Houston Area HIV Services Ryan White Planning Council Office of Support

Bering Church, 1440 Harold Street, Houston, TX 77006 832 927-7926 telephone; 713 431-4880 fax; http://rwpchouston.org

Memorandum

To: Members, Comprehensive HIV Planning Committee

Allen Murray, Co-Chair
Steven Vargas, Co-Chair
Johanna Castillo
Kathryn Fergus
Kenia Gallardo
Dawn Jenkins

Evelio Escamilla
Paul Richards
Ryan Rose
Imran Shaikh
Robert Sliepka
Carol Suazo

Shital Patel

Copy: Tori Williams David Babb – email only

Mackenzie Hudson Janice Burns – email only Tiffany Shepherd Ann Robison – email only

Marlene McNeese Gretchen Hollingsworth – email only

Sha'Terra Johnson Algernon Moorhead

Mauricia Chatman Oscar Perez

Diane Beck Miyase Koksal-Ayhan

From: Mackenzie A. Hudson, Health Planner, Office of Support

Date: Tuesday, October 31, 2023

Re: Meeting Reminder

Please note that there will be a hybrid meeting of the Comprehensive HIV Planning Committee. Details are as follows:

Comprehensive HIV Planning Committee Meeting 2:00 pm, Thursday, November 9, 2023

Join Zoom Meeting by clicking on this link:

https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09

Meeting ID: 893 3021 9598 Passcode: 253271

Or, call 346 248-7799

In-person location: Bering Church, 1440 Harold St., Houston, TX 77006. Please park and enter the building from the parking lot behind the church on Hawthorne Street.

Please contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at 832 927-7926 or by email at: Rodriga.Avila@harriscountytx.gov. Thank you!

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 pm, Thursday, November 9, 2023

Join Zoom Meeting by clicking on this link:

https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09

Meeting ID: 893 3021 9598 Passcode: 253271 To join via telephone call: (346) 248-7799

In-person location: Bering Church, 1440 Harold Street, Houston, TX 77006. Please park and enter the building from behind the church on Hawthorne Street.

AGENDA

I. Call to Order

A. Welcoming Remarks and Moment of Reflection

Steven Vargas, Co-Chair

- B. Adoption of the Agenda
- C. Approval of the Minutes

II. Public Comment and Announcements

(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.

III. Old Business

A. 2023 Needs Assessment Update

Mackenzie Hudson

- B. 2022-2026 Houston Area HIV Integrated Plan
 - a. Community Hybrid Meeting 4 pm, Thurs., 11/16/23

Mackenzie Hudson

- Location: TBA
- b. Co-Chair Opportunities

c. SMARTIE Goals

Tori Williams Steven Vargas

- IV. Announcements
- V. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee 2:00 p.m., Thursday, October 12, 2023 Meeting Location: Bering Church 1440 Harold Street, Houston and Zoom teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Steven Vargas, Co-Chair	Allen Murray, excused	Alamou Sanoussi, HHD
Johanna Castillo	Evelio Escamilla, excused	Bingjie Li, HHD
Kathryn Fergus	Kenia Gallardo	Sha'Terra Johnson, TRG
Dawn Jenkins	Shital Patel, excused	Tori Williams, Office of Support
Imran Shaikh	Paul Richards	Mackenzie Hudson, Office of Support
Robert Sliepka	Ryan Rose	Diane Beck, Office of Support
Carol Suazo	Ashley Barnes	
Gina German	Dominique Brewster	
Mary L. Guidry		
John Heathcock		

Call to Order: Steven Vargas, Co-Chair, called the meeting to order at 2:03 p.m. and asked for a moment of reflection.

Adoption of Agenda: <u>Motion #1</u>: it was moved and seconded (Sliepka, Castillo) to adopt the agenda. **Motion carried.**

Approval of the Minutes: <u>Motion #2</u>: it was moved and seconded (Castillo, Sliepka) to approve the September 14, 2023 minutes. **Motion carried.** Abstentions: Murray.

Public Comment: None.

Update on the 2023 Needs Assessment: Hudson said that the incentives had been received and logged with the help of several volunteers including Murray and Galley. Beck is in the process of scheduling survey sites. Vargas said that he and Murray had approved the letter to go to the survey sites.

2023 Epi Supplement: Hudson and Li presented the attached report. Shaikh and Hudson thanked Li for her hard work on the document. <u>Motion #3</u>: it was moved and seconded (Sliepka, Castillo) to endorse the 2023 Epidemiological Supplement for HIV Prevention and Care Services Planning. **Motion Carried.**

2022-2026 Integrated Plan

General Updates: Williams said that the initiation of the Integrated Planning body was getting off to a slow start but the partners have come together to start organizing a meeting to engage the community in participating on the Planning body. There was a conference call with HRSA last week about the progress of implementing the plan. Those on the call shared the challenges and successes that Houston has had in implementing the plan. Vargas added that HRSA did not add any comments about areas for improvement on our plan so they were pleased overall. It was a good call.

A Save the Date was sent out regarding the Community Meeting on November 16th. Attendees will sign up

for the different committees and workgroups and each group will set their meeting schedule and decide if they want to meet virtually or using a hybrid format. In December, there is a plan to bring members of the Ryan White Comprehensive HIV Planning Committee together with the Evaluation Committee from CPG in order to create outcome measures and set benchmarks for each of the goals in the plan. Fergus asked for a one-pager to share.

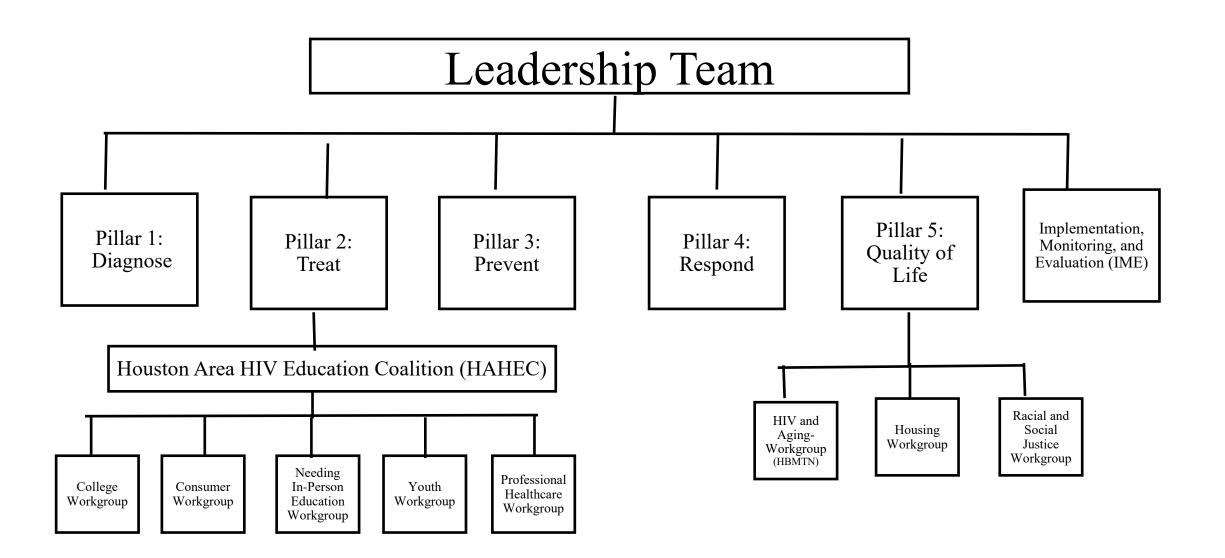
SMARTIE Goals: Hudson said that she met with Mica and Vargas to work on updating the goals in the plan so that they are SMARTIE goals. Vargas presented recommended revisions to all of the Integrated Planning goals except the Quality of Life goals. The committee made a few suggested edits to the text. <u>Motion #4</u>: it was moved and seconded (Sliepka, Jenkins) to approve the updated goals as edited noting that Goal 5A and 5G are still in progress. **Motion Carried.**

Announcements: None.		
Adjournment: <i>Motion</i> : it was moved and Motion Carried .	seconded (Sliepka, Suazo) to adjourn the meeting at 3:1	!2 p.m.
Submitted by:	Approved by:	
Tori Williams, Office of Support Dat	Chair of Committee Date	

JA = Just arrived at meeting LM = Left the meeting C = Chaired the meeting

2023 Voting Record for Meeting Date October 12, 2023

	N	Motion #1: Agenda			N	Motion #2: Minutes		Motion #3: 2023 Epi Supplement			Motion #4: Updated Integrated Plan Goals					
MEMBERS	ABSENT	YES	No	ABSTAIN	ABSENT	YES	No	ABSTAIN	ABSENT	YES	No	ABSTAIN	ABSENT	YES	No	ABSTAIN
Steven Vargas, Co-Chair				C				C				C				C
Allen Murray, Co-Chair		X						X		X				X		
Johanna Castillo lm 2:58		X				X				X				X		
Evelio Escamilla	X				X				X				X			
Kathryn Fergus		X				X				X				X		
Kenia Gallardo	X				X				X				X			
Dawn Jenkins ja 2:06 pm	X				X					X				X		
Shital Patel	X				X				X				X			
Paul Richards	X				X				X				X			
Ryan Rose	X				X				X				X			
Imran Shaikh		X				X				X				X		
Robert Sliepka		X				X				X				X		
Carol Suazo ja 2:06 pm	X				X					X				X		
Ashley Barnes	X				X				X				X			
Dominique Brewster	X				X				X				X			
Gina German		X				X				X				X		
Mary L. Guidry		X				X				X				X		
John Heathcock ja 2:07 pm	X				X					X				X		



Worksheet for Determining SMART goals for 2022 Integrated HIV Prevention and Care Plan

Name: Date:		
-------------	--	--

The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal. For example, you might set a goal to "get better" at typing. However, upon evaluating this goal using the SMART method, you see that your goal is quite vague. By restating your goal in quantifiable terms, such as "be able to type more words per minute," you have a SMART goal that can be obtained. The characteristics of this goal can then be further detailed to reflect the remaining traits of the SMART goal process.

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
EXAMPLE 1 (HHD): Goal 1A: Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.	Increase individual knowledge of HIV status	by diagnosing at least 90%	of the estimated individuals who are unaware of their status		within three (3) years.	
EXAMPLE 2 (NHAS): Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.	who report an unmet need for services from a mental health professional	Decrease by 50%	the proportion of people with diagnosed HIV		from a 2017 baseline of 24.2%.	
Pillar 1: Diagnose						
Goal 1B: Improve HIV-Related Health Outcomes of All People Being Tested for HIV Goal 1B REV.: Using the status neutral approach, develop X number of Rapid Start programs in order to increase the capacity of the public health healthcare delivery systems and healthcare workforce in order to improve HIV-	Ensure all Ryan White-funded medical care and treatment programs have Rapid Start		By using lessons learned during pilot phase and funding similar efforts	And prioritizing populations that least benefitted, accessed	Within three (3) years.	

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
related health outcomes of the individuals being tested.						
Pillar 2: Treat						
Goal 1C: Increase Knowledge and Understanding of HIV Activity: Establish a Houston Area HIV Education Council. Goal 1C REV: Establish a Houston Area HIV Education Council by reaching out to colleges, consumers, in-person educators, youth, and professional healthcare workers in partnership with AETCs, the RW program, CPG, and city and county health departments to increase consumer input and participation into science-based health education and Houston Area HIV linkage to prevention and care services.	Establish a Houston Area HIV Education Council	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers	In partnership with AETCs, RW and CPG	Increase consumer input and participation into science-based comprehensive sexual health education	Within three (3) years.	Development of a curriculum and preand post- tests
Goal 2B: Increase Access to Care and Medication Activity: Increase access to services that replace or provide identification documents. Goal 2B REV: Increase access to services that replace or provide identification documents so that lack of identification as a barrier will decrease regardless of immigration or legal status by working with identification providers	Increase access to services that replace or provide identification documents.	Lack of identification as a barrier will decrease	By working with identification Providers inc. CBOs, NGOs and governmental agencies	Regardless of immigration or legal status	For three (3) years.	Increased number of IDs dispensed ID will not be listed as a main barrier to care in our Needs Assessments

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
including CBOs, NGOs, and government agencies.						
Goal 2C: Increase access to HIV education, prevention and care services among priority populations. Goal 2C REV: Create a case manager job description and fund the position so that fewer people with a history of sexual offense will be lost to care by working with street outreach workers, harm reduction teams and others experienced working with people with a history of sexual offense by prioritizing this historically underserved population.	Create a CM job description and fund the position	Less lost to care for people with a history of sex offenses; linkages to care & support svcs	By working with street outreach workers, Harm Reduction teams and others experienced working with people with a history of sexual offense	By prioritizing an historically underserved population	For three (3) years	A caseload develops, linkage to care
Goal 2D: Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones. Goal 2D Rev: Gather information from RW-funded pharmacists, case managers, executive directors, and Coalition for the Homeless to create ease of access via phone provision for historically underserved communities and to mitigate challenges towards maintaining care.	1. Gather information from RW-funded pharmacists, Case Managers, EDs 2. Invite Coalition for the Homeless (info on Houston Community Voicemail) – find out what replaced this service as Coalition for the Homeless is no longer providing direct client services	1. Have meetings 2. Develop pros & cons 3. Synthesize info to dev. a consensus decision	By September 2024	Create ease of access via phone provision for historically underserved communities, mitigate challenges towards maintaining care	For three (3) years	1. Had meetings? 2. Develop pros & cons 3. synthesize info to dev. a consensus decision

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Have meetings to develop pros and cons and to synthesize information to develop a consensus decision by September 2024.						
Pillar 3: Prevent						
Goal 3A Moved to Pillar 2 and merged with goal 1C						•
Goal 3C: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom distribution in jails and prisons and Texas becoming a Medicaid Expansion state Activity: Gather and review data related to policy changes. Goal 3C REV: Gather data from SIRR members, people returning from incarceration, subject matter experts, pharmacists, and case managers related to policies both for and against condom distribution in jails and prisons and synthesize information into a consensus decision. Also, gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV is Not A Crime) related to making Texas a Medicaid expansion state to increase access to more comprehensive medical care and treatment for people aging with HIV and create a consensus decision.	1. Condom Distribution: Gather information from SIRR members, returning from incarceration programs, SME input, pharmacists, Case Managers 2. Medicaid Expansion: gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV IS Not A Crime)	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision	By March 2024	1. Increased protective factors against HIV acquisition for incarcerated populations 2. Increase access to more comprehensive medical care & treatment for people aging with HIV	For three (3) years.	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Pillar 4: Respond						
All EHE goals.						
Pillar 5: Quality of Life						
Goal 5A: Improve Quality of Life for Persons Living with HIV Activity: Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV. Goal 5A REV: Improve Quality of Life for persons living with HIV by promoting unfettered access to high quality life-extending prevention and care services through the identification of the top 3 services people needed but couldn't get it as well as the top 3 barriers. We will see the number of people who needed a service and couldn't get it will decrease by focusing on the most needed and least accessible services and the populations benefitting least from these services by making services available, accessible and affordable for three years.	Unfettered access to high quality life-extending prevention and care services Domains 1) Top 3 services needed but couldn't get it and top 3 barriers to each service ***Needs assessment and utilization reports	Percentage of people who said they needed it but couldn't get it – this would decrease	By focusing on the most needed and least accessible services and the populations benefitting least from these services	by making services available, accessible, and affordable	For three (3) years.	Needs Assessment data
Goal 5G: Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data	Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to:	1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and	By continuing the work we have been doing by continuing to host QOL workgroups	Manifesting meaningful involvement of PLWH	For three (3) years.	

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Activity: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV Goal 5G REV: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV. This will be accomplished by continuing the work we have been doing by hosting QOL workgroups by manifesting meaningful involvement of PLWH for three years.		Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV				
No need to revise the following as S	MART goals.					
Goal 5B: Increase the proportion of people with diagnosed HIV who report						

GOAL & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
good or better health to 95% from a 2018 baseline of 71.5%. Activity: To be determined (TBD) by RWHAP Quality Management staff.						
Goal 5C: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. Activity: TBD by RW Quality Management staff.						
Goal 5D: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. Activity: TBD by RW Quality Management staff.						
Goal 5E: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. Activity: TBD by RW Quality Management staff.						
Goal 5F: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. Activity: TBD by RW Quality Management staff.						

GOA	L & ACTIVITY	Specific Narrow for more long- term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?