2017-2021 Comprehensive Plan for HIV Prevention and Care Services Evaluation Workgroup

11:30 a.m., Wednesday, September 12, 2018 Meeting Location: 2223 W. Loop South, Room 240 Houston, Texas 77027

AGENDA

Goal of Today's Meeting:

Complete evaluation of Year 1 (2017) Comprehensive Plan implementation

- I. Call to Order
 - 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
 - A. Develop Year 1 Evaluation Conclusions
 - 1. Review Objective and Benchmark Measures
 - B. Complete review Project LEAP activity recommendations

- III. Next Meeting (if necessary)
- IV. Announcements
- V. Adjourn

Amber Harbolt, Health Planner, Office of Support

Brenda Harrison, Nick Sloop,

and Steven Vargas, Co-Chairs

Brenda Harrison, Nick Sloop, and Steven Vargas, Co-Chairs

- 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

2017 Houston Area Comprehensive HIV Prevention and Care Services Plan

EVALUATION WORKGROUP

11:30 a.m., Thursday, August 23, 2018

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

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Steven Vargas, Co-Chair	Raven Bradley	Amber Harbolt, Ofc of Support
Nicholas Sloop, Co-Chair	Cynthia Deverson	Diane Beck, Ofc of Support
Skeet Boyle	Thomas Dickerson	
Ronnie Galley	Herman Finley	
Camden Hallmark	Brenda Harrison	
Rodney Mills	Angela F. Hawkins	
Crystal Townsend	Dawn Jenkins	
Kellie Watkins	Sha'Terra Johnson-Fairley	
Mike Wilkerson	Osaro Mgbere, excused	
	Calvin Mills	
	Sarah Njue	
	Crystal Starr	
	Amana Turner	

Call to order: Steven Vargas, co-chair, called the meeting to order at 11:45 a.m. and asked for a moment of reflection.

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

Approval of the Minutes: *Motion #2:* it was moved and seconded (Boyle, Townsend) to approve the July 19, 2018 meeting minutes. **Motion Carried.** Abstention: Galley, Mills, Watkins, Wilkerson.

Continue Review Year 1 (2017) Comprehensive Plan Implementation: The workgroup reviewed and completed Strategy 4: Improving Coordination of Effort, see attached. Harbolt then reviewed all of the recommendations made by the workgroup for each strategy. <u>Motion #3</u>: it was moved and seconded (Townsend, Mills) to approve all recommendations made for each of the Strategies. Motion Carried.

Objective and Benchmark Measures: <u>Motion #4</u>: it was moved and seconded (Townsend, Galley) to table this item until the next meeting. **Motion Carried.**

Next Meeting: The next meeting will be on September 12, 2018 to finish review of the Project LEAP recommendations as well as the Objectives and Benchmarks.

Announcements: None.

Adjournment: The meeting was adjourned at 1:44 p.m.

Table 1: 2017 Comprehensive Plan System Objective Evaluation Tool

Obj	ective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	OBJECTIVE 1: Number of new HIV infections diagnosed in the Houston Area Staff Recommendation: correct language	TDSHS eHARS	1,386 (2014)	≤1,310	1,234	✓ Met	↓ 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 Staff Recommendation: define newly or prev. diagnosed, or all.	HHD, TDSHS HIV Testing & Awareness Data	93.8% (2015)	93.8%	88.2%	* Not met	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%	61%	× Not met	↑ to at least 85% (NHAS target)	Region is EMA
*	OBJECTIVE 4.1: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	TDSHS Late Diagnoses Data	25.9% (2014)	24.6%	22.2% (2016)	✓ Met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
*	OBJECTIVE 4.2: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year among Hispanic/Latino men age 35 and up	TDSHS Late Diagnoses Data	36% (2014)	34.2%		PENDING DSHS	↓ at least 25% = 27% (local target)	Region is EMA
*	OBJECTIVE 5: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	78%	59%	× Not met	↑ to at least 90% (NHAS target)	
*	OBJECTIVE 6: Percentage of individuals with diagnosed HIV 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) Staff Recommendation: correct language	TDSHS Retention Data	61% (2014)	66.8%	68%	✓ Met	↑ to at least 90% (NHAS target)	Region is EMA
*	OBJECTIVE 7: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	× Not met	Maintain or increase ≥80.4% (local target)	
*	OBJECTIVE 8: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed Staff Recommendation: correct language	TDSHS Viral Suppression Data	55% (2014)	60%	57%	× Not met	↑ to at least 80% (NHAS target)	Region is EMA
*	OBJECTIVE 9: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education each year	HHD	To be developed			PENDING HHD	≥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

Ber	chmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area Staff Recommendation: correct language	TDSHS eHARS	1,386 (2014)	≤1,310	1,234	✓ Met	↓ at least 25% to ≤1004 (NHAS target)	Region is EMA
*	BENCHMARK 2: Number of HIV/STD brochures distributed	HHD	88,700 (2014)	88,700 (2014)		PENDING HHD	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 targeted HIV tests	HHD, TDSHS HIV Testing & Awareness Data	10,109 (2015)	10,109 (2015)	7,918	× Not met	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)	104,663	× Not met	Maintain = 117,610 (local target)	Region is Houston/Harris County for HHD; EMA for TDSHS
*	BENCHMARK 4: Positivity rate for publicly-funded targeted HIV testing Staff Recommendation: define newly or prev. diagnosed, or all.	HHD, TDSHS HIV Testing & Awareness Data	3.01% (2015)	3.01%	3.26%	✓ Met	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 Staff Recommendation: define as newly diagnosed	HHD, TDSHS HIV Testing & Awareness Data	93.8% (2015)	93.8%	88.2%	× Not met	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%	22.2% (2016)	✓ Met	↓ at least 25% =19.4% (DHAP target)	Region is EMA
*	BENCHMARK 7: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	69.8%	61%	× Not met	↑ to at least 85% (NHAS target)	Region is EMA
*	BENCHMARK 8: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	× Not met	Maintain or increase ≥80.4% (local target)	

Ber	nchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 9: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed Staff Recommendation: correct language	TDSHS Viral Suppression Data	55% (2014)	60%	57%	× Not met	↑ to at least 80% (NHAS target)	Region is EMA
*	BENCHMARK 10: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention Staff Recommendation: correct language							
	Sharpstown (77036 and 77074)	HHD, eHARS	56 (2014)	53		PENDING HHD	↓25% =42 (NHAS target)	
	Sunnyside/South Park (77033 and 77051)	HHD, eHARS	34 (2014)	32		PENDING HHD	↓25% =26 (NHAS target)	
	Greater 5th Ward (77020 and 77026)	HHD, eHARS	28 (2014)	27		PENDING HHD	\$\\ \psi 25\%\$ =21 (NHAS target)	
	Acres Home (77088 and 77091)	HHD, eHARS	32 (2014)	30		PENDING HHD	↓25% =24 (NHAS target)	
	Montrose (77006)	HHD, eHARS	26 (2014)	25		PENDING HHD	↓25% =20 (NHAS target)	
*	BENCHMARK 11: Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis) Staff Recommendation: correct language	HHD, STDMIS	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)	CT: 553.0 GC: 161.4 P&S: 7.9		PENDING HHD	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		PENDING HHD	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts

Be	nchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	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	GLI = 3,525 PrEP edu = 8,101	✓ Met	Maintain =4,944 (local target)	Includes completion of ILI or GLI intervention only (not CLI)
*	BENCHMARK 14: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	To be developed			PENDING HHD/TRG/RWGA	100% (local target)	
*	BENCHMARK 15: Number of MSM and transgender persons of color receiving pre- exposure prophylaxis (PrEP) education	Project PrIDE	To be developed			PENDING HHD	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			PENDING HHD	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

Ber	nchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 1: Proportion of PLWH with Unmet Need	TDSHS Unmet Need Data	25.0% (2014)	23.4%	24.6%	× Not met	↓ 1.6% annually =17.0% (local target)	Region is EMA Target based on available historic data (2010= 33.1%)
*	BENCHMARK 2: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	TDSHS Linkage to Care Data	66% (2015)	69.8%	61%	* Not met	↑ to at least 85% (NHAS target)	Region is EMA
*	BENCHMARK 3: Percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart)	CPCDMS	75.0% (2014)	78%	59%	× Not met	↑ to at least 90% (NHAS target)	
*	BENCHMARK 4: Percentage of individuals with diagnosed HIV 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) Staff Recommendation: correct language	TDSHS Retention Data	61% (2014)	66.8%	68%	✓ Met	↑ to at least 90% (NHAS target)	Region is EMA
*	BENCHMARK 5: Proportion of Ryan White HIV/AIDS Program clients who are virally suppressed	CPCDMS	80.4% (2014)	≥80.4%	73%	× Not met	Maintain or increase ≥80.4% (local target)	
*	BENCHMARK 6: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed Staff Recommendation: correct language	TDSHS Viral Suppression Data	55% (2014)	60%	57%	× Not met	↑ 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	2017 Measure	Met?	2021 Target	Notes
 BENCHMARK 1: Number of new HIV infections diagnosed among each special population: Staff Recommendation: correct language 							
Youth (13-24)	TDSHS eHARS	360 (2014)	302	278	✓ Met	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	51	No new data	No new data	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Region is Harris/Fort Bend County Baseline: 3.9%- National Alliance to End Homelessness, 2009. http://www.nationalh omeless.org/factsheet s/hiv.html applied to local 2014 new Dx
Incarcerated in Jail	TRG	Baseline to be established			PENDING TRG	↓25% (NHAS target)	
Incarcerated in Prison	TDCJ	Baseline to be established			PENDING TRG	↓25% (NHAS target)	
IDU	TDSHS eHARS	66 (2014)	63	46	✓ Met	↓25% =50 (NHAS target)	Region is EMA
MSM	TDSHS eHARS	930 (2014)	884	870	✓ Met	125% =698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	Baseline to be established			PENDING HHD	↓25% (NHAS target)	Region is Houston/Harris County

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
Women of Color	TDSHS eHARS	Baseline to be established		219	No 2017 target specified	↓25% (NHAS target)	Region is EMA
Aging (50 and older) Staff Recommendation: review change in age group reporting	TDSHS eHARS	264 (2014)	251	45+ = 252 55+ = 91	?	↓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%	79%	× Not met	85% (NHAS target)	Region is EMA Baseline and 2017 measure: Reflects 3 month linkage window, not 1 month
Homeless	Needs Assessment	53.9% (2016)	60.1%	No new NA	No new NA	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	TRG	Baseline to be established			PENDING TRG	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	TRG	Baseline to be established			PENDING TRG	85% (NHAS target)	Region is HSDA
IDU	TDSHS Linkage to Care Data	85.0% (2014)	≥85.0%	72%	× Not met	85% (NHAS target)	Region is EMA
MSM	TDSHS Linkage to Care Data	78.0% (2014)	79.4%	79%	✓ Met	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	60.3%	No new NA	No new NA	85% (NHAS target)	Region is HSDA
Women of Color	TDSHS eHARS	Baseline to be established		81.3%	No 2017 target specified	85% (NHAS target)	Region is EMA
Aging (50 and older) Staff Recommendation: review change in age group reporting	TDSHS eHARS	84% (2014)	84.2%	45+ = 83.8% 55+ = 81.0%	* Not met	85% (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

Ber	chmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population							NHAS 90% retention target
	Youth (13-24)	TDSHS Unmet Need Analysis	24.0% (2014)	21.2%	22.0%	× Not met	10% (NHAS target)	Region is EMA
	Homeless Staff Recommendation: consider new data source – TDSHS Unmet Need Analysis	Needs Assessment Out of Care Assessment	To be developed		OOC study In Progress TDSHS: 50.7%	No 2017 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 16.3%
	Recently Released from Jail/Prison Staff Recommendation: consider new data source	Needs Assessment - Out of Care Assessment	To be developed		OOC study In Progress	No 2017 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 11.9%
	IDU	TDSHS Unmet Need Analysis	27.0% (2014)	23.6%	28.0%	➤ Not met	10% (NHAS target)	Region is EMA
	MSM	TDSHS Unmet Need Analysis	25.0% (2014)	22%	24.0%	➤ Not met	10% (NHAS target)	Region is EMA
	Transgender and Gender Non-conforming Staff Recommendation: consider new data source	Needs Assessment - Out of Care Assessment	To be developed		OOC study In Progress	No 2017 target specified	10% (NHAS target)	Region is HSDA 2014 NA = 7.4%
	Women of Color	TDSHS Unmet Need Analysis	To be developed		22.8%	No 2017 target specified	10% (NHAS target)	Region is EMA
	Aging (50 and older) Staff Recommendation: review change in age group reporting	TDSHS Unmet Need Analysis	25% (2014)	22%	45+ = 24.4% 55+ = 24.4%	× Not met	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		PENDING HHD/TRG/ RWGA	Track only	Region is Houston/Harris Count; EMA; HSDA

Table 12: 2017 Comprehensive Plan COE Strategy Benchmark Evaluation Tool

Be	nchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 1: Number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers Staff Recommendation: correct language, discuss whether there is a more meaningful measure	RWPC-OS	29 total 4 non- infected/ affected (2014)	29 total 4 non- infected/ affected	17/37 (46%)	?	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. 2017 Measure: Council only non- aligned consumers
*	BENCHMARK 2: Number of non-HIV prevention and care service providers requesting information about HIV services Staff Recommendation: consider new source	RWPC-OS	110 (2015)	>110	This data is not reliably collected	This data is not reliably collected	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	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	(2016)	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	Baseline: Numerator = 10 Denominator = 122 Target to be based on available historical data (2014)

Ве	nchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2017 Target	2017 Measure	Met?	2021 Target	Notes
*	BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	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%	No new NA	No new NA	Maintain =25.6% (local target)	Target based on current resources and planning
*	BENCHMARK 8: Percentage of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment	CPCDMS	27% (2014)	>27%		PENDING RWGA	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			PENDING RWGA	Decrease (local target)	
*	BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance	CPCDMS	10% (2014)	>10%		PENDING RWGA	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			PENDING RWGA	Decrease (local target)	6.3% of RW enrolled in QHP in 2015

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix 2018 Project LEAP Class Project Recommendations

Activity	Accept, Accept with Modification, or Reject?	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Activity 1: PEI - Hold community-wide HIV 101 forums, with information that specifically addresses common myths and misconceptions that contribute to HIV stigma.	Accept Accept with Modification Reject Rationale:					
Activity 2: SP - Train correctional staff on stigma reduction.	Accept Accept with Modification Reject Rationale:					
Activity 3: Gaps - Train law enforcement on HIV-related resource referral.	☐ Accept ☐ Accept with Modification ☐ Reject Rationale:					
Activity 4: Gaps - Explore options for providing primary care to Isolated populations (in particular homeless and rural populations) through tele-medicine and satellite sites.	☐ Accept ☐ Accept with Modification ☐ Reject Rationale:					
Activity 5: Gaps/SP - Pilot a Road 2 Success/Camino Hacia Tu Salud class for newly diagnosed/recently returned individuals along with Service Linkage Workers.	Accept Accept with Modification Reject Rationale:					

Activity	Accept, Accept with Modification, or Reject?	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Activity 6: Gaps - Include self-efficacy, self-advocacy, and health literacy in Road 2 Success classes for newly diagnosed.	Accept Accept with Modification Reject Rationale:					
Activity 7: Gaps/SP - Investigate the need for RW-funded support groups for youth, seniors, LGBT+, heterosexual, and rural populations (possibly online).	Accept Accept with Modification Reject Rationale:					
Activity 8: SP - Strengthen referral networks to specialty care providers for people living with HIV and aging-related health conditions.	Accept Accept with Modification Reject Rationale:					
Activity 9: SP - Consider funding transgender-targeted subcategory under Mental Health Services.	Accept Accept with Modification Reject Rationale:					
Activity 10: SP - Support easy access to gender-affirming medications.	Accept Accept with Modification Reject Rationale:					

Activity	Accept, Accept with Modification, or Reject?	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Activity 6: Gaps - Include self-efficacy, self-advocacy, and health literacy in Road 2 Success classes for newly diagnosed.	Accept Accept with Modification Reject Rationale:					
Activity 7: Gaps/SP - Investigate the need for RW-funded support groups for youth, seniors, LGBT+, heterosexual, and rural populations (possibly online).	Accept Accept with Modification Reject Rationale:					
Activity 8: SP - Strengthen referral networks to specialty care providers for people living with HIV and aging-related health conditions.	Accept Accept with Modification Reject Rationale:					
Activity 9: SP - Consider funding transgender-targeted subcategory under Mental Health Services.	Accept Accept with Modification Reject Rationale:					
Activity 10: SP - Support easy access to gender-affirming medications.	Accept Accept with Modification Reject Rationale:					

Activity	Accept, Accept with Modification, or Reject?	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator
Activity 11: Gaps/SP/COE - Senior support for medication adherence/retention in care be offered to youth transitioning from pediatric to adult HIV care.	Accept Accept with Modification Reject Rationale:					
Activity 12: COE - Explore opportunities for cross-representation between the Houston HIV community and interfaith coalitions in Houston area.	Accept Accept with Modification Reject Rationale:					
Activity 13: PEI/Gaps - Create an informational small pocket flier that would inform the community about Houston HIV epidemic, importance of being tested, and available HIV prevention AND care services distribute to local pharmacies, clubs and health providers for display.	Accept Accept with Modification Reject Rationale:					
	Accept Accept with Modification Reject Rationale:					
	Accept Accept with Modification Reject Rationale:					