

**Houston Area HIV Services Ryan White Planning Council**

**Comprehensive HIV Planning Committee**

2:00 p.m., Thursday, July 14, 2016

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

**AGENDA**

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I. Call to Order

A. Welcome

John Lazo and

B. Moment of Reflection

Nancy Miertschin, Co-Chairs

C. Adoption of the Agenda

D. 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/AIDS 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/AIDS 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 with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)

III. Report from the Speakers Bureau Workgroup

John Lazo, Chair

IV. Discuss Committee Name Change

John Lazo and  
Nancy Miertschin, Co-Chairs

V. Update on 2016 Needs Assessment

Amber Harbolt, Health Planner  
Office of Support

VI. Update on 2017 Comprehensive Plan

A. Prevention and Early Identification

B. Gaps in Care and Reaching the Out of Care

C. Addressing the Needs of Special Populations

D. Coordination of Effort

E. Comprehensive Plan Leadership Team Meeting – 7/25 at 3:00 p.m.

VII. Announcements

John Lazo and  
Nancy Miertschin, Co-Chairs

VIII. Adjourn

## Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee  
 2:00 p.m., Thursday, May 12, 2016  
 Meeting location: Leonel Castillo Community Center  
 2101 South Street; Houston, Texas 77009

### Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
John Lazo, Co-Chair	David Benson, excused	James Arango, DSHS
Nancy Miertschin, Co-Chair	Denny Delgado	Tana Pradia
Ted Artiaga	Herman Finley	Alex Moses
Curtis Bellard	Gloria Sierra, excused	Isis Torrente
Evelio Salinas Escamilla	Larry Woods, excused	Amber Harbolt, Office of Support
Allen Murray	Kevin Aloysius	Diane Beck, Office of Support
Robert Noble	Osaro Mgbere, excused	
Shital Patel		
Denis Kelly		
Tam Kiehnhoff		
Esther Ogunjimi		

**Call to Order:** John Lazo, co-chair, called the meeting to order at 2:32 p.m. and asked for a moment of reflection.

**Adoption of Agenda: Motion #1:** *it was moved and seconded (Escamilla, Kelly) to adopt the agenda. Motion carried.*

**Approval of the Minutes: Motion #2:** *it was moved and seconded (Bellard, Sierra) to approve the May 12, 2016 minutes with one correction: under call to order, change 'She' to 'He'. Motion carried.* Abstention: Escamilla, Miertschin, Patel.

**Public Comment:** None.

**Report from the Chamber of Commerce Workgroup:** Lazo said that the Speaker's Bureau workgroup met for the first time last month to discuss finding business needing speakers and to get volunteers to help the speakers at each engagement. He said that there were 6 presentations done in 2015 and would like to have 12 booked for 2016. The next engagement is June 16 and the speaker is Nike Blue. If anyone hears of any speaking opportunities please let him know.

**Update on the 2016 Needs Assessment:** Harbolt reviewed the sampling summery dated June 9, 2016. See attached. She said that we are currently 80 surveys shy of the minimum goal of 587 but she needs to get started writing the report. The margin of error is now at 4.31% instead of 4%. She spoke to a statistician who said that the sample is pretty representative with a 95% confidence level so it should not be a problem statistically. She asked the committee if they are comfortable with the current sample size – the comprehensive plan is due in 3 months and a substantial part of it is the needs assessment portion. Escamilla asked to include the limitation of not meeting the minimum goal as well as citing the statistician's agreement with the choice to end surveying. **Motion #3:** *it was moved and seconded (Kelly, Kiehnhoff) to stop data*

*collection and adopt 4.31% as the margin of error, noting the limitations as discussed. **Motion carried.***

**Update on the 2017 Comprehensive Plan process:** See attached. Harbolt reported that all workgroups have completed Logic Model 1 except for Prevention and Early Identification which has two benchmarks that need to be addressed by the Houston Health Department regarding distribution of brochures and calls to the HIV hotline.

**Discussion of Committee Name Change: Motion #4:** *it was moved and seconded (Kelly, Ogunjimi) to postpone this discussion until next month. **Motion carried.***

**Announcements:** Kelly said that Omega House will be having a 30<sup>th</sup> anniversary event on August 26 or 27. He will give information to the Office of Support to distribute.

**Adjournment:** The meeting was adjourned at 3:30 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Amber Harbolt, Office of Support      Date

\_\_\_\_\_  
Chair of Committee      Date

**JA = Just arrived at meeting**  
**LR = Left room temporarily**  
**LM = Left the meeting**  
**C = Chaired the meeting**

**2016 Voting Record for Meeting Date June 9, 2016**

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: Accept sample size				Motion #4: Postpone discussion of committee name change			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
John Lazo, Co-Chair				C				C				C				C
Nancy Miertschin, Co-Chair 1m 2:44 pm		X						X	X				X			
Ted Artiaga		X			X				X				X			
Curtis Bellard 1m 3:14 pm		X			X				X				X			
David Benson	X															
Denny Delgado	X															
Evelio Salinas Escamilla		X						X	X				X			
Herman Finley	X															
Allen Murray		X			X				X				X			
Robert Noble		X			X				X				X			
Shital Patel		X						X	X				X			
Gloria Sierra	X															
Larry Woods	X															
Kevin Aloysius	X															
Denis Kelly		X			X				X				X			
Tam Kiehnhoff		X			X				X				X			
Osaro Mgbere	X															
Esther Ogunjimi		X			X				X				X			

**Speaker's Bureau Engagement Evaluation - Spring Klein CoC - 06-16-2016**

<b>Eval ID</b>	<i>What was the most memorable aspect of today's presentation?</i>	<i>What, if anything, did you learn from today's presentation that you did not previously know?</i>	<i>How relevant was the information presented today to your job or organization? (5=Extremely relevant; 1=Not relevant at all)</i>	<i>Based on today's presentation, how likely are you to recommend the Ryan White Planning Council Speakers Bureau to a colleague or another organization? (5=Extremely likely 1=Not likely at all)</i>	<i>What HIV-related topics would you like to see offered in the future?</i>	<i>Add to RWPC info contact list?</i>
1	Getting information	About the different meds	5	5	Any new info	Y
2	Statistics were amazing and educational	More education on PrEP	5	5	Can an HIV positive person get life insurance?	Y
3	Getting informed - info was enlightening	Truvada meds, PrEP	3	4	Knowing the strategy, sharing facts	N
4	The PrEP since 2012; Other ways to get infected with needles other than drugs; Can't get if from kissing, etc.	Everything above and 20,000-27,000 / 85% infected...4th largest city of infected	3.5	4	I would definitely recommend if I knew who would benefit.	N
5	The statistics of how many people have HIV.	I didn't know there was a pill that existed like this [PrEP]	3	4	[missing]	N
6	[missing]	I didn't know there was a pill to prevent HIV	2	3	[missing]	N
7	Prevention methods & the drop rate; info on testing dates & awareness	The info on prevention	[missing]	5	More information on PrEP to low income areas throughout the South.	N
Average	---	---	3.58	4.29	---	---

# Houston Area HIV Services Ryan White Planning Council

## Standing Committee Structure

(Reviewed 07-15-15)

### 1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

### 2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from external membership and expertise.

### 3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from external member participation except where resolve of grievances are concerned.

### 4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include external members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

## **5. Quality Improvement Committee**

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year, are monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of external members.

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 1: Goal, Solutions, and Benchmarks - PEI

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"> <li>1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools</li> <li>2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities</li> <li>3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals</li> <li>4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners*</li> <li>5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health*</li> <li>6. Expand opportunities for HIV and sexual health education for the general public an high-incidence populations and communities**</li> </ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"> <li>1. Reduce new HIV infections</li> <li>2. Increase awareness of HIV</li> <li>3. Increase awareness of HIV status</li> <li>4. Ensure early entry into care</li> <li>5. Increase access to ARV therapy for treatment and prevention*</li> <li>6. Address the HIV prevention needs of high incidence communities</li> <li>7. Reduce community risk factors for HIV infection</li> </ol> <p style="text-align: right;">①</p>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"> <li>1. Reduce number of new HIV infections diagnosed in Houston Area</li> <li>2. Maintain number of publicly-funded HIV tests</li> <li>3. Maintain positivity rate for publicly-funded targeted HIV testing</li> <li>4. Maintain positivity rate for publicly-funded routine HIV testing</li> <li>5. Maintain % of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status</li> <li>6. Decrease % of new HIV diagnoses with an HIV stage 3 diagnosis within one year</li> <li>7. Increase proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis</li> <li>8. Increase proportion of Ryan White HIV/AIDS Program clients w/ suppressed VL</li> <li>9. Increase % of diagnosed PLWH in the Houston Area who are virally suppressed</li> <li>10. Decrease number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention</li> <li>11. Decrease rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)</li> <li>12. Maintain number of condoms distributed</li> <li>13. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV</li> <li>14. Increase % of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training to 100%</li> <li>15. Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education</li> </ol> <p><b>-Benchmarks to be finalized in July</b></p> <p style="text-align: right;">③</p>



# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 1

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
Population-Based	Governmental Policies		
<ol style="list-style-type: none"> <li>Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.</li> <li>Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.</li> <li>Adopt PrEP uptake marketing models designed to remove stigma.</li> </ol> <p>[To be developed: focus areas; governmental policy change activities (align with END campaign where possible)]</p>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 2

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<ol style="list-style-type: none"> <li>Expand opportunities for HIV testing for the general public and in high-incidence populations and communities.</li> </ol>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Routine Testing	Targeted Testing		
<ol style="list-style-type: none"> <li>Expand HIV testing and education activities into new and non-traditional community events (e.g. Houston Livestock Show and Rodeo).</li> <li>Disseminate routine testing implementation toolkit to private and non-Ryan White funded providers and FQHCs.</li> <li>Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas.</li> <li>Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability and use of the Mobile Testing Unit.</li> </ol> <p>[To be developed: targeted testing activities]</p>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 4

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
1. Adopt PrEP uptake marketing models designed to remove stigma.			

**2017 Houston Area Comprehensive HIV Services Plan**  
 Logic Model 1: Goal, Solutions, and Benchmarks – Gaps in Care

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"> <li>1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH*</li> <li>2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*</li> <li>3. Adopt strategies to re-engage out of care PLWH to return to care</li> </ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"> <li>1. Ensure early entry into care ①</li> <li>2. Reduce Unmet Need</li> <li>3. Increase retention in continuous care</li> <li>4. Improve health outcomes for People Living with HIV (PLWH)*</li> <li>5. Increase viral suppression**</li> </ol>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"> <li>1. Decrease the proportion of PLWH with Unmet Need ③</li> <li>2. Decrease the percentage of PLWHA reporting prior history of being out-of-care</li> <li>3. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis (one month if available)</li> <li>4. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (≥2 visits for routine HIV medical care in 12 months ≥3 months apart)</li> <li>5. Increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed</li> <li>6. Increase the proportion of PLWH in the Houston Area who are retained in care</li> <li>7. Increase the proportion of PLWH in the Houston Area who are virally suppressed</li> </ol>

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – Gaps in Care Solution 1

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<p>1. Target linkage to care efforts to vulnerable points in the HIV system (e.g. at initial diagnosis, before the first medical visit, after the initial visit, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH</p>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
Peer Mentoring	Policy/Process Changes	Communication with Private Providers	
<ol style="list-style-type: none"> <li>1. Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s).</li> <li>2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.</li> <li>3. Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.</li> <li>4. Provide case managers strengths-based practice training to include skills for:               <ol style="list-style-type: none"> <li>a. Identifying and leveraging existing strengths and support systems for consumers and;</li> <li>b. Building referral networks for appropriate support group, mental health, and substance abuse resources.</li> </ol> </li> <li>5. Develop a process to provide regularly updates on Ryan White system developments and resources to private providers.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – Gaps in Care Solution 2

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<ol style="list-style-type: none"> <li>Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*</li> </ol>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
Community Education	System Enhancements	Health Literacy	
<ol style="list-style-type: none"> <li>Create a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care.</li> <li>Conduct a Special Study on alternative hours of operation for primary care sites.</li> <li>Collaborate with the City of Houston Housing and Community Development Department on development of the Houston HOPWA care continuum and expansion of engagement and retention activities.</li> <li>Provide Road to Success training at housing sites.</li> <li>Develop social media materials to increase consumer and community health literacy.</li> <li>Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – Gaps in Care Solution 3

<b>Solution</b> <small>{Recommended approach to achieve stated goals and targets}</small>
3. Adopt strategies to re-engage out of care PLWH to return to care



<b>Activities</b> <small>{Specific tasks to be performed that will achieve the solution}</small>			
<small>{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}</small>			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
<p>[To be developed into activities: training outreach workers in Data to Care strategies, get previous positives into care when found in the ER through routine testing, medication reminders when a prescription is not renewed, encourage continuous participation in care]</p>			

**2017 Houston Area Comprehensive HIV Services Plan**  
 Logic Model 1: Goal, Solutions, and Benchmarks – SP

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"> <li>1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.*</li> <li>2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations*</li> <li>3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care*</li> </ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"> <li>1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging* ①</li> <li>2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*</li> <li>3. Strengthen the cultural and linguistic competence of the HIV prevention and care system<sup>1</sup></li> </ol> <p><sup>1</sup>Revise definitions of “culture” and “health” in activities relating to this goal to align with current Office of Minority Health <i>National Cultural and Linguistically-Appropriate Services Standards</i></p>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"> <li>1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent ③</li> <li>2. Increase the proportion of newly-diagnosed individuals within each Special Population linked to HIV clinical care within three months of their HIV diagnosis to at least 85 percent</li> <li>3. Decrease the proportion of PLWH with unmet need within each Special Population*</li> <li>4. Monitor grievances relating to cultural and linguistic competence received through the Ryan White grievance lines**</li> </ol>



# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – SP Solution 1

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Access	Intersectionality	Routine Testing	Linkage
<ol style="list-style-type: none"> <li>1. Assess and adjust Standards of Care and other relevant policies to ensure access to public facilities for all people.</li> <li>2. Research and implement methods for measuring the effectiveness of cultural competency training.</li> <li>3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices.</li> <li>4. Partner with SIRR to develop a process for tracking linkage for recently released PLWH.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – SP Solution 2

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Retention in Care	Viral Suppression	Testing	Linkage
<ol style="list-style-type: none"> <li>1. Develop HIV Care Continuums for each Special Population as possible, and disseminate to providers and the public.</li> <li>2. Train providers on best practices for educating and promoting PrEP among the following populations: sex workers, intersex individuals, MSM, and transgender individuals.</li> <li>3. Extend HIV testing and PrEP information and resources to small “pop-up” clinics throughout the Houston Area.</li> <li>4. Create tailored public service announcements for each special populations educating the community on the benefits of Treatment as Prevention</li> <li>5. Compile HIIPA compliant best practices for using technology to communicate consumers</li> <li>6. Research solutions for medication adherence and safe medication storage for PLWH experiencing homelessness.</li> <li>7. Develop a process for obtaining temporary identification for PLWH experiencing homelessness to expedite eligibility.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – SP Solution 3

<b>Solution</b> <small>{Recommended approach to achieve stated goals and targets}</small>
3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care



<b>Activities</b> <small>{Specific tasks to be performed that will achieve the solution}</small>			
<small>{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}</small>			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Local Data Systems	Data-to-Care		
<ol style="list-style-type: none"> <li>1. Provide training to DIS staff on data collection for transgender and other special populations clients.</li> <li>2. Develop training for Outreach Workers on using Data-to-Care resources</li> <li>3. Collaborate with City of Houston Housing and Community Development Department on development of a local Housing Unmet framework and local Housing Care Continuums, including special populations to the extent feasible.</li> <li>4. Update or utilize local service linkage data systems to assess causes for unmet need/OOC among special populations.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 1: Goal, Solutions, and Benchmarks – COE

<b>Solutions</b> {Recommended approaches to achieve the goal}
<p>②</p> <ol style="list-style-type: none"><li>1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission</li><li>2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*</li><li>3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*</li><li>4. Optimize and explore new ways to utilize technology to: (a) link people at risk for or living with HIV (PLWH) to resources; and (b) assist providers with real-time referrals for clients to HIV prevention and care services*</li><li>5. Strengthen coordination of data systems within the HIV care system, HIV prevention and care; and HIV prevention and care service providers and the broader health care delivery system*</li></ol>

<b>Goal</b> {Desired long-term result, outcome, or change}
<ol style="list-style-type: none"><li>1. Increase awareness of HIV among all Greater Houston Area health and social service providers* ①</li><li>2. Increase the availability of HIV-related prevention and care services and providers*</li><li>3. Reduce barriers to HIV prevention and care</li><li>4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care*</li><li>5. Monitor and respond to state and national-level changes in the health care system*</li></ol>

<b>Benchmarks</b> {How the result will be measured}
<ol style="list-style-type: none"><li>1. Maintain the number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers</li><li>2. Increase the number of non-HIV prevention and care service providers requesting information about HIV services ③</li><li>3. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services</li><li>4. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services</li><li>5. Reduce the proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services</li><li>6. Reduce the proportion of PLWH reporting barriers to professional mental health counseling</li><li>7. Reduce the proportion of PLWH reporting housing instability</li><li>8. Increase the % of PLWH reporting private or public health insurance coverage</li><li>9. Increase the % of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment</li><li>10. Decrease the proportion of Ryan White HIV/AIDS Program clients with who may qualify for Medicaid or Medicare, but who are not enrolled in either program.</li><li>11. Increase the % of Ryan White HIV/AIDS Program clients with private health insurance</li><li>12. Decrease the proportion of Ryan White HIV/AIDS Program clients who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP.</li></ol>

# 2017 Houston Area Comprehensive HIV Services Plan

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

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



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
<small>{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}</small>			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
FQHCs	New Partners	Non-Traditional Partners	
<ol style="list-style-type: none"> <li>1. Replicate 2016 AETC Testing &amp; Linkage training on HIV prevention advances (PrEP) as a regular update.</li> <li>2. Extend Speakers Bureau scope to include presentations to non-traditional groups beyond the business community.</li> <li>3. Facilitate an annual Task Force meeting for community-wide coordination of effort.</li> <li>4. Sustain current efforts and Target the following sectors and groups for coordination of effort activities:               <ol style="list-style-type: none"> <li>a. <b>Advocacy groups</b></li> <li>b. Aging (e.g., assisted living, home health care, hospice, etc.)</li> <li>c. Alcohol and drug abuse providers and coalitions at the local and regional levels</li> <li>d. Business and Chambers of Commerce</li> <li>e. Community centers</li> <li>f. Chronic disease prevention, screening, and self-management programs</li> <li>g. <b>Faith communities</b></li> <li>h. Medical professional associations, medical societies, and practice groups</li> <li>i. Mental health (e.g., counseling associations, treatment facilities, etc.)</li> <li>j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)</li> <li>k. Philanthropic organizations</li> <li>l. Primary education, including schools and school districts</li> <li>m. Secondary education, including researchers, instructors, and student groups</li> <li>n. Workforce Solutions and other vocational training and rehabilitation programs</li> </ol> </li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

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

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



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Current Providers	Potential Providers		
<ol style="list-style-type: none"> <li>1. Replicate 2016 AETC Testing &amp; Linkage training on HIV prevention advances (PrEP) as a regular update.</li> <li>2. Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).</li> <li>3. Create and disseminate an access and utilization guide for the RW Health Insurance Assistance Program to non-RW funded case managers and social workers.</li> <li>4. Cultivate peer technical assistance that facilitate sharing best practice models between current providers.</li> </ol>			

# 2017 Houston Area Comprehensive HIV Services Plan

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

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



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
Social Media	Traditional Media	Initiatives	
<ol style="list-style-type: none"> <li>1. Explore the feasibility and practicality of developing a clearinghouse of educational opportunities.</li> <li>2. Identify local media resources to serve as outlets HIV education and community mobilization efforts.</li> <li>3. Cultivate social media pathways to disseminate HIV-related information and mobilization efforts.</li> <li>4. Create local public service announcement videos promoting national prevention and care services campaigns.</li> <li>5. Establish transportation-based advertisements of PrEP and other HIV prevention and care messaging.</li> <li>6. Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.</li> </ol>			

**2017 Houston Area Comprehensive HIV Services Plan**

Logic Model 2: Solution, Focus & Activities – COE Solution 4

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<p>4. Optimize and explore new ways to utilize technology to: (a) link people at risk for or living with HIV (PLWH) to resources; and (b) assist providers with real-time referrals for clients to HIV prevention and care services*</p>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
Focus	Focus	Focus	Focus
<p>[To be developed: Explore potentially use pharma technology resources for linkage/maintenance in care (must avoid COI); compile list of private providers serving PLWH]</p>			



**2017 Houston Area Comprehensive HIV Services Plan**

Logic Model 2: Solution, Focus & Activities – COE Solution 5

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
5. Strengthen coordination of data systems within the HIV care system, HIV prevention and care; and HIV prevention and care service providers and the broader health care delivery system*



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Within Care	Within Prevention	Between Care and Prevention	Between HIV and other Health Information Systems
<p>[To be developed: Promote Greater Houston Health Connect or other opt-in secure HIIPA compliant health information exchange; staff training RE: billing]</p>			