**SERVICE DEFINITION**

**Project L.E.A.P.**

**Houston Ryan White Planning Council**

**www.rwpcHouston.org**

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| **Service Category Title:**  | Grant Administration - Project LEAP |
| **Unit of Service Definition:** | 1 unit of service = 1 class hour of training to Project L.E.A.P. participants. No other costs may be billed to the contract issued for Project LEAP. |
| **Program Goals:** | Contractor will increase the number and effectiveness of HIV-infected individuals and affected others who can participate in organizations, councils and committees dealing with the allocation of public funds for HIV-related prevention and care services, through an effort known as “Project LEAP” (Learning, Empowerment, Advocacy and Participation). A minimum of 20 and a maximum of 30 HIV-infected individuals must be enrolled prior to the commencement of the training program. A maximum of 10 affected others may be included in the training program in addition to the minimum number of HIV-infected individuals. The race, ethnicity and gender composition of the classes must reflect current local HIV/AIDS prevalence data to the extent feasible. Contractor must endeavor to enroll individuals from groups that are disproportionally affected by HIV disease, including youth and transgender PLWHA, in Project LEAP. Project LEAP will increase the knowledge and participation of HIV-infected and affected participants through a training program specifically developed to provide HIV-infected and affected persons with the knowledge and skills necessary to become active, informed, and empowered members of HIV planning bodies and other groups responsible for the assessment of HIV-related prevention and service needs in the Houston EMA/HSDA. The primary focus of training is to prepare participants to be productive members of local HIV/AIDS planning bodies, with an emphasis on planning activities conducted under the auspices of the Houston Ryan White Planning Council (RWPC) and the HIV Prevention Community Planning Group (CPG). |
| **Program Requirements:** | A minimum of 2 classes will be provided during the term of this agreement. Each class will include graduation and at least: * 44 contact hours of classroom training;
* 12 hours of participation in RWPC or CPG meetings or activities; and participation in HIV-related community meetings and activities

for a total maximum of 112 hours (2 classes at 56 hours per class). The Council-approved minimum outline for the training curriculum includes: HIV funding sources, general and specific operational procedures of HIV-related planning bodies, information regarding assessment of the needs of HIV-infected persons in the Houston EMA/HSDA, presentation skills, knowledge related to accessing services, overview of HIV-related quality improvement processes and parliamentary procedure/meeting management skills.Contractor will provide reimbursement of eligible expenses to participants during the period of enrollment to reimburse these participants for out of pocket costs related to their participation, limited to transportation, childcare, and meals. Contractor agrees to provide HCPHES/ Ryan White Grant Administration and the Houston RWPC with written reports and project summaries as requested by Harris County and in a form acceptable to Harris County, regarding the progress and outcome of the project. **Contractor will provide Harris County with a written report summarizing the activities accomplished before the end of the calendar year.**  |
| **Program Objectives:** | **Objective 1: Contractor will identify and provide training to at least 20 HIV-infected individuals and no more than 10 affected others in order for them to receive the necessary skills and knowledge to participate in the decision-making process to fund and allocate public money to HIV-related services in the Houston EMA/HSDA. The following training curriculum shall be provided:**1. Information on the sources and purposes of HIV service funds in the Houston EMA/HSDA;
2. The structure, functions, and procedures of the RWPC and the CPG;
3. Specific training and skills building in needs assessments, parliamentary procedures and meeting management procedures, presentation skills, accessing and utilizing support resources and role models, and competence in organizational participation and conduct.
4. Specific training on HIV-related Standards of Care, quality improvement methods and HRSA service category definitions.

**Objective 2: Contractor will enhance the participation of the HIV-infected and affected persons participating in this project by the following documented activities:**1. Establishing realistic training schedules which accommodate varying health situations of participants;
2. Conducting a pre-training evaluation of participants to determine their knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area. Contractor must incorporate responses from this pre-training evaluation in the final design of the course curriculum to ensure that, to the extent reasonably possible, the specific training needs of the selected participants are addressed in the curriculum;
3. Conducting a post-training evaluation to measure the change in participants knowledge and beliefs concerning HIV disease and understanding of HIV-related funding processes in the Houston area;
4. Providing reimbursement of allowable expenses to help defray costs of the individual's participation, limited to transportation, child care, and meals;
5. Providing both lecture and hands-on experiential class activities to enable participants to maximize opportunities for learning.

**Objective 3: Contractor will encourage cooperation and coordination among entities responsible for administering public funds for HIV-related services by:**1. Involving HCPHES/RWGA, The Houston Regional HIV/AIDS Resource Group and other administrative agencies for public HIV/AIDS care and prevention funds in curriculum development and training activities;
2. Ensuring representatives from the RWPC, the CPG and Project LEAP alumni are members of the Project LEAP External Advisory Panel. The responsibility of the Project LEAP External Advisory Panel is to:
* Assist in curriculum development
* Provide input into criteria for selecting Project LEAP participants
* Help with the development of a recruitment strategy
* If the Contractor finds it difficult to find individuals that meet the criteria for participation in the Project, assist with student recruitment
* Review the final report for the Project in order to highlight the successes and brainstorm/problem solve around issues identified in the report. The results of the review will be sent to the RWPC Operations Committee and the next Project LEAP External Advisory Panel.
1. Collaborating with the Project LEAP External Advisory Panel during the initial 60 days of the Contract term. The criteria developed and utilized will, to the maximum extent possible, ensure participants selected represent the groups most affected by HIV disease, consistent with current HIV/AIDS epidemiological data in the Houston EMA/HSDA, including youth (ages 18-24) and transgender PLWHA.
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| **Special Requirements:** | Contractor will provide HCPHES/RWGA with the attached matrix and chart 21 and 14 days before the first class and again the day after the first class demonstrating that the criteria established by the Project LEAP External Advisory Panel was met. The matrix must be approved by RWGA 14 days before the first class. |

**EXAMPLES: Matrix and Chart**

**Recommended Project LEAP Class of 2013**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate** | **M** | **F** | **T** | **HIV+** | **Non-Aligned****HIV+** | **W** | **B** | **H** | **Youth****Age 13 -19** | **Youth****Age 20-24** |
| 1 | X |  |  | X | X | X |  |  |  |  |
| 2 |  | X |  | X |  |  | X |  | X |  |
| 3 |  | X |  |  |  |  | X |  |  | X |
| 4 |  | X |  | X | X |  |  | X |  | X |
| 5 | X |  |  |  |  | X |  |  |  |  |
| 6 | X |  |  | X | X |  | X |  |  |  |
| 7 |  |  | X | X | X | X |  |  |  |  |
| **Totals** | **3** | **3** | **1** | **5** | **4** | **3** | **3** | **1** | **1** | **2** |

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| --- | --- | --- | --- |
|  | **EMA HIV/AIDS prevalence as of 12/31/10\*** | **PC Members****as of 09/01/11** | **Non-Aligned Consumers on PC** |
| **Race/Ethnicity** | **#** | **%** | **#** | **%** | **#** | **%** |
| White, not Hispanic | 5,605 | 26.85% | 7 | 19.44% | 4 | 25.00% |
| Black, not Hispanic | 10,225 | 48.98% | 19 | 52.78% | 8 | 50.00% |
| Hispanic | 4,712 | 22.57% | 10 | 27.78% | 4 | 25.00% |
| Other | 333 | 01.60% | 0 | 00.00% | 0 | 0.00% |
| Total\* | **20,875** | **100.00%** | **36** | **100.00%** | **16** | **100.00%** |
| **Gender** | **#** | **%** | **#** | **%** | **#** | **%** |
| Male | 15,413 | 73.83% | 21 | 58.33% | 11 | 68.75% |
| Female |  5,462 | 26.17% | 15 | 41.67% | 5 | 31.25% |
| **Total\*** | **20,875** | **100.00%** | **36** | **100.00%** | **16** | **100.00%** |

 \*Data are estimated cases adjusted for reporting delay. The sum total of estimates for each category may not match the EMA totals due to rounding.