

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee Special Meeting

2:00 p.m., Friday, July 29, 2016

Meeting Location: 2223 W. Loop South, Room 240

Houston, Texas 77027

AGENDA

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. Review 2017 Comprehensive Plan – Integrated

Amber Harbolt,

HIV Prevention and Care Plan Section Components

Health Planner

A. Approve 2017 Comprehensive Plan – Integrated

HIV Prevention and Care Plan Section Components

IV. Next Steps

John Lazo and

A. Remaining Opportunities for Input:

Nancy Miertschin, Co-Chairs

1. Submit public comment for 8/4 Steering
Committee Meeting

2. Submit public comment for 8/11 Planning Council meeting

3. Sign up to review full document prior to submission

V. Announcements

VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
 2:00 p.m., Thursday, July 14, 2016
 2223 West Loop South, Room 532; Houston, Texas 77027

Minutes

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

Call to Order: Nancy Miertschin, co-chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection. She then asked everyone to introduce themselves.

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

Approval of the Minutes: Motion #2: *it was moved and seconded (Kelly, Bellard) to approve the June 9, 2016 minutes. Motion carried.* Abstention: Aloysius, Mgbere, Sierra, Woods.

Public Comment: None.

Report from the Speaker's Bureau 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. Vargas presented to the Young Professionals of Spring/Klein on June 16th, Pruitt was the workgroup member who volunteered to attend and she was a big help. There is presently one engagement booked and he has a lead from the PRIDE festival. If anyone hears of any speaking opportunities please let him know.

Discussion of Committee Name Change: Motion #3: *it was moved and seconded (Kelly, Bellard) to keep the committee name and have the Leadership Team address this when the next comprehensive plan process convenes. Motion carried.*

Update on the 2016 Needs Assessment: Harbolt said that she is still writing the report and hopes to have it completed by the end of July. There was a relatively low sample of IDU but she

checked the last needs assessment and found that it was the same. Escamilla asked if there was information about Hepatitis C. Harbolt said that it was asked so she could run reports that include information about Hepatitis C. She also said that after weighting the data it was much more representative of the local epidemic so the correct items were weighted (sex at birth, primary race/ethnicity and age).

Update on the 2017 Comprehensive Plan process: See attached. Harbolt reported the Special Populations workgroup had completed their work. The other workgroups will continue to meet – all workgroups must be done in time for the Leadership Team to approve everything on July 25, 2016.

A special meeting was scheduled for Friday, July 29, 2016 at 2:00 p.m. so that the Comprehensive HIV Planning Committee can review and approve everything before the Steering Committee meets.

Announcements: Harbolt said that everyone should read the attached letter from HRSA regarding PrEP.

Adjournment: The meeting was adjourned at 2:45 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 July 14, 2016

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: committee name change			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Nancy Miertschin, Co-Chair				C				C				C
John Lazo, Co-Chair		X				X				X		
Ted Artiaga		X				X				X		
Curtis Bellard lm 2:43 pm		X				X				X		
David Benson	X				X				X			
Denny Delgado	X				X				X			
Evelio Salinas Escamilla lm 2:43 pm		X				X				X		
Herman Finley	X				X				X			
Allen Murray		X				X				X		
Robert Noble lm 2:43 pm		X				X				X		
Shital Patel		X				X				X		
Gloria Sierra		X						X		X		
Larry Woods lm 2:43 pm		X						X		X		
Kevin Aloysius		X						X		X		
Denis Kelly		X				X				X		
Tam Kiehnhoff		X				X				X		
Osaro Mgbere		X						X		X		
Esther Ogunjimi		X				X				X		

2017 Comprehensive Plan Vision and Mission

(Approved by the Leadership Team 12-02-15)

Vision

The greater Houston Area will become a community with an enhanced system of HIV prevention and care. New HIV infections will be reduced to zero. Should new HIV infections occur, every person, regardless of sex, race, color, ethnicity, national origin, age, familial status, marital status, military status, religion, disability, sexual orientation, genetic information, gender identity, pregnancy, or socio-economic circumstance, will have unfettered access to high-quality, life-extending care, free of stigma and discrimination.

Mission

The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2017-2021 is to work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations living with, affected by, or at risk for HIV.

2017 Comprehensive Plan Guiding Principles

(Approved by the Leadership Team 12-02-15)

Guiding Principles

The development of the 2017 Comprehensive Plan will be guided by 10 core principles; that the plan and planning process will:

1. Fully integrate the perspectives, needs, and priorities of both HIV prevention and HIV care.
2. Align with local, state, and national HIV prevention and care plans and initiatives.
3. Be cognizant of changes occurring in the national health care delivery system resulting from the *Patient Protection and Affordable Care Act of 2010* and the Ryan White HIV/AIDS Treatment Extension Act.
4. Assess strategies, including those used internationally, that have effectively reduced HIV infection and could be implemented locally.
5. Assure that federal expectations for Houston Area comprehensive planning and the required deliverables are met while still allowing new or emerging critical areas of need and innovation to be considered.
6. Produce Specific, Measurable, Achievable, Realistic, and Time-phased (SMART) objectives that can be used to guide priority-setting, resource allocation, scopes of work, quality improvement, and other decision-making activities of the Houston Area planning bodies and administrative agents.
7. Balance the need to be comprehensive, data-driven, and reflective of new science, theory, and models with the need for efficiency in regards to resources and timelines.
8. Recognize the importance of and provide opportunities for participation by non-AIDS-service organizations and other non-traditional partners.
9. Honor the populations most impacted by HIV, including the underserved in response to the epidemic's impact on minority and hard-to-reach populations, and those who are uniquely vulnerable to HIV infection due to social, economic, cultural, or structural barriers.
10. Engage with and ensure that people living with and at risk for HIV as well as consumers of prevention and care services have a central voice, clear understanding, and full involvement throughout the process.

2017-2021 Comprehensive Plan Goals

(Approved by the Leadership Team 1-13-16)

Goals

To make progress toward an ideal system of HIV prevention and care for the Houston Area, we must:

1. Increase community mobilization around HIV in the Greater Houston Area
2. Prevent and reduce new HIV infections
3. Ensure that all people living with or at risk for HIV have access to early and continuous HIV prevention and care services
4. Reduce the effect of co-occurring conditions that hinder HIV prevention behaviors and adherence to care
5. Reduce disparities in the Houston Area HIV epidemic and address the needs of vulnerable populations
6. Increase community knowledge around HIV in the Greater Houston Area.

2017 Houston Area Comprehensive HIV Plan

System Objective Evaluation Tool

DRAFT

Objective to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ OBJECTIVE 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS	1,386 (2014)	↓ at least 25% ≤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	DSHS HIV Testing & Awareness Data	94.4% (2014)	Maintain or increase ≥94.4% (local target)	Region is EMA Target exceeds NHAS 90% goal
❖ OBJECTIVE 3: Proportion of newly-diagnosed individuals linked to clinical care within one month of their HIV diagnosis	DSHS Linkage to Care Data	Pending (78% linked w/in 3 months in 2014)	↑ to at least 85% (NHAS target)	Region is EMA
❖ OBJECTIVE 4.1: Percentage of new HIV diagnoses with an AIDS diagnosis within one year	DSHS Late Diagnoses Data	25.9% (2014)	↓ at least 25% =19.4% (DHAP target)	Region is EMA
❖ OBJECTIVE 4.2: Percentage of new HIV diagnoses with an AIDS diagnosis within one year among Hispanic/Latino men age 35 and up	DSHS Late Diagnoses Data	Pending	↓ at least 25% = Pending (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)	↑ 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)	DSHS Retention Data	61% (2014)	↑ 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)	Maintain or increase ≥80.4% (local target)	
❖ OBJECTIVE 8: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55% (2014)	↑ 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	PrEP Provider Report	To be developed	≥2000 (local target)	

2017 Houston Area Comprehensive HIV Plan Benchmark Evaluation Tool, By Strategy

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS	1,386 (2014)	↓25% =1040 (NHAS target)	Region is EMA
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HDHHS	88,700 (2014)	Maintain =88,700 (local target)	Target based on current resources and planning
❖ BENCHMARK 3: Number of publicly-funded HIV tests	HHD, DSHS HIV Testing & Awareness Data	127,719 (2015) Include DSHS data when available	Maintain = 127,719 (local target) Include DSHS data when available	Region is Houston/Harris County for HHD; EMA for DSHS Targeted and routine testing
❖ BENCHMARK 4: Positivity rate for publicly-funded <i>targeted</i> HIV testing	HHD, DSHS HIV Testing & Awareness Data	3.01% (2015) Include DSHS data when available	Maintain = 3.01% (local target) Include DSHS data when available	Region is Houston/Harris County for HHD; EMA for DSHS
❖ BENCHMARK 5: Positivity rate for publicly-funded <i>routine</i> HIV testing	HHD, DSHS HIV Testing & Awareness Data	1.04% (2015) Include DSHS data when available	Maintain = 1.04% (local target) Include DSHS data when available	Region is Houston/Harris County for HHD; EMA for DSHS

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION – CONTINUED

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 6: Percentage of individuals with a positive HIV test result identified through <i>targeted</i> HIV testing who are informed of their HIV+ status	HHD, DSHS HIV Testing & Awareness Data	93.8% (2015) Include DSHS data when available	Maintain = 93.8% (local target) Include DSHS data when available	Region is Houston/Harris County for HHD; EMA for DSHS
❖ BENCHMARK 7: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	DSHS Late Diagnoses Data	25.9% (2014)	↓25% =19.4% (DHAP target)	Region is EMA
❖ BENCHMARK 8: Proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis	DSHS Linkage to Care Data	Pending from DSHS	85% (NHAS Updated target)	Region is EMA
❖ BENCHMARK 9: Proportion of Ryan White HIV/AIDS Program clients with suppressed viral load	CPCDMS Report	80.4%* (2014)	Maintain =80.4% (local target)	Part A clients only
❖ BENCHMARK 10: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55.5%* (2014)	80% (NHAS Updated target)	Region is EMA
❖ BENCHMARK 11: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention				
Sharpstown (77036 and 77074)	HHD, eHARS	= 56 (2014)	↓25% =42 (NHAS target)	
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	=34 (2014)	↓25% =26 (NHAS target)	
Greater 5th Ward (77020 and 77026)	HHD, eHARS	=28 (2014)	↓25% =21 (NHAS target)	
Acres Home (77088 and 77091)	HHD, eHARS	=32 (2014)	↓25% =24 (NHAS target)	

STRATEGY 1: PREVENTION AND EARLY IDENTIFICATION – CONTINUED

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
Montrose (77006)	HHD, eHARS	=26 (2014)	↓25% =20 (NHAS target)	
❖ BENCHMARK 12: 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) Update with 2015 when available	CT: Maintain =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 13: Number of condoms distributed	HHD	450,000 (2014)	Maintain =450,000 (local target)	Includes mass and targeted condom distribution efforts
❖ BENCHMARK 14: Number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	Maintain =4,944 (local target)	Includes completion of ILI or GLI intervention only (not CLI)
❖ BENCHMARK 15: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	Baseline to be developed	100% (local target)	
❖ BENCHMARK 16: Number of MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education	HHD Project PrIDE	Baseline to be developed	2,000 annually (local target)	
❖ BENCHMARK 17: Percentage of HIV-negative clients screened for PrEP eligibility	HHD Project PrIDE, ECLIPS, Maven	Baseline to be developed	10% increase	Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors

STRATEGY 2: TO FILL GAPS IN CARE AND REACH THE OUT-OF-CARE

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 1: Proportion of PLWH with Unmet Need	DSHS Unmet Need Data	25.0% (2014)	↓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	DSHS Linkage to Care Data	Pending (78% linked w/in 3 months in 2014)	↑ 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)	↑ 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)	DSHS Retention Data	61% (2014)	↑ 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)	Maintain or increase ≥80.4% (local target)	
❖ BENCHMARK 6: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55% (2014)	↑ to at least 80% (NHAS target)	Region is EMA

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ BENCHMARK 1: Number of new HIV infections diagnosed among each special population:				
Youth (13-24)	DSHS eHARS	360 (2014)	↓25% =70 (NHAS target)	Region is EMA
Homeless	HMIS (potential)	54 (2014)	↓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	The Resource Group	Pending	↓25% = Pending (NHAS target)	
Incarcerated in Prison	TDCJ	Pending	↓25% = Pending (NHAS target)	
Recently Released	Service Linkage Data	Pending	↓25% = Pending (NHAS target)	
IDU	DSHS eHARS	66 (2014)	↓25% =50 (NHAS target)	Region is EMA
MSM	DSHS eHARS	930 (2014)	↓25% =698 (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	HHD, HIV Surveillance System	Pending	↓25% =Pending (NHAS target)	Region is Houston/Harris County
Women of Color	DSHS eHARS	Pending	↓25% =Pending (NHAS target)	Region is EMA
Aging (50 and up)	DSHS eHARS	264 (2014)	↓25% =198 (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS – CONTINUED

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2021 Target	Notes
❖ 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)	DSHS Linkage to Care Data	74.0% (2014)	85% (NHAS target)	Region is EMA Baseline: Reflects 3 month linkage window
Homeless	Needs Assessment	53.9% (2016)	85% (NHAS target)	Region is HSDA Baseline: Unstable housing
Recently Released from Jail (*linked within 1 month of release)	The Resource Group	Pending	85% (NHAS target)	Region is HSDA Harris County Jail only.
Recently Released from Prison (*linked within 1 months of release)	The Resource Group	Pending	85% (NHAS target)	
IDU	DSHS Linkage to Care Data	85.0% (2014)	85% (NHAS target)	Region is EMA
MSM	DSHS Linkage to Care Data	78.0% (2014)	85% (NHAS target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment	54.1% (2016)	85% (NHAS target)	Region is HSDA
Women of Color	DSHS eHARS	Pending	85% (NHAS target)	Region is EMA
Aging (50 and up)	DSHS eHARS	84% (2014)	85% (NHAS target)	Region is EMA Baseline: Placeholder, reflects 45+

STRATEGY 3: TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS – CONTINUED

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	Notes
❖ BENCHMARK 3: Proportion of PLWH with unmet need within each Special Population				
Youth (13-24)	DSHS Unmet Need Analysis	24.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
Homeless	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 16.3%
Recently Released from Jail/Prison	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 11.9%
IDU	DSHS Unmet Need Analysis	27.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
MSM	DSHS Unmet Need Analysis	25.0% (2014)	10% (NHAS 90% retention target)	Region is EMA
Transgender and Gender Non-conforming	Needs Assessment – Out of Care Assessment	To be established	10% (NHAS 90% retention target)	Region is HSDA 2014 NA = 7.4%
Women of Color	DSHS Unmet Need Analysis	Pending	10% (NHAS 90% retention target))	Region is EMA
Aging (50 and up)	DSHS Unmet Need Analysis	25% (2014)	10% (NHAS 90% retention target)	Region is EMA Baseline: Placeholder, reflects 45+
❖ BENCHMARK 4: Percentage of grievances relating to cultural and linguistic competence received through the Ryan White and HHD grievance lines	Ryan White Grants Administration; TRG; HHD	To be established	Track only	Region is EMA

STRATEGY 4: TO IMPROVE COORDINATION OF EFFORT AND ADAPT TO HEALTHCARE SYSTEM CHANGES

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 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)	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)	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 SPSS run (local target)	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 SPSS run (local target)	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 SPSS run (local target)	Baseline: Numerator = 10 Denominator = 122 Target to be based on available historical data (2014)
❖ BENCHMARK 6: Proportion of PLWH reporting barriers to professional mental health counseling	Needs Assessment	12.1% (2016)	↓ = Pending SPSS run (local target)	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)	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)	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	Pending	Decrease (local target)	
❖ BENCHMARK 10: Percentage of Ryan White HIV/AIDS Program clients with private health insurance	CPCDMS	10% (2014)	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	Pending	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: PEI Solution 1

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. 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; Task Forces (Youth Task Force); HHD	Annually	HHD CPG Support Staff	Youth	Cross-representation occurred; SHAC minutes; Youth Task Force minutes	4
2. Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.	CPG; Urban AIDS Ministry; RWPC Speakers Bureau	Annually	HHD CPG Support Staff; RWPC-OS	Faith communities	Urban AIDS Ministry minutes; Speakers Bureau evaluations	3
3. 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	1
4. 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; RWPC Speakers Bureau <i>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; Speakers Bureau evaluations; local/state policy changes	2

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 2

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

- Expand opportunities for HIV testing for the general public and in high-incidence populations and communities.

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Expand both targeted and non-targeted HIV testing and education activities into new and non-traditional community events (e.g. Houston Livestock Show and Rodeo).	HHD	<i>Non-RP partners: CPG; Task Forces</i>	2020	HHD staff & contractors	General public; targeted populations	Record that testing occurred at event including location, population targeted (if applicable), and number of tests	3
2. 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 Solution 1 Activity 1 and Special Populations Strategy Solution 1 Activity 3)</i>	RWPC-OS	<i>Non-RP partners: DSHS; AETC; HHS</i>	Annually	RWPC-OS	Status unaware individuals	Toolkits disseminated	2
3. Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas. <i>(See also: Special Populations Strategy Solution 2 Activity 3)</i>	HHD; Task Forces; CPG		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	1
4. Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability and use of the Mobile Testing Unit.	HHD	<i>Non-RP partners: HHD Clinical Services</i>	As needed	HHD staff	Task Forces; community groups; funded agencies; non-HHD funded agencies	Education occurred; Mobile Unit schedule	4

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 3

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

3. Increase the timeliness of the linkage to care for newly-diagnosed HIV+ individuals

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Create and distribute rural referral resource list to DIS.	TRG	Annually	TRG staff	Rural PLWH	List created and distributed; list regularly updated	2
2. Explore opportunities to partner with community health workers to support timely linkage to care.	RWGA; HHD	2021	RWGA staff; HHD staff	PLWH – general	Opportunities explored	3
3. Pursue strategies to reduce time period between diagnosis and entry into HIV medical care.	HHD	2017	HHD testing and linkage staff	Newly diagnosed PLWH; incoming consumers	Record of strategies pursued	1

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 4

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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.

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. 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	3
2. Create a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care. (See also: Gaps in Care Strategy Solution 2 Activity 1)	RWPC-OS; RWPC Affected Community Committee	<i>Non-RP partners:</i> HHD for distribution	2019	RWPC-OS; volunteers	PLWH and partners; at-risk for falling out of care; Out of Care	Public service announcement created	2
3. Expand materials education PLWH and partners about PrEP and treatment as prevention.	HHD		2018	HHD staff; HHD PrEP Coordinator	PLWH; partners of PLWH	Materials created	3
4. Hold consumer PrEP and treatment as prevention education forums.	RWPC-OS; RWPC Affected Community Committee; HHD	<i>Non-RP partners:</i> AETC	Annually	RWPC-OS; HHD staff; volunteers; possibly pharma rep if not COI	PLWH; partners of PLWH	Forums occurred; evaluations	1

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
5. Explore feasibility of same-day PrEP initiation for high-risk HIV negative individuals. <i>[Staff note: discussion centered on rapid PrEP initiation for high-risk negative individuals following HIV/STI testing]</i>	HHD	<i>Non-RP partners:</i> RWPC-OS	2019	HHD PrEP Coordinator; RWPC-OS Planner	High-risk HIV negative	Feasibility study report	5

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 5

Solution
 {Recommended approach to achieve stated goals and targets}

5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health

SOLUTION REMOVED FROM PEI STRATEGY

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 6

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

6. Expand opportunities for HIV and sexual health education for the general public and high-incidence populations and communities.

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. 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	1
2. Create a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care. <i>(See also: Gaps in Care Strategy Solution 2 Activity 1)</i>	RWPC-OS; RWPC Affected Community Committee	<i>Non-RP partners:</i> HHD for distribution	2019	RWPC-OS; volunteers	PLWH and partners; at-risk for falling out of care; Out of Care	Public service announcement created	2
3. Explore opportunities to expand community access to local academic research findings. <i>(See also: Coordination of Effort Strategy Solution 3 Activity 7)</i>	HHD (Sharing Science Symposium); RWPC-OS		2020	HHD staff; RWPC-OS staff	General public	Opportunities identified	4
4. Promote inclusion of HIV and sexual health messaging in local community creative arts. <i>(See also: Coordination of Effort Strategy Solution 3 Activity 8)</i>	RWPC-OS	<i>Non-RP partners:</i> RWPC Affected Community Committee; Task Forces	As Needed	RWPC-OS; community resources	General public	Resulting projects	3

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: Solution 1

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

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 individuals are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. 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>Non-RP partners:</i> RWPC-OS; RWPC (P&A; CHPC)	2017	RWGA staff; RWPC-OS; volunteers	Incoming clients	Report completed for feasibility study	1
2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.	RWGA	<i>Non-RP partners:</i> HHD Hearts program; 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	3
3. Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.	RWGA	<i>Non-RP partners:</i> HHD Hearts program; 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	2
4. Provide case managers with training to improve skills for building referral networks for appropriate support group, mental health, and substance abuse resources.	RWGA; TRG		Annually	RWGA staff; TRG staff	Case managers	Training provided	5
5. Develop a process to provide regular updates on Ryan White system developments and resources to targeted private providers.	RWPC-OS		2018	RWPC-OS	Private providers; PLWH seeing private providers	Process developed; list of targeted providers generated	4

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: Gaps in Care Solution 2

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy*

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Create a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care. <i>(See also: Prevention and Early Identification Strategy 4 Activity 2)</i>	RWPC-OS; RWPC Affected Community Committee	<i>Non-RP partners:</i> HHD for distribution	2019	RWPC-OS; volunteers	PLWH and partners; at-risk for falling out of care; Out of Care	Public service announcement created	1
2. Assess consumer-preferred alternative hours of operation for primary care sites as a component of client satisfaction surveys.	RWGA; TRG		2020	RWGA staff; TRG staff	RW clients	Client satisfaction survey tool updated; client satisfaction surveys	7
3. 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. <i>(See also: Special Populations Strategy Solution 3 Activity 2)</i>	RWPC-OS	<i>Non-RP partners:</i> HCD	2018	RWPC-OS	HOPWA/housing clients; homeless PLWH	HOPWA care continuums created; engagement and retention activities developed and implemented	5
4. Expand Road to Success training to housing sites.	RWPC-OS; RWPC (Affected); RWGA; TRG	<i>Non-RP partners:</i> HCD; housing sites	Annually	RWPC-OS; RWGA staff; TRG staff	HOPWA/housing clients	Road to Success agenda; evaluations	4
5. Evaluate, adjust, and distribute existing social media materials to increase consumer and community health literacy.	RWPC; RWPC-OS; HHD; CPG		2019	RWPC-OS; HHS CPG support staff; volunteers; existing health literacy campaigns	General public	Resulting materials; record of distribution	6

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
<p>6. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications.</p> <p><i>(See also: Special Populations Strategy Solution 2 Activity 6)</i></p>	<p>RWPC-OS; RWGA</p> <p><i>Non-RP partners: City of Houston; Homeless Coalition; homeless services providers</i></p>	<p>2018</p>	<p>RWPC-OS; RWGA staff</p>	<p>Homeless PLWH</p>	<p>Report completed for feasibility study</p>	<p>2</p>
<p>7. Assess current level of risk reduction counseling provided through Primary Care, focusing particularly on promotion of treatment as prevention.</p>	<p>RWGA</p>	<p>2018</p>	<p>RWGA staff</p>	<p>RW clients</p>	<p>Assessment report</p>	<p>3</p>

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: Gaps in Care Solution 3

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

3. Adopt strategies to retain and/or reengage PLWH to return to care, particularly those receiving care outside of Ryan White

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
<p>1. Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage.</p> <p><i>(See Also: Coordination of Effort Strategy Solution 5 Activity 1)</i></p>	RWGA	<i>Non-RP partners:</i> Pam Green, RN with Memorial Hermann Hospital has volunteered to assist	2017	RWGA staff; Pam Green	Out of Care PLWH	Report completed for feasibility study	1
<p>2. Explore and, if appropriate, implement best practices for incentivization for providers to increase retention and viral suppression.</p> <p>[Staff clarification: incentivization in this instance refers to creating an incentive for providers to improve retention and viral suppression among their clients, not direct incentivization; incentivization does not necessarily imply a financial incentive]</p>	RWGA; RWPC-OS	<i>Non-RP partners:</i> RWPC	2021	RWGA staff; RWPC-OS; volunteers	Providers; clients	Best practices list created; if appropriate, incorporated into HTBMN process	3

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
4. Identify Houston area hospitals serving highest number of HIV positive patients, and target for dialog about ways to interface with the Ryan White system for re-linkage.	HHD; RWGA	<i>Non-RP partners:</i> Pam Green, RN with Memorial Hermann Hospital has volunteered to assist	2019	HHD Surveillance staff; RWGA staff; Pam Green	Local hospitals; Out of Care PLWH	List of hospitals generated (HHD); record of contact made to hospitals	2
5. 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	4

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: SP Solution 1

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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.

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. 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>Non-RP partners:</i> RWPC	Annually	RWGA staff; TRG staff; HHD staff; volunteers	HIV prevention and care services clients	Standards of Care modified	3
2. Review and revise client satisfaction survey tool to measure provision of culturally and linguistically appropriate services.	RWGA; TRG		2018	RWGA staff; TRG staff;	HIV prevention and care services clients	Resulting method and measurement	2
3. 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. <i>(See also: Prevention and Early Identification Strategy Solution 2 Activity 2)</i>	HHD; CPG; RWPC-OS	<i>Non-RP partners:</i> DSHS – 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	1
4. Partner with SIRR to develop a process for tracking linkage for recently released PLWH.	TRG; RWGA	<i>Non-RP partners:</i> SIRR; HCSO	2019	TRG staff (ARIES); SIRR members; RWGA staff (CPCDMS and QM)	Incarcerated and recently released	Tracking process in place; any necessary adjustments made to ARIES/CPCDMS	4
5. Explore feasibility of cooperation between RWGA and HCD to provide assisted living facility service aging PLWH.	RWGA; RWPC-OS; RWPC	<i>Non-RP partners:</i> HCD	2018	RWGA staff; RWPC-OS; HCD staff; volunteers	Aging PLWH; homeless PLWH	Report exploring feasibility created	Unranked

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: SP Solution 3

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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.

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.	RWPC-OS; HHD <i>Non-RP partners: DSHS</i>	2017 <i>Include as needed in each Epi Profile</i>	RWPC-OS; HHD staff	Special populations for which data are available	Completed continuums	4
2. 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 and prevention workers; HIV negative individuals in special populations	Training occurred; increased testing of members in special populations	1
3. Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas. <i>(See also: Prevention and Early Identification Strategy Solution 2 Activity 2)</i>	HHD; Task Forces; CPG	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	2
4. Create tailored public service announcements for each special population educating the community on the benefits of Treatment as Prevention	RWPC-OS <i>Non-RP partners: Actors for PSAs; Community partners</i>	2020	RWPC-OS; actors; community partners (distribution and possibly to help fund)	Special populations, PLWH	PSAs created	3

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
5. Compile HIPAA compliant best practices for using technology to communicate with consumers and incorporate into provider training. <i>See also: Coordination of Effort Strategy Solution 4 Activity 1)</i>	RWGA; TRG	2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred	5
6. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. <i>(See also: Gaps in Care Strategy Solution 2 Activity 2)</i>	RWPC-OS; RWGA <i>Non-RP partners: City of Houston; Homeless Coalition; homeless services providers</i>	2018	RWPC-OS; RWGA staff	Homeless PLWH	Report completed for feasibility study	6

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: SP Solution 3

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

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.

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Provide training to DIS staff on data collection for transgender and other special population clients.	HHD	<i>Non-RP partners:</i> DSHS	Annually	HHD staff	Special populations (especially transgender)	Training provided	1
2. 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. <i>(See also: Gaps in Care Strategy Solution 2 Activity 3)</i>	RWPC-OS	<i>Non-RP partners:</i> HCD	2018	RWPC-OS	HOPWA/housing clients; homeless PLWH	HOPWA care continuums created; engagement and retention activities developed and implemented	5
4. Explore additional Need Assessment activities (including utilization of local data systems) to assess causes of loss to care among special populations.	RWPC-OS; HHD		2018	RWPC-OS; HHD staff; ECLIPS	Special populations; Out of Care PLWH	Report of causes for loss to care for PLWH in special populations	4
5. Train surveillance staff to enhance data collection on transgender community.	HHD	<i>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	2

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: COE Solution 1

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Support AETC efforts to provide regular HIV-related updates to the Houston medical community.	RWCP-OS; RWGA; HHD <i>Non-RP partners:</i> AETC; HHS; DSHS	As needed	RWPC-OS; RWGA staff; HHD staff; DSHS	Houston medical community	Evidence of support (e.g. promotion emails/social media communication sent; collaborative products, etc.)	1
2. Extend Speakers Bureau scope to include presentations to non-traditional groups beyond the business community.	RWPC-OS; RWPC Speakers Bureau	2019	RWPC-OS; RWPC Speakers Bureau	New and non-traditional groups outside business community	Annual presentation goal met; list of presentation sites; evaluations	3
3. 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	2

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
<p>4. Sustain current efforts and target the following sectors and groups for coordination of effort activities:</p> <ul style="list-style-type: none"> 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 	<p>RWGA; TRG; HHD; RWPC-OS; RWPC; CPG; Task Forces</p>	<p>Annually</p>	<p>RWGA staff; TRG staff; HHD staff; HHD CPG support staff; HHD Task Force liaisons; RWPC-OS; RWPC; CPG; Task Forces</p>	<p>Per sector</p>	<p>Record of coordination per sector</p>	<p>4</p>

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: COE Solution 2

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Support AETC efforts to provide regular HIV-related updates to the Houston medical community.	RWCP-OS; RWGA; HHD <i>Non-RP partners:</i> AETC; HHS; DSHS	As needed	RWPC-OS; RWGA staff; HHD staff; DSHS	Houston medical community	Evidence of support (e.g. promotion emails/social media communication sent; collaborative products, etc.)	3
2. Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).	RWGA; RWPC-OS	Annually	RWGA staff; RWPC-OS staff	Non-RW case managers; PLWH outside RW system	Record of notice sent (e.g. email, blast fax, etc.)	1
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.	TRG	2018	TRG staff	Non-RW case managers; PLWH outside RW system	Guide created; list of dissemination locations/contacts	2
4. 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	4

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: COE Solution 3

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{Recommended approach to achieve stated goals and targets}

3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Explore the feasibility and practicality of developing a clearinghouse of HIV-related educational opportunities.	RWPC-OS	2018	RWPC-OS	N/A	Brief report on feasibility compiled	1
2. Identify local media resources to serve as outlets for HIV education and community mobilization efforts.	RPWC (Affected Community Committee); CPG <i>Non-RP partners: Task Forces; RWPC-OS; HHD</i>	Annually	RWPC-OS staff; HHD CPG support staff; volunteers	N/A	List of opportunities compiled	4
3. Cultivate social media pathways to disseminate HIV-related information and mobilization efforts.	HHD; RWPC-OS; TRG; RWGA; RWPC; CPG; Task Forces	2017 <i>Utilize annually</i>	HHD staff; HHD CPG support staff; RWPC-OS; RWGA; TRG; volunteers; Task Force members	N/A	Documentation stating pathways; evidence of pathways utilized	2
4. Pursue partnerships to promote national prevention and care services campaigns locally.	RWPC-OS; RPWC (Affected); HHD; CPG	2020	RWPC-OS; HHD CPG support staff; volunteers	General public; populations targeted in campaigns	Documentation of partnerships pursued; list of national campaigns supported in the Houston area	3

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
5. Explore transportation-based advertisements of PrEP and other HIV prevention and care messaging.	HHD	<i>Non-RP partners: RWPC Speakers Bureau – educational presentations to transportation providers</i>	2021	HHD staff; Project PrIDE; RWPC-OS; RWPC Speakers Bureau	General public; public transportation users	Advertisements placed if possible; transportation providers trained	5
6. Evaluate opportunities for partnering with other local government initiatives for co-branding HIV-related issues.	HHD; RWGA; TRG	<i>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	6
7. Explore opportunities to expand community access to local academic research findings. <i>(See also: Prevention and Early Identification Strategy Solution 6 Activity 3)</i>	HHD (Sharing Science Symposium); RWPC-OS		2020	HHD staff; RWPC-OS staff	General public	Opportunities identified	Unranked
8. Promote inclusion of HIV and sexual health messaging in local community creative arts. <i>(See also: Prevention and Early Identification Strategy Solution 6 Activity 4)</i>	RWPC-OS	<i>Non-RP partners: RWPC Affected Community Committee; Task Forces</i>	As Needed	RWPC-OS; community resources	General public	Resulting projects	Unranked
9. Investigate need for and feasibility of creating a RWPC-OS position for an Education and Communication Coordinator.	RWPC-OS; RWGA		2018	RWPC-OS; RWGA	General public	Documentation of need investigate; position created if needed and feasible	Unranked

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: COE Solution 4

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution
{Recommended approach to achieve stated goals and targets}

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*

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Compile HIPAA compliant best practices for using technology to communicate with consumers, and incorporate into provider training <i>(See also: Special Populations Strategy Solution 2 Activity 5)</i>	RWGA; TRG	2017	RWGA staff; TRG staff	Youth, homeless PLWH	List of best practices compiled; training occurred	1

2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: COE Solution 5

(Comprehensive Plan Leadership Team Approved: 07/25/16)

Solution

{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*

Activity	Responsible Parties (Name of entity)		Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Study the feasibility of allowing non-Ryan White providers CPCDMS access to health information to support re-linkage. (See Also: Gaps in Care Strategy Solution 3 Activity 1)	RWGA	<i>Non-RP partners:</i> Pam Green, RN with Memorial Hermann Hospital has volunteered to assist	2017	RWGA staff; Pam Green	Out of Care PLWH	Report completed for feasibility study	3
2. Investigate opt-in secure HIPAA-compliant health information exchanges (e.g. Greater Houston Health Connect) and assess whether incorporation of such exchanges into the RW system would be appropriate and useful.	RWGA; TRG		2018	RWGA staff; TRG staff; providers	RW clients seeking care outside the RW system; Out of Care PLWH	Report completed for investigation	2
3. Develop process for sharing information in CPCDMS between record-owning agencies and other RW providers to facilitate access to care.	RWGA	<i>Non-RP partners:</i> TRG (ARIES)	2018	RWGA staff	RW clients seeking non- primary care with other RW providers	Process developed	1