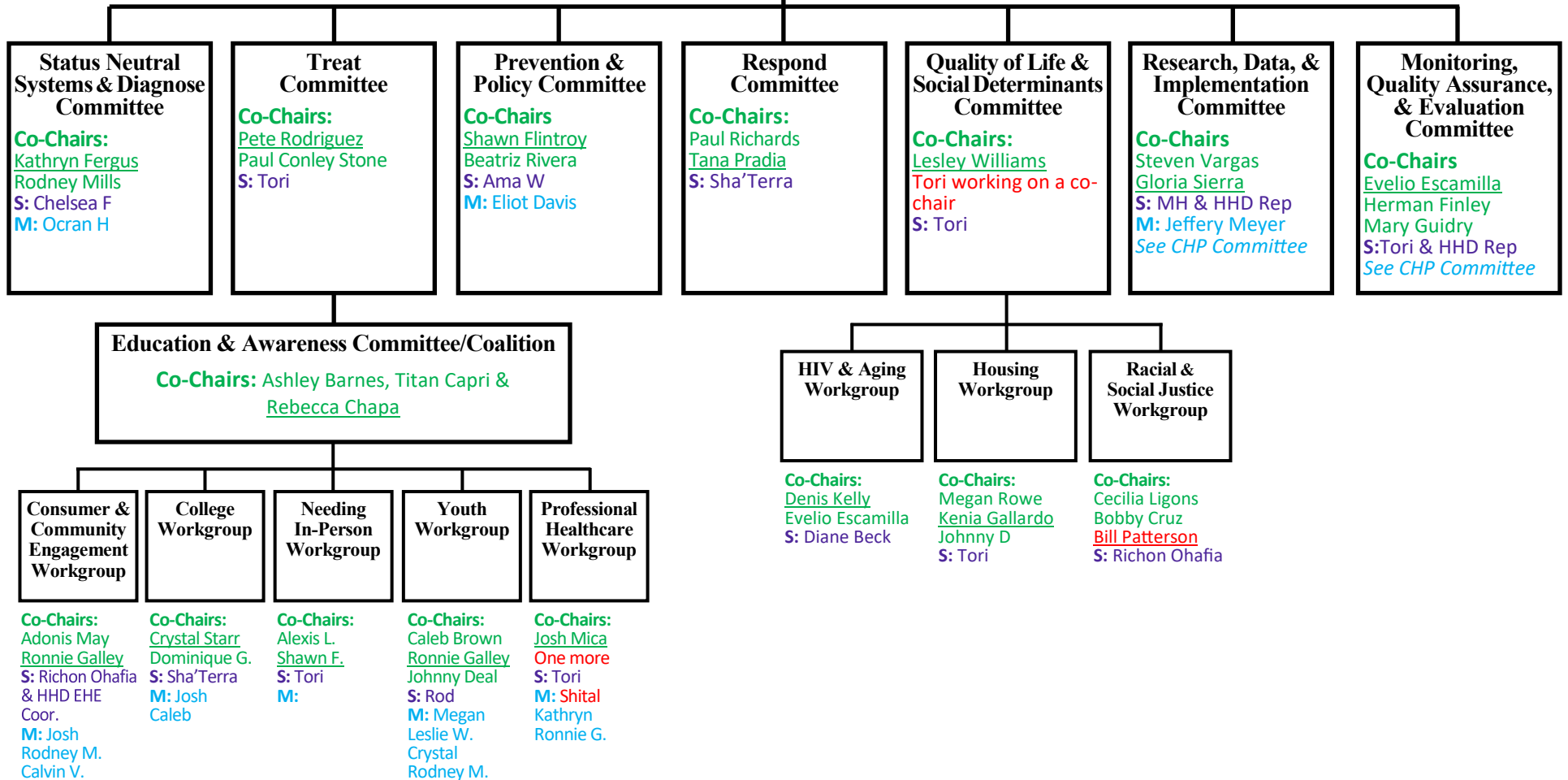


Leadership Team

Co-Chairs: [Ronnie Galley](#) (RWPC), [Lesley Williams](#) (RW Pt B) and [Shawn Flintroy](#) (CPG)





SECTION V: PLAN GOALS AND OBJECTIVES

The following list includes goals, objectives and activities for the Houston EHE and Integrated Plans and is organized by EHE pillar. Clearly, some goals and activities from each plan intersect, hence the goals for both plans have been merged into one list, but goals for the Integrated Plan are in italics to denote service areas. The justification for each goal is identified within the brackets after the goal. This is considered a “living” document, and it is anticipated that more goals, objectives and indicators will be added to each pillar as EHE and Integrated planning and implementation continues.

Pillar 1: Diagnose

Goal 1A: *Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.* [CP-Healthy People 2030, Rdmap, FTC, NEHE, CP]

Goal 1A.1: **Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices, and updated accessibility in historically marginalized communities in Houston/Harris County.**

[Rdmap, CM-WD/OCB/EA/RAA/AS/MBH/PA/CHS/QAE, CP]

Key Activities:

- Extend health center hours and/or partner with healthcare systems to demonstrate consideration for persons seeking services outside traditional hours. [CM-RAA/MBH/BMP]
- Explore a collaborative routine opt-out initiative with hospital emergency room providers outside a policy requirement. [CM-EA/PA/BMP]
- Add five (5) nurse operated mobile units offering extended hours and bundled services (e.g., STI, Hepatitis C, PrEP, nPEP, BMI assessment, glucose, immunizations, service linkage, partner services, etc.) to dispatch across Houston/Harris County. [CM-RAA/BMP]
- Implement at minimum a yearly multilingual health education and promotion campaign empowering ALL sexually active Houstonians/Harris Countians to insist on initial and routine rescreening for HIV. [Rdmap, CM-EA/RAA/CHS]
- Prioritize hiring a diverse and representative staff whom people can trust to administer status neutral services. [Rdmap, CM-WD/OCB/AS]
- Pilot HIV and STI home testing kits and develop a protocol for timely, status neutral follow-up, and quarterly evaluation to improve the service delivery. [CM-OCB/EA/RAA/AS/QAE]

Legend for Section V

Regular Text = EHE Planning Goal impacting the Houston/Harris County, Texas service area

Italicized Text = Integrated Planning Goal impacting the EMA/HSDA (10-county), Texas service area

Source of Justification for the following goals:

CP = 2017 Houston Area HIV Comprehensive Plan

CP-____ = HIV & Non-HIV Comprehensive Plans

CM = 2021-2022 Community Meetings

EHEPtA = Ryan White Part A EHE Goal

FTC = International Fast Track Cities

FGPP = 2022 Priority Populations Focus Groups

FGP = 2022 Provider Focus Groups

NEHE = 2019 National EHE Plan

NAC = 2020 HIV Care Needs Assessment

NAP = 2022 HIV Prevention Needs Assessment

NHAS = 2021 National HIV/AIDS Strategy

Rdmap = 2016 Houston Area EHE Plan, commonly referred to as *The Roadmap*

ST = 2022 Stakeholder Interview

- Reestablish an annual testing for tickets (e.g., "Hip Hop for HIV") event. [CM-RAA]
- Conduct outreach efforts in screening locations near identified areas (e.g., college campuses, barber and beauty shops, shopping centers, and recreational) through ongoing partnerships with community leaders and gatekeepers. [Rdmap, CM-EA/RAA/QAE/MBH/BMP]

Goal 1A.2: Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE. [Rdmap, CM-EA/RAA/PA/QAE/BMP]

Key Activities:

- Educate policymakers on the need for statewide mandatory offering of routine opt-out testing. [Rdmap, CM-EA]
- Revise policies that institute county-wide age-appropriate comprehensive sexual education that empowers youth to make informed decisions about their health. [Rdmap, CM-PA/QAE]
- Advance county-wide policy modifications that require HIV testing and access to care for all arriving persons involved with the justice system and retest prior to facility release with enough medication and linkage to care if need determined. [Rdmap, CM-PA/RAA/BMP]
- Update local policies and procedures to implement an electronic automated reminder system and/or modify existing options to send annual screening reminders. [CM-EA/PA]
- Conduct provider detailing (e.g., Obstetrician/Gynecologist, General Practitioner, Gerontologist) to promote internal policy changes to incorporate universal screening as a standard practice. [CM-EA/PA/QAE]

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, community task force, school-based clinics, sexual health clinics, women’s health services/prenatal services providers, hospitals, local community members, local correctional institutions, local law enforcement, PWH, shelters, public health professionals, etc.

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding

Estimated Funding Allocation: \$1.8 Million

Outcomes: (reported annually, locally monitored more frequently): Increase number of newly identified persons with HIV and awareness of HIV status; Increase the number of HIV tests conducted in Houston/Harris County; Establish HIV care protocols for persons involved with the justice system.

Monitoring Data Source: EMR data, surveillance data, local protocols and reports

Goal 1B: *Improve HIV-Related Health Outcomes of All People Being Tested for HIV [QoL]*

Key Activities:

- *Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide whole-person care and treatment for individuals testing for HIV.*
 - *Identify, implement, and evaluate models of care that meet the needs of all people being tested for HIV and ensure quality of care across services.*

- Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.
- Identify, engage, or reengage people with HIV who are not in care or not virally suppressed.
- Provide low-barrier access to HIV prevention, care and/or treatment.
- Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.
- Identify and address barriers for people who have never engaged in care or who have fallen out of care.

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal service providers, hospitals.

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, RWHAP, State and/or Local Funding.

Estimated Funding Allocation: Related to Goal 1A

Outcomes (reported annually, locally monitored more frequently) Number of newly identified persons with HIV; Establishment of protocols for HIV/AIDS treatment under incarceration, number of cases linked to care under incarceration.

Monitoring Data Source: EMR data, surveillance data, local protocols and reports.

Goal 1C: Increase Knowledge and Understanding of HIV [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]

Key Activities:

- Establish a Houston Area HIV Education Council to provide education for:
 - Individuals on prevention, treatment, and care services; and
 - Professionals on accurate medical information, training in referring clients to the local HIV prevention and care system, and customer service skills. **See Goal 3A** for more information. This educational goal will address Diagnose, Treat and Prevent.
- Increase knowledge of HIV among individuals and the health workforce in geographic areas disproportionately affected.

Key Committed Partners: Southern AIDS Education and Training Center (AETC), Texas Southern University (TSU), Houston HIV Prevention Community Planning Group (CPG) and Ryan White Planning Council (RWPC).

Key Potential Partners: Representatives from special populations, people with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities.

Potential Funding Resources: CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.

Estimated Funding Allocations: \$200,000.

Outcomes: Increased knowledge among students.

Monitoring Data Source: Student pre and post tests.

Pillar 2: Treat

Goal 2A: Ensure 90% of clients are retained in care and virally suppressed. [CP-Health People 2030, Rdmap, CP, NEHE, FTC]

Goal 2A.1: Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care. [Rdmap, CM-OCB/RAA/EA/MBH/PA/BMP]

Key Activities:

- Increase retention in medical care through rapid treatment initiation.
 - *In FY 2020, the Ryan White Program, in partnership with South Central AETC, Baylor College of Medicine, and Harris County Public Health, launched Rapid Start Treatment Programs at Ryan White funded primary care sites. The next step is to increase outreach to priority populations and launch Rapid Start Treatment Programs at sites other than RWHA-funded primary care sites. [EHEPtA, 16Rdmap]*
- Offer a 24-hour emotional support and resources line available with trauma informed staff considerate to the fact individuals are likely still processing a new diagnosis. [CM-RAA/MBH]
- Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP. [CM-RAA/EA]
- Support rapid antiretroviral therapy by providing ART “starter packs” for newly diagnosed clients and returning patients who have self-identified as being out of care for greater than 12 months. [CM-EA/PA]
- Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community-preferred gathering venues. [CM-OCB/PA/BMP]
- Promote after-hour medical care to increase accessibility by partnering with providers currently offering expanded hours, like urgent care facilities. [CM-RAA]
- Develop a provider outreach program focused on best HIV treatment-related practices and emphasizing resources options for clients (Ryan White care system) as well as peer-to-peer support resources for providers (e.g., Project ECHO, AETC, UCSF). [CM-EA/PA]

Goal 2A.2: Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis. [CM-OCB/RAA/EA/AS/MBH/CHS/PA/QAE/BMP]

Key Activities:

- Develop informative treatment navigation, viral suppression, and whole-health care support program including regularly held community forums designed to maximize accessibility. [CM-RAA/EA/PA]
- Partner with providers to expand hours and service location options based on community preferences (after-hours, mobile units, non-traditional settings). [Rdmap, CM-RAA/BMP]

- Assess feasibility of expanded telehealth check-in options to enhance accessibility and promote bundling mobile care services (including ancillary services). [CM-RAA/BMP]
- Increase the number of referrals and linkage to RW. [CM-PA/QAE]
- Increase integration, promotion, and the number of referrals to ancillary services (e.g., mental health, substance use, RW, and payment assistance) through expanded partnerships during service linkage. [CM-QAE]
- Increase case management support capacity. [CM-OCB]
- Develop system to monitor referrals to integrated health services. [CM-QAE]
- Hire representative navigators, promote job openings in places where community members with relevant lived experience gather, and invest in programs such as the Community Health Worker Certification. [Rdmap, CM-OCB/QAE]
- Survey users of services to evaluate additional service-based training needs. [CM-QAE]
- Conduct provider outreach (100 initial/100 follow-up visits) to improve multidisciplinary holistic health practices including importance of trauma-informed approach, motivational interview-based techniques, preferred language, culturally sensitive staff/setting, behavior-based risk vs demographic/race, and routine risk assessment screenings (mental health, gender-based or domestic violence, need for other ancillary services related to SDOH). [Rdmap, CM-EA/AS/MBH/CHS/QAE]
- Build and implement a mental health model for HIV treatment and care that includes routinizing screenings/opt-out integration into electronic health records. [CM-MBH/PA] [CM-MBH/PA]
- Source resources for referral/free initial mental health counseling sessions.
- Maintain at least one crisis intervention specialist on service linkage staff. [CM-MBH]
- Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources. [CM-OCB]
- Improve value of data to community by promoting inclusive, representative data collection on community selected platforms. [CM-CHS/PA]
- Widely share analyses of collected data with emphasis on complete context and value to community, including annual science symposium; Allow opportunities for community to share their stories to illustrate the personal connection. [CM-BMP]
- Utilize a reporting system to endorse programs or environments that show training application and effort to end the epidemic. Conduct quarterly quality assurance checks after the secret shopper project established by END. [CM-QAE]
- Use the HIV system to fill gaps in healthcare by creating a grassroots initiative focused on social determinants of health. [CM-AS/PA]
- Increase access to quality health care through promoting FQHCs to reduce the number of uninsured to under 10% in the next 10 years. [CM-PA]
- Revamp data-to-care to achieve full functionality. [CM-PA]

Goal 2A.3: Establish organized methods to raise widespread awareness on the importance of treatment. [CM-WD/OCB/CHS/RAA/EA/AS/QAE]

Key Activities:

- Collaborate with CPG to gain real-time public input during meetings on preferred language and promotion of critical messages of Undetectable=Untransmittable (U=U) and Treatment as Prevention (TasP). [Rdmap, CM-RAA/QAE]
- Collaborate with CPG to regularly promote diversifying clinical trials. [Rdmap, CM-CHS/QAE]
- Increase education and awareness around the concept of U=U and TasP to reduce stigma, fear, and discrimination among PLWH. [CM-OCB/RAA/EA/AS]
- Implement community preferred social marketing strategies over multiple platforms to establish messaging on the benefits of rapid and sustained HIV treatment (include basic terminology, updates on treatment/progress advances, and consideration for generational understanding of information). [Rdmap, CM-RAA/EA/AS]

Goal 2A.4: Advance internal and external policies related to treatment. [Rdmap, CM-WD/RAA/OCB/EA/MBH/CHS/PA/QAE, CP]

Key Activities:

- Implement and monitor immediate ART with a standard of 72 hours of HIV diagnosis for Test and Treat protocols. [CP]
- Revise policies to simplify linkage through use of an encrypted universal technology such as patient portal and/or apps to easily share information across health systems, remove administrative (e.g., paperwork and registration) barriers, incorporate geo-fencing alerts and anonymous partner elicitation. [CM-RAA]
- Refresh policies to establish a retention/rewards program that empowers community to optimize health maintenance and encourages collaboration with health department services and resources. [CM-RAA]
- Focus on necessary requirements and reduce turnaround time from diagnosis to care (e.g., Change the 90-day window for Linkage Workers). [CM-OCB]
- Update prevention standards of care to reflect a person-centered approach. [CM-WD]
- Develop standard of treatment and advocate for implementation for those incarcerated upon intake. [CM-PA]
- Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status-neutral approach, trauma-informed care, people first-language, cultural sensitivity, privacy/confidentiality, follow-up/follow-through). [CM-WD/EA/AS/MBH/CHS/QAE]
- Revise funding processes and incentivize extended hours of operation to improve CBO workflow. [CM-OCB]

Key Partners: FQHCs, medical care providers, hospitals, community-based organizations, various professional health care associations, RWGA; TRG; HHD (Potential non-RP partners: RWPC), community task force, urgent care facilities, churches, universities

Potential Funding Resources: RWHAP, CDC HIV Prevention and Surveillance Programs, State Local Funding

Estimated Funding Allocation: \$9,081,382

Outcomes: (reported annually, locally monitored more frequently): Increase number of newly identified individuals with HIV linked to care; Increase number of individuals with HIV identified as not in care relinked to care; Increase number of newly identified individuals with HIV linked to care and started on ART within 72 hours of diagnosis; Increase number of individuals with HIV identified as not in care relinked to care and started on ART within 72 hours.

Monitoring Data Source: Surveillance, RWHAP, CPCDMS, CDC testing linkage data

Goal 2B: *Increase Access to Care and Medication. [CM, NAC, Rdmap, ST]*

Key Activities:

- *Increase access to services that replace or provide identification documents, especially for those who are discharged from jail or prison, people who are experiencing homelessness, and others who lack identification documents. Expand capacity of current providers of identification documents through partnerships with community partners, including Ryan White-funded agencies.*

Key Partners: *Operation I.D., Texas I.D. Connect, The Beacon, Ryan White-funded agencies.*

Potential Funding Resources: *N/A*

Estimated Funding Allocations: *N/A*

Outcomes: *Ten percent more individuals have received identification in a 6-month period.*

Monitoring Data Source: *Agency data on client service utilization.*

Goal 2C: *Increase access to HIV education, prevention and care services among priority populations. [CM, NHAS, ST]*

Key Activities:

- *Increase individual knowledge of HIV, including HIV prevention and care services information, among individuals with a history of a sexual offense.*
 - *Request the RWPC to create a service definition and allocate funds for one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population. Fund this position from Ryan White Part A, B or State Services funding.*
 - *When releasing the RFP to secure a vendor, give preference to a non-traditional vendor, such as a church, that has a history of working with this population.*
 - *Require the employee to provide quarterly aggregate service utilization and other reports to Serving the Incarcerated and Recently Released Coalition (SIRR), CPG and RWPC.*

Key Partners: *SIRR, local churches that work with individuals with a history of a sexual offense, Ryan White-funded HIV discharge planners in the Harris County jail*

Potential Funding Resources: *Ryan White Part A or B or State Services funding*

Estimated Funding Allocations: *\$130,000*

Outcomes: *Case manager/service linkage worker is hired and secures a minimum caseload of 30 individuals within a 12 month period. RWPC incorporates the quarterly reports from the case manager/service linkage worker in its planning process and works to better meet the needs of this priority population.*

Monitoring Data Source: *Quarterly aggregate case management/service linkage reports*

Goal 2D: *Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). [CM]*

Key Activities:

- *Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones, which have been interpreted as an incentive and in opposition to Medicaid contracts that prohibit incentives for consumers.*

Key Partners: *Staff from various Ryan-White funded agencies*

Potential Funding Resources: *N/A*

Estimated Funding Allocations: *N/A*

Outcomes: *More clients receive cell phones in a 6-month period.*

Monitoring Data Source: *Agency phone disbursement records*

Pillar 3: Prevent

Goal 3A: *Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV. [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]*

Key Activities:

- *Establish a Houston Area HIV Education Council sponsored by AETC, CPG and RWPC to provide education to the following: individuals who need prevention services and providers.*
- *Develop and implement informational programs that are tailored to priority populations and others, and describe HIV risks, options for prevention, testing, care and treatment, mental health and substance use disorder treatment; and HIV-related stigma reduction.*
- *Increase consumer input into developing educational materials about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction.*
- *Increase consumer participation in delivering educational information to individuals and service providers about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction, particularly for priority populations.*
- *Increase education about HIV among people who provide services to those who are at risk or living with HIV.*
- *Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.*
- *Support the transition of health care systems, organizations, and consumers to become more health literate in the provision/receipt of HIV prevention, care, and treatment services.*
- *Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and system capacity to provide or link clients to culturally competent*

and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.

Key Committed Partners: *Southern AETC, TSU, CPG and the RWPC.*

Key Potential Partners: *Representatives from priority and special populations, persons with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities, for example.*

Potential Funding Resources: *CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.*

Estimated Funding Allocations: \$200,000.

Outcomes: *Increased knowledge among students.*

Monitoring Data Source: *Student pre and post tests.*

[Goal 3B:] Achieve 50% reduction in new HIV cases. [CP-Healthy People 2030, Rdmap, NEHE]

[Goal 3B.1:] Integrate a status neutral approach in HIV prevention services by utilizing proven interventions to reduce new cases. [CM-RAA/MBH/OCB]

Key Activities:

- Develop a continuum of care for those utilizing prevention care services.
- Establish prevention navigators with lived experience of the priority populations to assist engagement and “re”engagement in prevention services. [CM-OCB]
- Offer and advocate for ongoing ancillary support options routinely offered during initial engagement. [CM-RAA/MBH]
- Tailor proven behavioral, biomedical, and structural interventions, public health strategies, and social marketing campaigns from the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention to the needs of Houston/Harris County.

[Goal 3B.2:] Improve accessibility, information sharing, and monitoring of PrEP. [Rdmap, CM-EA/RAA/CHS/QAE/OCB]

Key Activities:

- Increase access to PrEP clinical services by integrating PrEP/nPEP into routine services at HHD Health Centers. [CM-RAA/OCB]
- Collaborate with medical providers in other specialties to integrate PrEP into routine preventative healthcare. [Rdmap, CM-EA/RAA/CHS/OCB]
- Expand PrEP services and hours to increase access including mobile, telehealth (e.g., Mistr, Sistr and Q Care Plus), and non-traditional settings. [Rdmap, CM-RAA/CHS]
- Expand access to same-day PrEP for persons HIV negative by providing a 30-day starter pack; utilize non-traditional settings (e.g., faith-based organizations) [CM-RAA/QAE]
- Develop purposeful non-stigmatizing awareness messaging that normalizes PrEP and nPEP conversations with care teams. [CM-EA]

- Create a PrEP Network information hub to help understand community practices and address challenges. [CM-EA]
- Collaborate with local CBOs to develop a 24-hour nPEP hotline and Center of Excellence. [CM-EA]
- Develop method of monitoring and reporting PrEP and a Continuum of Care. [CM-QAE]

Goal 3B.3: Address social determinants through a multi-level approach that reduces new cases and sustains health equity. [CM-WD/EA/RAA/AS]

Key Activities:

- Increase service provider knowledge and capability to assess those in need of ancillary services. [CM-RAA/MBH]
- Provide funded organizations with payment points for linking people to PrEP, keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services. [CM-RAA]
- Develop mental health and substance use campaigns to support self-efficacy/resiliency. [Rdmap, CM-EA/MBH]
- Health departments partner more with colleges and school districts, Bureau of Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris Countians. [Rdmap, CM-EA]
- Revitalize the Youth Task Force and seek funding for adolescent focused initiatives.
- Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs). [Rdmap, CM-EA/OCB]
- Reduce stigma and increase knowledge and awareness of PrEP and TasP through a biannual inclusive public health campaign focused on all populations. [Rdmap, CM-AS]
- Train the workforce on a patient-centered (i.e., status neutral and trauma informed) prevention approaches to build a quality care system. [Rdmap, CM-WD/AS/MBH]

Goal 3B.4: Advance policy gaps through increased education and outreach at all levels. [Rdmap, CM-RAA/AS/PA/QAE, CP]

Key Activities:

- Expand Medicaid in the State of Texas to assist prevention efforts for all Texans, particularly among marginalized communities. [Rdmap, CM-PA]
- Update policies to address service gaps by eliminating privacy barriers and expanding prevention clinical services to adolescents under the age of 18. [CM-PA]
- Create county-wide policies to implement medically accurate comprehensive sexual education in high schools and colleges/universities that encourages informed decisions. [Rdmap, CM-PA]

- Advance policy changes that promote harm reduction strategies for persons who inject drugs (PWID) such as sharps disposal kiosks to address discarded syringes in public locations. [CM-PA]
- Advocate for PrEP and nPEP availability over the counter. [CM-RAA/PA]
- Overhaul all prevention standards to reflect person-first strategies. [CM-AS]
- Reassess policies around the HIV positivity rate. [CM-QAE]

Key Partners: Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (*Potential non-RP partners:* TDSHS; AETC; HHS), faith-based organizations

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, Bureau of Primary Health Care, state and/or local Funding, Minority AIDS Initiative (MAI), SAMHSA, HUD/HOPWA, Federal Office of Rural Health Policy, Indian Health Service; Office on Women’s Health, Office of Minority Health, Office of Population Affairs, and other public and private funding sources, etc.

Estimated Funding Allocation: \$500,000

Outcomes: (reported annually, locally monitored more frequently): Increase number of providers trained; Increase number of prescriptions for PrEP; Increase the percentage of eligible people successfully referred to PrEP provider to 50% in 5 years.

Monitoring Data Source: Local databases, medical records data, pharmacy records

Goal 3C: *Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: [CM, FG, FTC, Rdmap, ST]*

- *Condom distribution in jails and prisons*
- *Texas becoming a Medicaid Expansion state*

Key Activities:

- *After reviewing documentation both for and against condom distribution, consider the establishment of condom distribution in Texas jails and prisons*
 - *Educate public officials in Texas on the benefits of condom distribution and encourage modification of governmental policies that create access barriers to this effective HIV prevention information and tool.*

Key Partners: Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (*Potential non-RP partners:* TDSHS; AETC; HHS), St. Luke’s Episcopal Foundation .

Potential Funding Resources: NA

Estimated Funding Allocations: NA

Outcomes: *State and local policy changes that create barriers to accessing effective HIV prevention information and tools.*

Monitoring Data Source: *State and local policies.*

Pillar 4: Respond

Goal 4A: Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year. [NEHE]

Goal 4A.1: Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities. [Rdmap, ST, CM-EA/RAA/AS/BMP]

- As of October 18, 2022, the Presidential Advisory Council on HIV/AIDS (**PACHA**) has asked the CDC to direct jurisdictions funded for Cluster Detection Response (**CDR**) activities to adapt their implementation of CDR to account for local conditions, including health data privacy protections and laws criminalizing people living with HIV.

Key Activities:

- Invest in technological solutions that further our partnerships, processes, and mass communication dissemination. [Rdmap, CM-EA/RAA]
- Host regularly scheduled community forums, presentations, and webinars with a variety of audiences such as residents, business owners, churches, bars, schools, and politicians. Increase transparency and buy-in by providing accurate information on important topics (e.g., privacy, protection, anonymity, gaps, recommended changes, and best practices). [CM-EA]
- Expand the response Community Advisory Board (**CAB**) by incorporating interested participants from various taskforces, internal (e.g., Tuberculosis and HCV) and external stakeholders. [CM-BMP]
- Conduct a feasibility study on outsourcing response activities to community partners.
- Provide engaging non-stigmatizing safe spaces that promote information sharing on what is going on in neighborhoods and tailor recommendations. Normalize inclusive discussions and team building activities among residents and community leaders by broadly advertising meetings in multiple locations (e.g., Southwest, Montrose, Third Ward, Fifth Ward) to reduce stigma. Utilize these platforms to spotlight the great work communities are accomplishing to constantly reenergize buy-in. [CM-RAA/AS]
- Conduct public health detailing to inform and educate providers about required disease reporting and how to effectively inform their patients. [CM-AS]

Goal 4B: *Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.* [Rdmap, ST, CM-WD/EA]

Key Activities:

- Build contingency/surge capacity such as venue-based screenings cluster response efforts with existing contracted CBOs (when needed).

- Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play. [CM-WD/EA]
- Integrate both CDR and time-space analysis to identify clusters.
- Conduct rapid response, ART linkage, and same-day PrEP in cluster investigations through close collaboration with contractors, care providers and other stakeholders.

Goal 4C: Empower effective advocacy and policy changes at the local, state, and federal levels. [Rdmap, ST, CM-EA/PA/RAA]

Key Activities:

- Reestablish the CPG mandate to ensure community engagement and voice is consistently being heard. [Rdmap]
- Explore requirements necessary to change laws in the state by assessing current laws and implement annual assessment. [CM-PA]
- Examine the effects of HIV criminalization cases in the state to address policy barriers. [CM-PA]
- Reevaluate and revise the partner index requirement within the State of Texas.
- Annually assess and provide report on data protection policies and procedures that ensure safeguards and firewalls protecting public health research and surveillance data from access by law enforcement, immigration, and protective services systems. [CM-EA/PA]
- Quarterly update the CDR plan in partnership with the community CAB. [CM-EA/RAA]

Key Partners: Local community members, PWH, health departments, public health professionals, politicians, churches, businesses

Potential Funding Resources: CDC HIV Prevention and Surveillance Programs, STD Funding, RWHAP, State and/or Local Funding

Estimated Funding Allocation: \$500,000

Outcomes: (reported annually, locally monitored more frequently) Revise CDR protocols for cluster detection and response procedures based on community feedback.

Monitoring Data Source: Local protocols and reports

Pillar 5: Quality of Life

Goal 5A: *Improve Quality of Life for Persons Living with HIV. [CM, CP – Houston Health Department, CP - Viral Hepatitis National Strategic Plan, FGP,FGPP, FTC, NHAS, Rdmap, ST]*

Key Activities:

- *Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.*
 - *Continue to host Quality of Life workgroup meetings that started in Houston on 03/21/22 and were co-hosted by CPG and the RWPC.*
 - *Continue to host Racial and Social Justice workgroup meetings that started in Houston on 04/15/21 and were co-hosted by CPG and the RWPC.*

- The purpose of both activities is to develop tools that can measure quality of life, integrate these tools into all Houston planning processes and respond appropriately to the results of the data collected through the tools.
- *The long term goal is to share the tools with other communities for comparison and encourage CDC and HRSA to add a fifth pillar that uses a variety of such tools and is dedicated to addressing quality of life concerns.*

Key Partners: *People with HIV, CPG, RWPC, HHD, Houston Area HIV Data Committee (HDC).*

Potential Funding Resources: *HHD.*

Estimated Funding Allocation: *\$20,000.*

Goal 5B: *Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. [NHAS]*

Key Activities: *To be determined (TBD) by RWHAP Quality Management staff.*

Key Partners: *Persons with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

Potential Funding Resources: *N/A.*

Estimated Funding Allocations: *N/A.*

Monitoring Data Source: *Centralized Patient Care Management System (CPCDMS) and Take Charge Texas (TCT) client level data systems.*

Goal 5C: *Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. [NHAS]*

Key Activities: *TBD by RW Quality Management staff.*

Key Partners: *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

Potential Funding Resources: *N/A.*

Estimated Funding Allocations: *N/A.*

Monitoring Data Source: *CPCDMS and TCT.*

Goal 5D: *Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. [NHAS]*

Key Activities: *TBD by RW Quality Management staff.*

Key Partners: *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, Houston area food banks, local churches, HDC.*

Potential Funding Resources: *N/A.*

Estimated Funding Allocations: *N/A.*

Monitoring Data Source: *CPCDMS and TCT.*

Goal 5E: *Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. [NHAS]*

Key Activities: *TBD by RW Quality Management staff.*

Key Partners: *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

Potential Funding Resources: *N/A.*

Estimated Funding Allocations: *N/A.*

Monitoring Data Source: *CPCDMS, TCT, and employment records.*

Goal 5F: *Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. [NHAS]*

Key Activities: *TBD by RW Quality Management staff.*

Key Partners: *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, Housing Agencies, HOPWA and other housing funders, HDC.*

Potential Funding Resources: *HOPWA.*

Estimated Funding Allocations: *TBD.*

Monitoring Data Source: *CPCDMS and TCT*

Goal 5G: *Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.*

Key Activities:

- *In Spring of 2022, members of the Quality of Life Workgroup met with representatives from Houston area institutions, universities and agencies that collect HIV-related data. The purpose was to assess how much and what kinds of data are being collected, and how it is being used. Workgroup members were especially interested in identifying data that could be used to measure quality of life indicators. Therefore, several additional individuals were invited to participate because of their work in quality of life issues beyond the HIV field. Participants were amazed by the types of data being collected and the fact that very few of the people in the meeting knew each other or were aware of the work that the other was doing.*
 - *Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.*

Key Committed Partners: *HHD/Bureau of HIV, HCPH/RWGA, CPG, RWPC, PACHA, Positive Women's Network – USA and Houston Chapter, Cizik School of Nursing, UTHealth, South Central AETC, Baylor College of Medicine, University of Houston Graduate School of Social Work, Houston Food Bank.*

Potential Funding Resources: *NA*

Estimated Funding Allocations: *NA*

Monitoring Data Source: *CPCDMS, TCT, and other data held by institutions listed above as Key Committed Partners.*