sharing Science Symposium (152 attendees)
- On National Transgender HIV Testing Day (4/18), HHD SL and PrEP Program staff helped plan an educational event with Legacy and Bee Busy to raise awareness about HIV among transgender populations, PrEP and HIV prevention options, and linkage.
- In June 2017, HHD spoke about PrEP and linkage at a town hall during Splash and administered surveys of PrEP awareness to attendees.
- In December 2017, Bureau Chief presented on Project PODER and ways to end the epidemic (including TasP) during AFH's World AIDS Day Luncheon. HHD served as a Benefactor Sponsor at the National Biomedical HIV Prevention Summit, which is an annual meeting bringing together HIV leaders from community-based organizations, health departments, and national organizations to discuss and learn about PrEP and other biomedical HIV prevention interventions. The PrEP Coordinator presented during the opening plenary as well as a workshop to share Houston's experience with increasing PrEP access. The HHD also conducted outreach and provided PrEP education materials to its 1,200 attendees.

Strategy for Prevention & Early Identification (PEI)

PEI Activity #11

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Identify methods for measuring local online HIV and sexual health information seeking.	HHD	2017	HHD PrEP Coordinator; HHD staff	N/A	Methods identified; resulting measurements

Status and Brief Progress

Complete (C)

In Progress (P)

Not Initiated (NI)

HHD

- In March 2017, HHD was currently working with Baylor Teen Clinic on rolling out Phase II of the Hi52Hlth application that features health monitoring and further means of interfacing with SLWs. Usage of this application was actively monitored by both Baylor Teen Clinic and the HHD through Google Analytics reports. The HHD began receiving the Google Analytics reports in July 2016 (latest report received in March 2017). In December 2017, Phase II was cancelled due to administrative challenges and the implementation of Positive Links.
- Bureau leadership communicated that tracking of Prevention Warm line calls will be reinstated by the Bureau's staff answering these calls. Bureau began distributing a PrEP awareness survey in Spring/Summer 2017 via online hook-up apps, like Scruff, Grindr, etc.
 - May 2017- the Bureau began distribution of a PrEP awareness survey via Scruff.
 - June 2017- the Bureau began distribution of a PrEP awareness survey via Adam4Adam.

Strategy 1: Prevention And Early Identification (PEI): Activities

Staff Recommendations for PEI Activities:

- Activity #5: Revise timeframe to “As needed”.
 - Rationale: This activity was done in partnership with AETC, and requires initiation from AETC
- Activity #9: Retain for Year 2 (2018)
 - Rationale: Allow time for further implementation of this activity on the care side
- Activity #11: Consider changing status to “In Progress” and retain for Year 2 (2018)
 - Rationale: Primary means of gathering data (Phase II of Hi52Hlth app) was cancelled in December 2017

Strategy 2: Bridging Gaps in Care and Reaching the Out of Care (Gaps): Activities

- **6 activities** were designated for completion in 2017
 - 5 were designated for completion in 2017
 - 1 to be conducted annually/as needed
- **PROGRESS STATUS:**
 - 3 activities = Complete (C) = (50 %)
 - 3 activities = In Progress (P) = (50%)

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #1

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s).	RWGA <i>Potential Non-RP partners:</i> RWPC-OS; RWPC	2017	RWGA staff; RWPC-OS; volunteers	Incoming clients	Report completed for feasibility study

Status and Brief Progress

Complete (C)

In Progress (P)

Not Initiated (NI)

RWGA

- RWGA conducted inventory of current peer programs at RW funded providers. Findings indicated that peer/volunteer navigator programs are currently being operated successfully by area RW funded Primary Care Providers; RWGA suggests gathering data to quantify program outcomes

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #2

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.	RWGA <i>Potential Non-RP partners: HHD; RWPC</i>	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Incoming clients	Changes made to Standards of Care; increase in retention per CPCDMS

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWGA

- No warm handoff standard revisions were integrated into the FY18 Standards of Care during Fall 2017. Quality Management Project targeting improvement of client linkage to care will be initiated in 1Q FY18. Any identified best practices will be integrated into FY19 SOC. *

* Per minutes from the QI Committee meeting on 11/19/2017, the Committee approved a motion to accept 2017 Comprehensive Plan recommendations on revisions to FY18 Standards of Care, and ask the Administrative Agent to report back in June 2018 on how the recommendations were incorporated into the FY18 Standards of Care. The recommendation was to “Refer to the US Health and Human Services Agency for Healthcare Research and Quality Implementation Guide for Warm Handoff protocols, and incorporate the warm handoff steps and tools listed in the guide into case management, service linkage, and outreach services SOC and/or policies as applicable. Those steps are:

- i. Obtain leadership buy-in, and identify invested champions at the provider level to help guide implementation of warm handoffs.
- ii. Design workflows that accommodate warm handoffs.
- iii. Provide clinician, staff and volunteer training in warm handoffs and these adjustments to workflows within and between providers.
- iv. Make consumers and families aware of warm handoffs and their role through a handout or posted fact sheet.
- v. Assess incorporation of warm handoff procedures and workflows to address any barriers.”

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #3

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.	RWGA <i>Potential Non-RP partners: HHD; RWPC</i>	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Newly diagnosed PLWH	Changes made to Standards of Care; increase in retention per CPCDMS

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWGA

- No newly diagnosed follow up standard revisions were integrated into the FY18 Standards of Care during Fall 2017. Quality Management Project targeting improvement of client linkage to care will be initiated in 1Q FY18. Any identified best practices will be integrated into FY19 SOC.*

* Per minutes from the QI Committee meeting on 11/19/2017, the Committee approved a motion to accept 2017 Comprehensive Plan recommendations on revisions to FY18 Standards of Care, and ask the Administrative Agent to report back in June 2018 on how the recommendations were incorporated into the FY18 Standards of Care. The recommendation was to “incorporate SOC for service linkage, case management, and/or outreach services (whichever is most relevant to the role) that staff will make a documented attempt to contact newly diagnosed Ryan White consumers at least once every 3 months during their first year of diagnosis to assist the consumer with becoming established in care.”

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #4

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Expand the Road to Success consumer training program to housing sites.	RWPC-OS; RWPC; RWGA; TRG <i>Potential non-RP partners:</i> HCD; housing sites	Annually	RWPC-OS; RWGA staff; TRG staff	HOPWA /housing clients	Road to Success agenda; evaluations

Status and Brief Progress

Complete (C) for 2017

In Progress (P)

Not Initiated (NI)

RWGA

- N/A: This activity is not under the purview of RWGA.

RWPC-OS

- While holding Road to Success training at housing sites is not feasible due to issues with meeting space and number of consumers served at particular housing sites, additional efforts will be undertaken to coordinate transportation for housing clients when Road to Success is implemented later this year. In 2017, RWPC-OS coordinated transportation with a housing provider to allow several housing clients to attend Project LEAP. This coordination may be applied to Road to Success.

TRG

- N/A: This activity is not under the purview of TRG.

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #5

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage. <i>(Also COE Activity #10)</i>	RWGA	2017	RWGA staff	OOC PLWH	Report completed for feasibility study
	<i>Potential non-RP partners: Local hospital systems</i>				

Status and Brief Progress

Complete (C)

In Progress (P)

Not Initiated (NI)

RWGA

- Use of CPCDMS is regulated by vendor contact; this cannot occur if user do not have agreement with HCPH. Additionally, CPCDMS is not an electronic health record system. Expanded use for clinical care is outside of RWGA scope. Allowing access to non-RW providers found to be infeasible.

Strategy for Bridging Gaps in Care and Reaching the Out of Care (Gaps)

Gaps Activity #6

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
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.	RWPC-OS	2017	RWPC-OS	Out of Care PLWH; PLWH with private / public insurance	Record that discussion occurred; success and opportunities applicable to Houston generated

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWPC-OS

- Initial contact was established with Housing Works and NY Health Department to determine whether those organizations are working with health insurance providers to identify and re-engage out of care individuals, but follow-up inquiries were not answered.

Strategy 2: Bridging Gaps in Care and Reaching the Out of Care (Gaps): Activities

Staff Recommendations for Gaps Activities:

- Activity #1: Technical adjustment: RWGA suggests gathering data to quantify program outcomes of current peer programs at RW funded providers.
 - Rationale: Current unfunded peer programs at RW providers seem to be operating successfully, but outcomes have not been quantified.
- Activity #2: Retain for Year 2 (2018)
 - Rationale: Retain so recommendation on Warm Handoff protocols may be included in the FY19 SOC.
- Activity #3: Retain for Year 2 (2018)
 - Rationale: Retain so recommendation on regular outreach to newly diagnosed clients during the first year of diagnosis to support establishment in care and retention may be included in the FY19 SOC.
- Activity #4: Technical adjustment: Remove RWGA and TRG from responsible parties; adjust activity to reflect coordination with housing providers to provide transportation to consumer trainings.
 - Rationale: Activity is not within scope of administrative agents' role. Difficulties with meeting space and number of consumers at particular housing sites presented a challenge to effective implementation of this activity. Transportation with a housing provider to provide transportation for housing clients to Project LEAP was successful. Application of this strategy to offer Road to Success to housing clients is promising.
- Activity #6: Retain for Year 2 (2018), mark as complete, or remove activity.
 - Rationale: This would allow time for further inquiry. Contact was established and dialogue initiated, making the activity complete in technicality, but not in intent. Discussion of whether the activity is still a priority in the Houston area may be beneficial.

Strategy 3: Addressing the Needs of Special Populations (SP): Activities

- **8 activities** were designated for completion in 2017
 - 2 were designated for completion in 2017
 - 5 to be conducted annually/as needed
 - 1 with timeframe TBD
- **PROGRESS STATUS:**
 - 7 activities = Complete (C) = (88 %)
 - 1 activity = In Progress (P) = (13%)

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #1

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.	RWGA; TRG; HHD <i>Potential Non-RP partners: RWPC</i>	Annually	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

RWGA*

- RWGA QM review of SOC found no revisions necessary regarding client inclusiveness.

TRG*

- TRG's Non-Discrimination in Service Delivery policy and procedures was updated to include same-sex spouses and affirmative outreach. Technical assistance was provided to sub-recipients. References to the policy will be included in SOC.

HHD

- In March 2017, Bureau included the following statement its marketing RFP sent to procurement and will also include it in future RFPs when possible: "The contractor will serve clients in a manner that is free of stigma and discrimination in regards to age, sex, race/ethnicity, color, sexual orientation, national origin, familial status, marital status, military status, gender identity, genetic information, religious or political affiliation, pregnancy, mental or physical disability, or addiction, incarceration, or housing status."
- * Per minutes from the QI Committee meeting on 11/19/2017, the Committee approved a motion to accept 2017 Comprehensive Plan recommendations on revisions to FY18 Standards of Care, and ask the Administrative Agent to report back in June 2018 on how the recommendations were incorporated into the FY18 Standards of Care. The recommendation was to "Revise all general and service-specific SOC regarding facilities used by consumers to ensure consumer-used facilities are accessible to all people, and explicitly accessible to people of all sexual orientations and gender identities.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #2

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
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.	HHD; CPG; RWPC <i>Potential Non-RP partners: TDSHS – rural areas; AETC</i>	Annually	HHD PrEP Coordinator; HHD CPG support staff; RWPC-OS; Project PrIDE; possibly Gilead Project FOCUS if not COI	Private providers; special populations	Education materials developed/used; list of providers educated; increase in routine testing

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG

- In January 2017, Bureau partnered with AETC, Baylor, RWPC, Legacy Community Health, and others, hosted a Tools for Your Practice: HIV Testing and Prevention Workshop on 1/21/2017 to increase awareness of HIV testing, PrEP, and linkage to care among non-HIV providers in Houston. Brochures and palm cards to promote Data to Care and TasP have been created and printed for distribution. Provider-specific and community-specific materials have both been created. For more information, see updates on PEI PrEP/TasP media and social marketing activities.
- In May 2017, HHD included activities for HIV prevention education/awareness activities to target additional providers primarily serving the Hispanic/Latino community Project PODER grant application for MHS. This funding was awarded in September 2017.

RWPC

- 250 provider toolkits promoting routine testing and linkage were created for the “Tools for Your Practice” Conference, which took place on January 21, 2017

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #3

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.	RWPC; HHD <i>Potential Non-RP partners: TDSHS</i>	2017 <i>Include as needed in each Epi Profile</i>	RWPC-OS; HHD staff	Special populations for which data are available	Completed continua

Status and Brief Progress

Complete (C) – for 2017 (additional activities relate to 2018 Epi Profile)

In Progress (P)

Not Initiated (NI)

HHD

- In February 2017, care continuum website (part of RWPC site) was updated with the latest continua, including by subpopulation. Continua include by age group, by sex at birth, by sex at birth and race/ethnicity, and by transmission risk factor.
- January through March 2017, a data and media/marketing team reporting to the Bureau Chief was formed to create fact sheets for general community and elected officials. As of March 2017, a draft fact sheet on re-linkage to care includes the HIV care continuum.
- In October 2017, updated care continua were created by the HHD and sent to the RWPC Office of Support for updates to the web site.

RWPC/RWPC-OS

- Updated care continua (including demographic continua) were posted on the RWPC website.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #4

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Train PrEP providers and prevention workers on best practices for educating and promoting PrEP among special populations.	HHD	Annually	HHD staff; Project PrIDE	PrEP providers & prevention workers; HIV negative individuals in special populations	Training occurred; increased testing of members in special populations

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD

- See updates on PEI PrEP/TasP media and social marketing activities.
- January through October 2017- In 2017, the Bureau distributed 77 PrEP provider toolkits via outreach and provider meetings. The PrEP provider toolkit was created in December 2016 and includes information about what PrEP is, how to take a sexual history, how to bill for PrEP services, and FAQs. From these efforts, 4 providers requested and received technical assistance and 4 providers were added to the PrEP provider directory.
- May through June 2017, the Bureau's PrEP Program created and administered PrEP 2.0 trainings to DIS on PrEP skills building and conducting readiness assessments with clients.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #5

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. (Also PEI Activity #6)	HHD; CPG <i>Potential non-RP partners: Task Forces</i>	Annually	HHD CPG support staff; HHD Task Force liaisons; volunteers	HIV negative and status unaware within special populations	Information distributed; New diagnoses in special populations decreased

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG:

- In 2017, the Bureau distributed HIV prevention information to the general community, including providers, through the following campaigns: Take Charge. Take the Test., Testing Makes Us Stronger, Greater Than AIDS, Let's Stop HIV Together, and Doing It.
- See updates on PEI PrEP/TasP media and social marketing activities, including outreach to providers.
- In January 2017, Bureau partnered with AETC, Baylor, RWPC, Legacy Community Health, and others, hosted a Tools for Your Practice: HIV Testing and Prevention Workshop on 1/21/2017 to increase awareness of HIV testing, PrEP, and linkage to care among non-HIV providers in Houston. In May 2017, HHD included HIV prevention education/awareness activities to target additional providers primarily serving the Hispanic/Latino community in the Project PODER grant application for MHS. This funding was awarded in September 2017. An agency was funded by the Bureau to provide technical assistance and outreach to other agencies on routine HIV testing. Through these efforts, service linkage and D2C materials were also distributed.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #6

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training. <i>(Also COE Activity #9)</i>	RWGA; TRG	2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred

Status and Brief Progress

- Complete (C)
 In Progress (P)
 Not Initiated (NI)

RWGA

- HRSA funded Learning Collaborative provided best practice information that could be integrated into allowable Houston EMA provider policies; TA to be provided to funded providers 1Q FY18

TRG

- TRG collected this information to be provided to the P-CAB in August for review and recommendation. However, the August P-CAB meeting was postponed due to Harvey.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #7

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Provide training to DIS staff on data collection for transgender and other special population clients.	HHD <i>Potential non-RP partners: TDSHS</i>	Annually	HHD staff	Special populations (particularly transgender)	Training provided

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD

- In March 2017, A capacity building assistance (CBA) provider was selected to provide a transgender-specific data collection training to the Bureau of Epidemiology and the Bureau of HIV/STD and VH Prevention. The formal request was sent to CDC in April 2017 with the goal for training completion by July 2017.
- In June 2017, Training on the transgender population was provided on June 12, 2017 to all staff of the Bureau of HIV/STD and Viral Hepatitis Prevention (mandatory training). The training was also provided to the Bureau of Epidemiology on June 13 and 14, 2017. The training covered terminology and concepts of gender identity and sexual orientation, the importance of collecting data on gender identity, examples of ways to collect data on forms, major issues affecting the transgender population, guidelines/mandates for gender identity and sexual orientation data collection, and strategies for sensitively working with this population.
- In October 2017, a brief refresher training was provided to all Bureau staff on transgender 101 on 10/9/17. The October training was an introduction to transgender issues, including a video on gender identity and definitions (i.e., basic terminology).
- In December 2017, a brief refresher training was provided to all Bureau staff on transgender 101 on 12/11/17. The December training was a jeopardy game to practice terminology, followed by a video on the basics of gender identity featuring interviews with transgender-identified people.

Strategy for Addressing the Needs of Special Populations (SP)

SP Activity #8

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Train surveillance staff to enhance data collection on transgender community.	HHD	TBD	HHD staff; HHD Surveillance Bureau staff	MSM, transgender	Training provided; sex/gender field in data reports includes transgender
	Potential non-RP partners: HHD Surveillance Bureau				

Status and Brief Progress

- Complete (C)**
- In Progress (P)**
- Not Initiated (NI)**

HHD

- Training on the transgender population was provided on June 12, 2017 to all staff of the Bureau of HIV/STD and Viral Hepatitis Prevention (mandatory training). The training was also provided to the Bureau of Epidemiology on June 13 and 14, 2017. The training covered terminology and concepts of gender identity and sexual orientation, the importance of collecting data on gender identity, examples of ways to collect data on forms, major issues affecting the transgender population, guidelines/mandates for gender identity and sexual orientation data collection, and strategies for sensitively working with this population.

Strategy 3: Addressing the Needs of Special Populations (SP): Activities

Staff Recommendations for SP Activities:

- Activity #2: Technical adjustment: Remove RWPC from responsible parties
 - Rationale: Activity is not within purview of RWPC
- Activity #6: Retain for Year 2 (2018)
 - Rationale: This would allow time for the P-CAB to review TRG's information on HIPAA compliant best practices for using technology to communicate with consumers.

Strategy 4: Improving Coordination of Effort (COE): Activities

- **10 activities** were designated for completion in 2017
 - 3 were designated for completion in 2017
 - 7 to be conducted annually/as needed
- **PROGRESS STATUS:**
 - 10 activities = Complete (C) or Complete for Time Period (C3) = (83 %)
 - 2 activities = In Progress (P) = (17%)
- ***Two Staff Recommendations (*)***
 - *Strategy 1 - Activity 3*
 - *Strategy 1 - Activity 4*

Strategy for Improving Coordination of Effort (COE)

COE Activity #1

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Support AETC efforts to provide regular HIV-related updates to the Houston medical community.	RWPC; RWGA; HHD <i>Potential Non-RP partners:</i> AETC; HHS; TDSHS	As needed	RWPC-OS; RWGA staff; HHD staff; TDSHS	Houston medical community	Evidence of support (e.g. promotion emails/social media communication sent; collaborative products, etc.)

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

RWPC – OS

- 250 provider toolkits promoting routine testing and linkage were created for the “Tools for Your Practice” Conference, which took place on January 21, 2017

RWGA – Not Initiated

- Activity not needed

HHD

- In January 2017, Bureau partnered with AETC, Baylor, RWPC, Legacy Community Health, and others, hosted a Tools for Your Practice: HIV Testing and Prevention Workshop on 1/21/2017 to increase awareness of HIV testing, PrEP, and linkage to care among non-HIV providers in Houston.

Strategy for Improving Coordination of Effort (COE)

COE Activity #2

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Facilitate an annual Task Force meeting for community-wide coordination of effort.	HHD; CPG	Annually	HHD CPG support staff; HHD Task Force liaisons; Task Force members	Current stakeholders; populations served by Task Forces	Meeting occurred; resulting coordination
	<i>Potential Non-RP partners: Task Forces</i>				

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG

- In March 2017, both CPG and RWPC hosted meetings to review the cross-walk between the Comprehensive Plan and the Roadmap to Ending the HIV Epidemic in Houston to coordinate efforts.
- In September 2017, an all-call task force meeting was held with the leadership of all task forces and liaisons for coordination. Topics included: how task forces can engage with CPG, what needs the task forces have and how the HHD can assist, and methods to reach each community and what community needs exist.

Strategy for Improving Coordination of Effort (COE)

COE Activity #3

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Sustain current efforts and target the following sectors and groups for coordination of effort activities:	RWGA; TRG; HHD; RWPC-OS; RWPC; CPG	Annually	RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces	Per sector	Record of coordination per sector

Status and Brief Progress

Complete (C) – for 2017

In Progress (P)

Not Initiated (NI)

See upcoming slides

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
a. Advocacy groups	<p>HHD/CPG: Partnered with AAMA to support a PrEP Stakeholders Group; PrEP Learning Collaborative hosted by the Black AIDS Institute; provided HIV data for Texas HIV Advocacy Day; assisted with organization of a Texas contingency of attendees to AIDSWatch 2017; assisted in coordination of a reception between the Mayor’s LGBTQ Advisory Board and the Center for Black Equity (formerly International Federation of Black Prides); contributed to 2017 update of the Black AIDS Institute Report entitled, “Black Lives Matter: What’s PrEP got to do with it?”; signed on to Prevention Access Campaign’s U=U campaign; collaborated with Roadmap to Ending the HIV Epidemic in Houston on TasP and U=U education.</p>
	<p>RWGA: RWGA is working to bring substance abuse, law enforcement, trauma and specialists along with HIV positive people to address the case management supervisors and frontline staff so they may better understand what will keep them or what keeps them engaged in care.</p>
	<p>RWPC/RWPC-OS: LULAC @ Camino; work with END</p>
	<p>TRG: Continuous networking with target sectors and groups. Created a Houston CPG email distribution list for dissemination of RWPC meetings and other HIV related events in the HSDA. Forward contacts to RPWC; as available.</p>
b. Aging (e.g., assisted living, home health care, hospice, etc.)	<p>HHD/CPG: HIV and Aging Coalition representative spoke at the Sharing Science Symposium; Bureau provided educational materials and condoms to the Area Agency on Aging to place in nursing homes and other facilities frequented by seniors.</p>
	<p>RWGA: See a. Advocacy groups</p>
	<p>RWPC/RWPC-OS: HIV & Aging Coalition; allocated funding for Hospice</p>
	<p>TRG: See a. Advocacy groups</p>

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
c. Alcohol and drug abuse providers and coalitions at the local and regional levels	HHD/CPG: Provides condoms for Bread of Life’s CA/AA meetings and to Career & Recovery.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups
d. Business and Chambers of Commerce	HHD/CPG: Partnered with SOE and Change Happens to provide HIV testing and education at a local business (barbershop); co-sponsored, provided materials, and spoke at an event held at the Melodrama Boutique, a local business, for National Women and Girls’ Day; partnered with Walgreens provide HCV testing, HIV testing, family planning services, immunizations, on-site service linkage, condom packets, and education for National HIV Testing Day; offered technical assistance to Walgreen’s for opening PrEP clinics; partnered with LAMIK Beauty, a local cosmetics business, to promote HIV awareness and testing.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: Worked with Speaker’s Bureau to redesign process for providing speakers at local business chambers of commerce; the group was discontinued as efforts have not yielded the intended result of increasing cross representation between RWPC and the Houston business community.
	TRG: See a. Advocacy groups
e. Community centers	HHD/CPG: Celebrated HHD’s Annual Houston Health Day at a non-City owned community center, Judson Robinson Community Center; participated in the Mayor’s Back to School Event held at the George R. Brown Convention Center; participated in National Health Center Week through a health fair to highlight services provided at the City’s multi-service centers; increased distribution of PrEP materials at multi-service centers and health centers following Hurricane Harvey; held most HHD events and trainings at multi-service centers
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: Collaborated on the Re-Entry Summit at the Montrose Center
	TRG: See a. Advocacy groups

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
f. Chronic disease prevention, screening, and self-management programs	HHD/CPG: Provided HIV as a chronic disease training to Community Health Workers; emphasized the intersection of HIV and chronic conditions at the 2017 Sharing Science Symposium; co-coordinated dialysis services and other medical services at the Hurricane Harvey shelter at the George R. Brown Convention Center.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups
g. Faith communities	HHD/CPG: See PEI Activity #2
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: UAM
h. Medical professional associations, medical societies, and practice groups	HHD/CPG: Convened a PrEP Provider Advisory Group to coordinate and support local PrEP efforts. Members include medical professionals, pharmaceutical representatives, researchers, and community health centers; HHD PrEP Outreach Specialist went out in the field to identify medical providers who are unfamiliar or uncomfortable with prescribing PrEP and engage them to become more PrEP-friendly by providing technical assistance and support.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: Harris County Medical Society/AETC
	TRG: See a. Advocacy groups

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
i. Mental health (e.g., counseling associations, treatment facilities, etc.)	HHD/CPG: At the Sharing Science Symposium, a researcher working with Hatch Youth of the Montrose Center presented on “Providing Social Support to Sexual and Gender Minority Youth”; conducted mental health assessments in coordination with DMAT’s psychiatrist at the Hurricane Harvey shelter at the George R. Brown Convention Center; Service Linkage Program worked with local mental health providers to link clients to these services as needed.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: Maintained level allocation for FY18 State Services funding for Mental Health Services; increased funding for targeted Medical Case Management
	TRG: See a. Advocacy groups
j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)	HHD/CPG: HHD PrEP Outreach Specialist went out in the field to identify medical providers who are unfamiliar or uncomfortable with prescribing PrEP and engage them to become more PrEP-friendly by providing technical assistance and support.; offered TA to Planned Parenthood, which opened a same-day initiation PrEP clinic ; PrEP Outreach staff and Coordinator met with Access Health and Planned Parenthood to connect both agencies to TA resources related to PrEP; provided TA to Central Care to offer PrEP and expand services for HIV prevention and treatment.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
k. Philanthropic organizations	HHD/CPG: partnered with the Red Cross at the Hurricane Harvey shelter at the George R. Brown Convention Center; HHD's philanthropic organization/foundation continued to prioritize and raise money for the Bureau's testing efforts
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups
l. Primary education, including schools and school districts	HHD/CPG: See PEI Activity #1
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups
m. Secondary education, including researchers, instructors, and student groups	HHD/CPG: Continued partnerships with researchers through collaboration with former CFAR researchers at Baylor College of Medicine, including the Sharing Science Symposium; provided staff expertise and data to support a research proposal on HPV with UTSPH researchers; collaborated with researchers from UTSPH and the University of Chicago to submit a R01 proposal on partner services and HIVMHS; collaborated with researchers from UTSPH to propose a partnership between the two entities to achieve key activities in the molecular HIV surveillance (MHS) grant submission to CDC; collaborated with PrEP researchers from Baylor on dissemination of the HHD's PrEP initiatives; awarded funding for MHS - UTSPH is a formal partner on this grant.
	RWGA: See a. Advocacy groups
	RWPC/RWPC-OS: NI
	TRG: See a. Advocacy groups

Strategy for Improving Coordination of Effort (COE)

COE Activity #3: Sustain current efforts and target the following sectors and groups for coordination of effort activities:

Sector	Status and Brief Progress
<p>n. Workforce Solutions and other vocational training and rehabilitation programs</p>	<p>HHD/CPG: Partnered with the Mayor’s TurnAround Houston Initiative to assist with employment opportunities and preparation for employment; the HHD’s MBK Program (My Brother’s Keeper) graduated 45 high school youth on June 14, 2017 from a Community Health Worker (CHW) curriculum. They earned credit and volunteer hours toward a CHW certificate. Once the youth turn 18, they are eligible to earn remaining hours for the certificate, and seek employment as a certified CHW; City of Houston, Volunteer Houston, and Coca-Cola Foundation have partnered this year to provide paid internship opportunities to youth at Houston Area nonprofits; City of Houston’s Hire Houston Youth Program offers paid summer internship and job opportunities to youth ages 16-24 years of age; partnered with a local researcher at Baylor College of Medicine to support her NIH proposal for PrEP modeling research.</p>
	<p>RWGA: See a. Advocacy groups</p>
	<p>RWPC/RWPC-OS: Workforce Solutions (Blue Books)</p>
	<p>TRG: See a. Advocacy groups</p>

Strategy for Improving Coordination of Effort (COE)

COE Activity #4

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).	RWGA	Annually	RWGA staff; RWPC-OS staff	Non-RW case managers; PLWH outside RW system	Record of notice sent (e.g. email, blast fax, etc.)

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWGA

- RWGA does not have capacity to host training for additional interested organizations.

Strategy for Improving Coordination of Effort (COE)

COE Activity #5

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Cultivate peer technical assistance that facilitates sharing best practice models between current providers.	RWGA; TRG	As needed	RWGA staff; TRG staff	Current RW providers	Peer technical assistance model created and implemented

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWGA

- This activity is ongoing and is primary function QM staff in both CQI and CM training activities

TRG

- Not initiated (see TRG staff for more information)

Strategy for Improving Coordination of Effort (COE)

COE Activity #6

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Identify local media resources to serve as outlets for HIV education and community mobilization efforts.	RWPC; CPG	Annually	RWPC-OS staff; HHD CPG support staff; volunteers	N/A	List of opportunities compiled
	<i>Potential non-RP partners:</i> RWPC-OS; HHD				

Status and Brief Progress

Complete (C) – 2017

In Progress (P)

Not Initiated (NI)

RWPC

- Office of Support staff identified and purchased a local media directory.

CPG

- January 2017- HHD's Public Information Officer promoted the Sharing Science Symposium through several media releases and also secured an interview spot on NPR to discuss and promote the Symposium.
- Media resources used in marketing Project PrIDE
- Nov. 2016- Jan. 2017- Marketing/media staff from the Bureau compiled a list of local online points of distribution to disseminate information about the Sharing Science Symposium. All free distribution points were utilized to promote the January 2017 event.

Strategy for Improving Coordination of Effort (COE)

COE Activity #7

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Cultivate social media pathways to disseminate HIV-related information and mobilization efforts.	HHD; TRG; RWPC; CPG	2017 <i>Utilize annually</i>	HHD staff; HHD CPG support staff; RWPC-OS; TRG; volunteers; Task Force members	N/A	Documentation stating pathways; evidence of pathways utilized

Status and Brief Progress

Complete (C) – 2017

In Progress (P)

Not Initiated (NI)

HHD/CPG

- January 2017- The HHD's Public Information Officer promoted the Sharing Science Symposium on all the HHD's online accounts (e.g., Facebook page). HHD maintains a Facebook and Twitter account for the entire Health Department. All requests for posting are approved and implemented by the Department's Public Information Officer.
- The Bureau Media Representative used Twitter and Facebook to promote and mobilize attendees at an event that HHD hosted at the NAESM conference to increase HIV, PrEP, and treatment as prevention awareness. Bureau maintains a Twitter account for the Bureau with the handle "@HHD_TheHouse". The Bureau also maintains a Facebook page for Houston HITS Home. Requests for posting are approved by the Bureau Chief and implemented by the Bureau's media/marketing team.
- May/June 2017- the Bureau began distribution of a PrEP awareness survey via Scruff and Adam4Adam.

TRG

- TRG created a Facebook page in 2016 to disseminate information

RWPC

- Office of Support increased Facebook activity in Year 1 (2017), including posts for AETC conferences, oral health provider symposium, HIV-related fundraising events, testing and PrEP resources, local HIV-related survey/research opportunities, public health information on a potential meningitis exposure at a Houston LGBT event, advertisement of How to Best Meet the Need workgroups and Council meetings, community events for people living with and affected by HIV, advertisement of ADAP program update, online access for the Blue Book, committee cross-trainings, public hearings, and Road 2 Success information.

Strategy for Improving Coordination of Effort (COE)

COE Activity #8

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.	HHD; RWGA; TRG	Annually	HHD staff; RWGA staff; TRG staff	N/A	Opportunities identified; partnerships (MOU if necessary) created
	<i>Potential non-RP partners:</i> City of Houston; Harris County; HSDA Counties				

Status and Brief Progress

Complete (C) – 2017

In Progress (P)

Not Initiated (NI)

HHD

- July 2016- January 2017- The Bureau worked with partner agencies (AETC, BCM, PrEP Houston, Legacy CH, RWPC, AAMA, DSHS, HCPH) to develop an HIV testing/prevention toolkit for the January 2017 conference of providers. The toolkit included the following topics: HIV prevention, routine testing, and linkage to HIV care. The toolkit was geared toward general PCPs. This effort included two other government agencies (DSHS, HCPH).

RWGA

- This activity initiated by and targeted to HHD

TRG

- Continuous networking with target sectors and groups. Created a Houston CPG email distribution list for dissemination of RWPC meetings and other HIV related events in the HSDA. Forward contacts to RWPC; as available.

Strategy for Improving Coordination of Effort (COE)

COE Activity #9

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Compile HIPAA compliant best practices for using technology to communicate with consumers, and incorporate into provider training. <i>(Also SP Activity #6)</i>	RWGA; TRG	2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred

Status and Brief Progress

- Complete (C)
- In Progress (P)
- Not Initiated (NI)

RWGA

- HRSA funded Learning Collaborative provided best practice information that could be integrated into allowable Houston EMA provider policies; TA to be provided to funded providers 1Q FY18

TRG

- TRG collected this information to be provided to the P-CAB in August for review and recommendation. However, the August P-CAB meeting was postponed due to Harvey.

Strategy for Improving Coordination of Effort (COE)

COE Activity #10

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage. <i>(Also Gaps Activity #5)</i>	RWGA	2017	RWGA staff	Out of Care PLWH	Report completed for feasibility study
	<i>Potential non-RP partners: local hospital systems</i>				

Status and Brief Progress

- Complete (C)**
- In Progress (P)**
- Not Initiated (NI)**

RWGA

- Use of CPCDMS regulated by vendor contact; this cannot occur if user do not have agreement with HCPH. Additionally, CPCDMS is not an electronic health record system. Expanded use for clinical care is outside of RWGA scope.

Strategy 4: Improving Coordination of Effort (COE): Activities

Staff Recommendations for COE Activities:

- Activity #1: Technical adjustment: Remove RWGA from responsible parties
 - Rationale: RWGA did not initiate activity in Year 1 (2017) as it was not needed
- Activity #3: In Year 2 (2018), focus COE actions in sectors with NI completion designation
 - Rationale: Minimal COE noted between responsible parties and these sectors in Year 1 (2017)
- Activity #4: Consider revising activity to accomplish intent without overwhelming RWGA training capacity.
 - Rationale: RWGA did not initiate activity in Year 1 (2017) due to training capacity issues. Original intent of activity was to acquaint non-funded case managers in the Houston area with available RW-funded services
- Activity #8: Remove RWGA from responsible parties for this activity.
 - Rationale: RWGA did not initiate activity in Year 1 (2017), noting that this activity is initiated by and targeted to HHD

2017 Comprehensive Plan Activities, by Strategy

Strategy for HIV Prevention and Early Identification

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress
Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.	CPG; HHD		Annually	HHD CPG Support Staff; Task Forces (Youth Task Force)	Youth	Cross-representation occurred; SHAC minutes; Youth Task Force minutes		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.	CPG;		Annually	HHD CPG Support Staff; Urban AIDS Ministry	Faith communities	Urban AIDS Ministry minutes; Speakers Bureau evaluations		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Adopt PrEP uptake marketing models designed to remove stigma.	HHD		2017	HHD PrEP Coordinator; Project PrIDE	HIV negative individuals; partners of HIV positive individuals	Materials created		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g. repeal the ban on syringe access, access to PrEP, adopt comprehensive sexuality education in schools, etc.).	HHD; CPG	<i>Potential non-RP partners:</i> Positive Organizing Project; Task Forces; Texas HIV/AIDS Coalition	Annually	HHD staff; HHD CPG Support Staff; HHD PrEP Coordinator; RWPC-OS	Public officials; policy-level interventions	Education occurred; local/state policy changes		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Disseminate routine testing implementation toolkit to targeted private and non-Ryan White funded providers and FQHCs to facilitate linkage to care. <i>(See also: Coordination of Effort Strategy and Special Populations Strategy)</i>	RWPC-OS	<i>Potential non-RP partners:</i> TDSHS; AETC; HHS	Annually	TDSHS, Test Texas, Texas HIV/AIDS Coalition, and Baylor College of Medicine	Status unaware individuals	Toolkits disseminated		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Expand distribution of HIV testing and PrEP information and resources to healthcare providers. <i>(See also: Special Populations Strategy)</i>	HHD; CPG		Annually	HHD CPG support staff; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability of the Mobile Testing Unit	HHD	<i>Potential non-RP partners:</i> HHD Clinical Services	As needed	HHD staff	Task Forces; community groups; funded agencies; non-HHD funded agencies	Education occurred; Mobile Unit schedule		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Create and distribute rural referral resource list to DIS.	TRG		Annually	TRG staff	Rural PLWH	List created and distributed; list regularly updated		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.	HHD; RWGA; RWPC	<i>Potential non-RP partners:</i> all HIV care providers	2017	HHD staff; RWGA staff; RWPC-OS; contracted providers	Newly diagnosed PLWH; incoming consumers	Record of strategies pursued		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Hold consumer PrEP and treatment as prevention education forums.	RWPC; HHD	<i>Potential non-RP partners:</i> AETC	Annually	RWPC-OS; HHD staff; volunteers; possibly pharma rep if not COI	PLWH; partners of PLWH	Forums occurred; evaluations		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Identify methods for measuring local online HIV and sexual health information seeking.	HHD		2017	HHD PrEP Coordinator; HHD staff	N/A	Methods identified; resulting measurements		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

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

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s).	RWGA	<i>Potential Non-RP partners:</i> RWPC-OS; RWPC	2017	RWGA staff; RWPC-OS; volunteers	Incoming clients	Report completed for feasibility study		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.	RWGA	<i>Potential Non-RP partners:</i> HHD; RWPC	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Incoming clients	Changes made to Standards of Care; increase in retention per CPCDMS		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.	RWGA	<i>Potential Non-RP partners:</i> HHD; RWPC	2017; revisit annually	RWGA staff; RWPC-OS; HHD Hearts program staff; volunteers	Newly diagnosed PLWH	Changes made to Standards of Care; increase in retention per CPCDMS		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Expand the Road to Success consumer training program to housing sites.	RWPC-OS; RWP; RWGA; TRG	<i>Potential non-RP partners:</i> HCD; housing sites	Annually	RWPC-OS; RWGA staff; TRG staff	HOPWA/housing clients	Road to Success agenda; evaluations		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage. (See Also: Coordination of Effort Strategy)	RWGA	<i>Potential non-RP partners:</i> Local hospital systems	2017	RWGA staff; Pam Green	Out of Care PLWH	Report completed for feasibility study		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Contact Health Departments in other jurisdictions and begin dialog regarding success and opportunities for working with health insurance providers to identify and reengage Out of Care individuals.	RWPC-OS		2017	RWPC-OS	Out of Care PLWH; PLWH with private/public insurance	Record that discussion occurred; success and opportunities applicable to Houston generated		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Strategy to Address the Needs of Special Populations

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Assess and adjust Standards of Care and other relevant policies to ensure access to facilities and services for all people regardless of sexual orientation or gender identity.	RWGA ; TRG; HHD	<i>Potential non-RP partners:</i> RWPC	Annually	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
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. <i>(See also: Prevention and Early Identification Strategy)</i>	HHD; CPG; RWPC	<i>Potential non-RP partners:</i> TDSHS – rural areas; AETC	Annually	HHD PrEP Coordinator; HHD CPG support staff; RWPC-OS; Project PrIDE; possibly Gilead Project FOCUS if not COI	Private providers; special populations	Education materials developed/used ; list of providers educated; increase in routine testing		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.	RWPC; HHD	<i>Potential non-RP partners:</i> TDSHS	2017 <i>Include as needed in each Epi Profile</i>	RWPC-OS; HHD staff	Special populations for which data are available	Completed continuums		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Train PrEP providers and prevention workers on best practices for educating and promoting PrEP among special populations.	HHD		Annually	HHD staff; Project PrIDE	PrEP providers & prevention workers; HIV negative individuals in special populations	Training occurred; increased testing of members in special populations		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
<p>Expand distribution of HIV testing and PrEP information and resources to healthcare providers.</p> <p><i>(See also: Prevention and Early Identification Strategy)</i></p>	HHD; CPG	<i>Potential non-RP partner:</i> Task Forces	Annually	HHD CPG support staff; HHD Task Force liaisons; volunteers	HIV negative and status unaware in high-incidence areas	Information distributed; New diagnoses in high-incidence areas decreased		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
<p>Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training.</p> <p><i>(See also: Coordination of Effort Strategy)</i></p>	RWGA; TRG		2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
<p>Provide training to DIS staff on data collection for transgender and other special population clients.</p>	HHD	<i>Potential non-RP partners:</i> TDSHS	Annually	HHD staff	Special populations (especially transgender)	Training provided		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
<p>Train surveillance staff to enhance data collection on transgender community.</p>	HHD	<i>Potential non-RP partners:</i> HHD Surveillance Bureau	TBD	HHD staff; HHD Surveillance Bureau staff	MSM, transgender	Training provided; sex/gender field in data reports includes transgender		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Strategy for Improving Coordination of Effort

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Support AETC efforts to provide regular HIV-related updates to the Houston medical community.	RWCP; RWGA; HHD <i>Potential non-RP partners:</i> AETC; HHS; TDSHS	As needed	RWPC-OS; RWGA staff; HHD staff; TDSHS	Houston medical community	Evidence of support (e.g. promotion emails/social media communication sent; collaborative products, etc.)		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Facilitate an annual Task Force meeting for community-wide coordination of effort.	HHD; CPG; Task Forces	Annually	HHD CPG support staff; HHD Task Force liaisons; Task Force members	Current stakeholders; populations served by Task Forces	Meeting occurred; resulting coordination		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Sustain current efforts and target the following sectors and groups for coordination of effort activities: a. Advocacy groups b. Aging (e.g., assisted living, home health care, hospice, etc.) c. Alcohol and drug abuse providers and coalitions at the local and regional levels d. Business and Chambers of Commerce e. Community centers f. Chronic disease prevention, screening, and self-management programs g. Faith communities h. Medical professional associations, medical societies, and practice groups i. Mental health (e.g., counseling associations, treatment facilities, etc.) j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs) k. Philanthropic organizations l. Primary education, including schools and school districts m. Secondary education, including researchers, instructors, and student groups n. Workforce Solutions and other vocational training and rehabilitation programs	RWGA; TRG; HHD; RWPC-OS; RWPC; CPG;	Annually	RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces	Per sector	Record of coordination per sector		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).	RWGA		Annually	RWGA staff; RWPC-OS staff	Non-RW case managers; PLWH outside RW system	Record of notice sent (e.g. email, blast fax, etc.)		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Cultivate peer technical assistance that facilitates sharing best practice models between current providers.	RWGA; TRG		As needed	RWGA staff; TRG staff	Current RW providers	Peer technical assistance model created and implemented		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Identify local media resources to serve as outlets for HIV education and community mobilization efforts.	RWPC; CPG	<i>Potential non-RP partners: Task Forces; RWPC-OS; HHD</i>	Annually	RWPC-OS staff; HHD CPG support staff; volunteers	N/A	List of opportunities compiled		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Cultivate social media pathways to disseminate HIV-related information and mobilization efforts.	HHD; TRG; RWPC; CPG		2017 <i>Utilize annually</i>	HHD staff; HHD CPG support staff; RWPC-OS; TRG; volunteers; Task Force members	N/A	Documentation stating pathways; evidence of pathways utilized		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.	HHD; RWGA; TRG	<i>Potential Non-RP partners: City of Houston; Harris County; HSDA Counties</i>	Annually	HHD staff; RWGA staff; TRG staff	N/A	Opportunities identified; partnerships (MOU if necessary) created		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Contact; Assigned Committee	Status and Brief Progress Narrative
Compile HIPAA compliant best practices for using technology to communicate with consumers, and incorporate into provider training. <i>(See also: Special Populations Strategy)</i>	RWGA; TRG		2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)
Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage. <i>(See Also: Gaps in Care Strategy)</i>	RWGA	<i>Potential non-RP partners: local hospital systems</i>	2017	RWGA staff; Pam Green	Out of Care PLWH	Report completed for feasibility study		<input type="checkbox"/> Complete (C) <input type="checkbox"/> In Progress (P) <input type="checkbox"/> Not Initiated (NI)

Table 1: 2017 Comprehensive Plan System Objective Evaluation Tool

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV infections diagnosed in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,310	≤1,233	≤1,157	≤1,080	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
❖ OBJECTIVE 2: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	93.8% (2015)	93.8%	93.8%	93.8%	93.8%	Maintain or increase ≥93.8% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal
❖ 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%	73.6%	77.4%	81.2%	↑ 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%	23.3%	22.0%	20.7%	↓ 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)	34.2%	32.4%	30.6%	28.8%	↓ 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%	81%	84%	87%	↑ to at least 90% (NHAS target)	
❖ OBJECTIVE 6: Percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	66.8%	72.6%	78.4%	84.2%	↑ 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%	≥80.4%	≥80.4%	≥80.4%	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	65%	70%	75%	↑ 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	To be developed	---	---	---	---	≥2000 (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e. DIS and SLWs) and HHD-funded contractors

Table 3: 2017 Comprehensive Plan PEI Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area	TDSHS eHARS	1,386 (2014)	≤1,310	≤1,233	≤1,157	≤1,080	↓ 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)	88,700 (2014)	88,700 (2014)	88,700 (2014)	Maintain =88,700 (local target)	Region is Houston/Harris County
❖ BENCHMARK 3: Number of publicly-funded targeted and routine HIV tests								
Number of publicly-funded <i>targeted</i> HIV tests	HHD, TDSHS HIV Testing & Awareness Data	10,109 (2015)	10,109 (2015)	10,109 (2015)	10,109 (2015)	10,109 (2015)	Maintain = 10,109 (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS
Number of publicly-funded <i>routine</i> HIV tests	HHD, TDSHS HIV Testing & Awareness Data	117,610 (2015)	117,610 (2015)	117,610 (2015)	117,610 (2015)	117,610 (2015)	Maintain = 117,610 (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS
❖ BENCHMARK 4: Positivity rate for publicly-funded <i>targeted</i> HIV testing	HHD, TDSHS HIV Testing & Awareness Data	3.01% (2015)	3.01%	3.01%	3.01%	3.01%	Maintain = 3.01% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS
❖ BENCHMARK 5: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	HHD, TDSHS HIV Testing & Awareness Data	93.8% (2015)	93.8%	93.8%	93.8%	93.8%	Maintain or increase ≥93.8% (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS Target exceeds NHAS 90% goal
❖ 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%	23.3%	22.0%	20.7%	↓ 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%	73.6%	77.4%	81.2%	↑ 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%	≥80.4%	≥80.4%	≥80.4%	Maintain or increase ≥80.4% (local target)	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 9: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	65%	70%	75%	↑ to at least 80% (NHAS target)	Region is EMA
❖ BENCHMARK 10: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention								
Sharpstown (77036 and 77074)	HHD, eHARS	56 (2014)	53	50	48	45	↓25% =42 (NHAS target)	
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	34 (2014)	32	31	29	28	↓25% =26 (NHAS target)	
Greater 5th Ward (77020 and 77026)	HHD, eHARS	28 (2014)	27	25	24	22	↓25% =21 (NHAS target)	
Acres Home (77088 and 77091)	HHD, eHARS	32 (2014)	30	29	27	26	↓25% =24 (NHAS target)	
Montrose (77006)	HHD, eHARS	26 (2014)	25	24	22	21	↓25% =20 (NHAS target)	
❖ BENCHMARK 11: Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STD MIS	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)	CT: 553.0 GC: 161.4 P&S: 7.9	CT: 542.3 GC: 160.3 P&S: 7.6	CT: 531.7 GC: 159.2 P&S: 7.3	CT: 521.0 GC: 158.1 P&S: 7.0	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	450,000	450,000	450,000	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 13: Number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	4,944	4,944	4,944	4,944	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	---	---	---	---	100% (local target)	
❖ BENCHMARK 15: Number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education	Project PrIDE	To be developed	---	---	---	---	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	To be developed	---	---	---	---	10% increase (local target)	Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors

Table 6: 2017 Comprehensive Plan Gaps Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	TDSHS Unmet Need Data	25.0% (2014)	23.4%	21.8%	20.2%	18.6%	↓ 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%	73.6%	77.4%	81.2%	↑ 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%	81%	84%	87%	↑ to at least 90% (NHAS target)	
❖ BENCHMARK 4: Percentage of individuals with diagnosed HIV infection in the Houston Area who are retained in HIV medical care (at least two documented HIV medical care visits, viral load or CD4 tests in a 12 month period)	TDSHS Retention Data	61% (2014)	66.8%	72.6%	78.4%	84.2%	↑ 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%	≥80.4%	≥80.4%	≥80.4%	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	TDSHS Viral Suppression Data	55% (2014)	60%	65%	70%	75%	↑ to at least 80% (NHAS target)	Region is EMA

Table 9: 2017 Comprehensive Plan SP Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed among each special population:								
Youth (13-24)	TDSHS eHARS	360 (2014)	302	244	186	128	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	51	49	46	44	↓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	---	---	---	---	↓25% (NHAS target)	
Incarcerated in Prison	TDCJ	Baseline to be established	---	---	---	---	↓25% (NHAS target)	
IDU	TDSHS eHARS	66 (2014)	63	60	56	53	↓25% =50 (NHAS target)	Region is EMA
MSM	TDSHS eHARS	930 (2014)	884	837	791	744	↓25% =698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	Baseline to be established	---	---	---	---	↓25% (NHAS target)	Region is Houston/Harris County

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes
Women of Color	TDSHS eHARS	Baseline to be established	---	---	---	---	↓25% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	264 (2014)	251	238	224	211	↓25% =198 (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+
❖ 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%	78.4%	80.6%	82.8%	85% (NHAS target)	Region is EMA Baseline: Reflects 3 month linkage window
Homeless	Needs Assessment	53.9% (2016)	60.1%	66.3%	72.6%	78.8%	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	TRG	Baseline to be established	---	---	---	---	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	---	---	---	---	85% (NHAS target)	Region is HSDA
IDU	TDSHS Linkage to Care Data	85.0% (2014)	≥85.0%	≥85.0%	≥85.0%	≥85.0%	85% (NHAS target)	Region is EMA
MSM	TDSHS Linkage to Care Data	78.0% (2014)	79.4%	80.8%	82.2%	83.6%	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	60.3%	66.5%	72.7%	78.8%	85% (NHAS target)	Region is HSDA
Women of Color	TDSHS eHARS	Baseline to be established	---	---	---	---	85% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS eHARS	84% (2014)	84.2%	84.4%	84.6%	84.8%	85% (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	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%	18.4%	15.6%	12.8%	10% (NHAS target)	Region is EMA
Homeless	Needs Assessment – Out of Care Assessment	To be developed	---	---	---	---	10% (NHAS target)	Region is HSDA 2014 NA = 16.3%
Recently Released from Jail/Prison	Needs Assessment – Out of Care Assessment	To be developed	---	---	---	---	10% (NHAS target)	Region is HSDA 2014 NA = 11.9%
IDU	TDSHS Unmet Need Analysis	27.0% (2014)	23.6%	20.2%	16.8%	13.4%	10% (NHAS target)	Region is EMA
MSM	TDSHS Unmet Need Analysis	25.0% (2014)	22%	19%	16%	13%	10% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment – Out of Care Assessment	To be developed	---	---	---	---	10% (NHAS target)	Region is HSDA 2014 NA = 7.4%
Women of Color	TDSHS Unmet Need Analysis	To be developed	---	---	---	---	10% (NHAS target)	Region is EMA
Aging (50 and older)	TDSHS Unmet Need Analysis	25% (2014)	22%	19%	16%	13%	10% (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+
❖ 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	Track only	Track only	Track only	Track only	Region is Houston/Harris Count; EMA; HSDA

Table 12: 2017 Comprehensive Plan COE Strategy Benchmark Evaluation Tool

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2018 Target	2019 Target	2020 Target	2021 Target	Notes	
❖ BENCHMARK 1: Number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers	RWPC-OS	29 total 4 non-infected/ affected (2014)	29 total 4 non-infected/ affected	29 total 4 non-infected/ affected	29 total 4 non-infected/ affected	29 total 4 non-infected/ affected	29 total 4 non-infected/ affected	Maintain (local target)	Baseline includes Council and External members who do not bring HIV expertise because of their place of employment. 2014 measure is placeholder for 2016 data.
❖ BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services	RWPC-OS	110 (2015)	>110	>110	>110	>110	>110	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	Needs Assessment	40.5% (2016)	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	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)	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	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)	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	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	2018 Target	2019 Target	2020 Target	2021 Target	Notes
❖ BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	Pending 2014 SPSS Re-Run	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%	≤25.6%	≤25.6%	≤25.6%	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%	>27%	>27%	>27%	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	---	---	---	---	Decrease (local target)	
❖ BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance	CPCDMS	10% (2014)	>10%	>10%	>10%	>10%	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	---	---	---	---	Decrease (local target)	6.3% of RW enrolled in QHP in 2015

UPDATED:
02/22/18

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

August

2018

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2 12 noon Steering Committee	3	4
5	6	7	8	9 12 noon Planning Council Room 532 2:00 p.m. Comp HIV Planning Room 532	10	11
12	13 12 noon Affected Community Room 416	14 2:00 p.m. Quality Improvement Room 416	15	16 National Heterosexual Men's HIV Awareness Day	17	18
19	20	21 10:00 a.m. Operations	22 9:00 a.m. SIRR Meeting Montrose Center 401 Branard 77006	23 11:30 a.m. Priority & Allocations Room 416	24	25
26	27 National Faith HIV Awareness Day	28	29	30	31	