

SMART goals for 2022 Integrated HIV Prevention and Care Plan – Updated 11/14/23
 (All SMART Goals Approved by Ryan White Comp HIV Planning Committee 11/09/23)

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

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

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Pillar 2: Treat						
<p><u>Goal 1C</u>: Increase Knowledge and Understanding of HIV</p> <p><i>Activity: Establish a Houston Area HIV Education Council.</i></p> <p><u>Goal 1C REV</u>: Establish a Houston Area HIV Education Council by reaching out to colleges, consumers, in-person educators, youth, and professional healthcare workers in partnership with AETCs, the RW program, CPG, and city and county health departments to increase consumer input and participation into science-based health education and Houston Area HIV linkage to prevention and care services.</p>	Establish a Houston Area HIV Education Council	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers	In partnership with AETCs, RW and CPG	Increase consumer input and participation into science-based comprehensive sexual health education	Within three (3) years.	Development of a curriculum and pre- and post- tests
<p><u>Goal 2B</u>: Increase Access to Care and Medication</p> <p><i>Activity: Increase access to services that replace or provide identification documents.</i></p> <p><u>Goal 2B REV</u>: Increase access to services that replace or provide identification documents so that lack of identification as a barrier will decrease regardless of immigration or legal status by working with identification providers including CBOs, NGOs, and government agencies.</p>	Increase access to services that replace or provide identification documents.	Lack of identification as a barrier will decrease	By working with identification Providers inc. CBOs, NGOs and governmental agencies	Regardless of immigration or legal status	For three (3) years.	Increased number of IDs dispensed ID will not be listed as a main barrier to care in our Needs Assessments

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<p><u>Goal 2C:</u> Increase access to HIV education, prevention and care services among priority populations.</p> <p><u>Goal 2C REV:</u> Create a case manager job description and fund the position so that fewer people with a history of sexual offense will be lost to care by working with street outreach workers, harm reduction teams and others experienced working with people with a history of sexual offense by prioritizing this historically underserved population.</p>	<p>Create a CM job description and fund the position</p>	<p>Less lost to care for people with a history of sex offenses; linkages to care & support svcs</p>	<p>By working with street outreach workers, Harm Reduction teams and others experienced working with people with a history of sexual offense</p>	<p>By prioritizing an historically underserved population</p>	<p>For three (3) years</p>	<p>A caseload develops, linkage to care</p>
<p><u>Goal 2D:</u> 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).</p> <p><i>Activity: Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones.</i></p> <p><u>Goal 2D Rev:</u> Gather information from RW-funded pharmacists, case managers, executive directors, and Coalition for the Homeless to create ease of access to care and medication via phone provision for historically underserved communities and to mitigate challenges towards maintaining care. Have meetings to develop pros and cons and to synthesize information to develop a consensus decision by September 2024.</p>	<p>1. Gather information from RW-funded pharmacists, Case Managers, EDs</p> <p>2. Invite Coalition for the Homeless (info on Houston Community Voicemail) – find out what replaced this service as Coalition for the Homeless is no longer providing direct client services</p>	<p>1. Have meetings 2. Develop pros & cons 3. Synthesize info to dev. a consensus decision</p>	<p>By September 2024</p>	<p>Create ease of access via phone provision for historically underserved communities, mitigate challenges towards maintaining care</p>	<p>For three (3) years</p>	<p>1. Had meetings? 2. Develop pros & cons 3. synthesize info to dev. a consensus decision</p>

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Pillar 3: Prevent						
<u>Goal 3A Moved to Pillar 2 and merged with goal 1C</u>						
<p>Goal 3C: Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: Condom distribution in jails and prisons and Texas becoming a Medicaid Expansion state</p> <p><i>Activity: Gather and review data related to policy changes.</i></p> <p>Goal 3C REV: Gather data from SIRR members, people returning from incarceration, subject matter experts, pharmacists, and case managers related to policies both for and against condom distribution in jails and prisons and synthesize information into a consensus decision. Also, gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV is Not A Crime) related to making Texas a Medicaid expansion state to increase access to more comprehensive medical care and treatment for people aging with HIV and create a consensus decision.</p>	<p>1. Condom Distribution: Gather information from SIRR members, returning from incarceration programs, SME input, pharmacists, Case Managers</p> <p>2. Medicaid Expansion: gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV IS Not A Crime)</p>	<p>1. 2-3 number of meetings</p> <p>2. Develop pros & cons</p> <p>3. synthesize info to dev. a consensus decision</p>	<p>By March 2024</p>	<p>1. Increased protective factors against HIV acquisition for incarcerated populations</p> <p>2. Increase access to more comprehensive medical care & treatment for people aging with HIV</p>	<p>For three (3) years.</p>	<p>1. 2-3 number of meetings</p> <p>2. Develop pros & cons</p> <p>3. synthesize info to dev. a consensus decision</p>
Pillar 4: Respond						
All EHE goals.						

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Pillar 5: Quality of Life						
<p><u>Goal 5A:</u> Improve Quality of Life for Persons Living with HIV</p> <p><i>Activity: Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.</i></p> <p><u>Goal 5A REV:</u> Improve Quality of Life for persons living with HIV by promoting unfettered access to high quality life-extending prevention and care services through the identification of the top 3 services people needed but couldn't access it as well as the top 3 barriers. We will identify the number of people in need of service and who couldn't access it. This will decrease by focusing on the most needed and least accessible services and the populations benefitting least from these services by making services available, accessible and affordable for three years.</p>	<p>Unfettered access to high quality life-extending prevention and care services</p> <p>Domains</p> <p>1) Top 3 services needed but couldn't get it and top 3 barriers to each service</p> <p>***Needs assessment and utilization reports</p>	<p>Percentage of people who said they needed it but couldn't get it – this would decrease</p>	<p>By focusing on the most needed and least accessible services and the populations benefitting least from these services</p>	<p>by making services available, accessible, and affordable</p>	<p>For three (3) years.</p>	<p>Needs Assessment data</p>
<p><u>Goal 5G:</u> Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data</p> <p><i>Activity: Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and</i></p>	<p>Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to:</p>	<p>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</p>	<p>By continuing the work we have been doing by continuing to host QOL workgroups</p>	<p>Manifesting meaningful involvement of PLWH</p>	<p>For three (3) years.</p>	

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<p><i>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</i></p> <p><u>Goal 5G REV:</u> For 3 years, 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 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.</p> <p>Continued on next page</p>		<p>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</p>				

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No need to revise the following as SMART goals. HMMP = Houston Medical Monitoring Project.						
<u>Goal 5B</u> : Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5C</u> : 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%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5D</u> : 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%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5E</u> : Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>
<u>Goal 5F</u> : Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. <i>Activity: See HMMP.</i>						<i>See HMMP data.</i>