

Houston Area HIV Services Ryan White Planning Council

**2012 Houston Area Comprehensive HIV Services Plan
LEADERSHIP TEAM**

2:00 p.m., Monday, October 24, 2011

Meeting Location: 2223 W. Loop South, Room #416

AGENDA

- I. Call to Order
A. Welcome & Introductions
B. Moment of Reflection
C. Adoption of the Agenda
D. Approval of the Minutes
Sherifat Akorede, Tam Kiehnhoff, and Cristan Williams, Co-Chairs

- II. Workgroup Updates
A. Evaluation
Presentation of the Report on the Evaluation of the 2009 Comprehensive HIV Services Plan
Nicholas Sloop, Steven Vargas
B. Coordination of Effort
Pam Green, Bruce Turner
C. Gaps in Care and Out-of-Care
Amber David, David Garner
D. Prevention and Early Identification
Amy Leonard, Ken Malone
E. Special Populations
John La Fleur, David Watson
F. Other – General Updates
Jennifer Hadayia, Health Planner, Office of Support

- III. Envisioning the Ideal System, Part II
A. Overview of the Process and Reference Materials
Jennifer Hadayia, Health Planner, Office of Support
B. Review of Results from the *Round-Robin*: “Your Vision an Ideal HIV System;” and Workgroup Visioning Ideas
C. Review of 2009 Mission, Vision, and Guiding Principles
D. Discussion of 2012 Vision, Mission, Guiding Principles, and Other Overarching Items for the Plan

- IV. Next Steps
A. Review Meeting Schedule
B. Items for Next Meeting
C. Feedback on Process to Date
Sherifat Akorede, Tam Kiehnhoff, and Cristan Williams, Co-Chairs

- V. Announcements

- VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

2012 Houston Area Comprehensive HIV Services Plan LEADERSHIP TEAM

2:00 p.m., Monday, September 26, 2011

Meeting Location: 2223 West Loop South, Room 416, Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Sherifat Akorede, Co-Chair	Ray Andrews, excused	Tori Williams, Office of Support
Tam Kiehnhoff, Co-Chair	Melody Barr, excused	Jen Hadayia, Office of Support
Cristan Williams, co-chair	David Benson	
Gayle Alstot, MD	Roy Delesbore	
Dr. Roberto Andrade	David Garner, excused	
Jeff Benavides	Rodney Goodie	
Francis Bueno	John LaFleur	
Amber David	Amy Leonard, excused	
Pam Green, RN	Nike Lukan, excused	
Lisa Marie Hayes	Marcie Mir, excused	
Charles Henley	Nicholas Sloop	
Monica James	Cecilia Smith-Ross, excused	
Florida Kweekeh		
Anna Langford		
Michael Lawson		
Sam Lopez		
Ken Malone		
Aundrea Matthews		
Scot More		
Robert Smith		
Bruce Turner		
Steven Vargas		
David Watson		

Call to Order: Co-Chair Williams called the meeting to order at 2:10 p.m. and asked for a moment of reflection. She invited members to introduce themselves.

Adoption of Agenda: Motion #1: *it was moved and seconded (Malone, B. Turner) to adopt the agenda. Motion carried unanimously.*

Membership Requirements, Voting Rules and Quorum: Members reviewed the membership requirements, voting rules and quorum guidelines used for previous needs assessment and comprehensive planning processes. **Motion #2:** it was moved and seconded (Cookston/Matthews) to approve the attached membership requirements, voting rules and quorum guidelines for the Leadership Team. **Motion carried unanimously.**

Orientation to the 2012 Comprehensive Planning Process: Hadayia reviewed the 2012 Comprehensive HIV Services Plan Structure, Milestones Timeline, and Model for Ensuring “Synergy.” Benavides asked what methods will be used to collect community input on the plan. Hadayia explained that community input methods will be determined by the Workgroups and the Leadership Team during future meetings. Williams reviewed the expectations of Leadership Team

members. See attached documents for details.

Workgroup Updates:

Evaluation – Vargas, Co-Chair gave the following report:

- The Workgroup met for the first time on September 6, 2011 with nine members present.
- The focus of the meeting was to review HRSA's expectations for evaluation in the 2012 Comprehensive Plan and to adopt a methodology for evaluating the 2009 Comprehensive Plan.
- The adopted *Methodology for the Evaluation of the 2009 Comprehensive Plan* includes methods for measuring impact/community indicators, outcome/goals, and process/activities.
- Two smaller sub-groups of the Workgroup also met in September to conduct the impact and outcome evaluations. They identified quantitative measures on which to evaluate the 2009 plan, including unmet need trends, HIV/AIDS incidence, viral load, and retention in care metrics.
- The next Workgroup meeting is October 4, 2011 at 1:00 PM. Agenda items include: (1) conducting the process evaluation of the 2009 Comprehensive Plan; (2) reviewing the impact and outcome evaluation results; and (3) identifying recommendations for the evaluation report.

Coordination of Effort – Green, Co-Chair gave the following report:

- The Workgroup met for the first time on September 24, 2011 with 12 members present.
- The focus of the meeting was to orient all members to the 2012 planning structure and to complete a modified *Gaps Analysis* for collaborative efforts occurring in each of the five areas identified by HRSA as coordination of effort priorities.
- The next Workgroup meeting is October 24, 2011 at 1:00 PM. Agenda items include: (1) identification of long-term goals for coordination of effort.

Gaps in Care and Out of Care – A. David, Co-Chair gave the following report:

- The Workgroup met for the first time on September 14, 2011 with eight members present.
- The focus of the meeting was to orient all members to the planning process, review HRSA's expectations for addressing gaps and the out-of-care in the 2012 Comprehensive Plan, and brainstorm key issues related to this topic. The group identified the following issues to explore:
 1. Eligibility
 2. Navigating the system
 3. Service linkage
 4. Previous positives
 5. Education to PLWHA
 6. Mental health services
 7. Social supports
- The next Workgroup meeting is Friday, October 21st at 12:00 PM. Agenda items include: (1) review of data collection on key issues; and (2) identification of long-term goals and solutions.

Prevention and Early Identification – Malone, Co-Chair gave the following report:

- The Workgroup met for the first time on September 14, 2011 with six members present
- The focus of the meeting was to orient all members to the planning process, review HRSA's expectations for addressing prevention/early identification in the 2012 Comprehensive Plan, and brainstorm key issues related to this topic. The group identified the following issues to explore:
 1. Needs of “non-Traditional” populations
 2. Increasing HIV testing overall, in the private sector, and routine
 3. Use of PrEP and PEP
 4. Recommendations in other national initiatives

- The next Workgroup meeting is October 12th at 2:00 PM. Agenda items include: (1) review of data collection on key issues; and (2) identification of long-term goals and solutions.
- Turner suggested the Workgroup add an additional member representing the AIDS Vaccine Study.

Special Populations – Watson, Co-Chair gave the following report:

- The Workgroup met for the first time on September 14, 2011 with eight members present.
- The focus of the meeting was to orient all members to the planning process, review HRSA's expectations for addressing special populations in the 2012 Comprehensive Plan, and brainstorm key issues related to this topic.
- Members also determined the scope of the Workgroup by reviewing an inventory of special populations identified in local, regional, state, and national initiatives. The group elected to focus on the required HRSA populations:
 1. Adolescents
 2. Homeless
 3. Incarcerated and Recently Released
 4. IDU
 5. Transgender
- The next Workgroup meeting is October 19th at 10:00 AM. Agenda items include: (1) review of data collection on key issues; and (2) identification of long-term goals and solutions.

Envisioning the Ideal System, Part I: Members reviewed the 2009 Comprehensive Plan mission, vision, values, guiding principles, and goals as well as national HIV/AIDS priorities, including the National HIV/AIDS Strategy and *Healthy People 2020*. Team members then participated in a group brainstorming session entitled: "Your Vision of an Ideal HIV System." See attached summary. Hadayia requested that Team members review these components of the 2009 Comprehensive Plan again prior to the next Team meeting and to make notes or suggested edits as the foundation for the 2012 components. A follow-up email will be sent to the Team outlining these next steps.

Next Meeting: The next Leadership Team meeting is scheduled for Monday, October 24, 2011 at 2:00 PM. Agenda items include: (1) reviewing the results of the evaluation of the 2009 Comprehensive Plan; (2) beginning to draft vision, mission, values, and overarching principles for the 2012 Comprehensive Plan.

Future Meeting Dates: Because of the upcoming holidays, the Team agreed to meet on the following dates:

- Monday, November 28, 2011
- Monday, December 19, 2011

Announcements: None.

Adjournment: *It was moved and seconded (Lawson, B. Turner) to adjourn the meeting at 3:30 p.m.. Motion Carried.*

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

2012 Houston Area Comprehensive HIV Services Plan
MEMBERSHIP ROSTER
Last Updated 13-Oct-11

LEADERSHIP TEAM

Next Meeting: October 24, 2011, 2:00 p.m., Room #416

Co-Chairs:

- Sherifat Akorede, representing Ryan White Planning Council (Ryan White Program Part A)
- Tam Kiehnhoff, representing Ryan White Program Part B
- Cristan Williams, representing HIV Prevention Community Planning Group (CPG)

Members:

1. Gayle Alstot, MD, Manager of Operations, The Center for AIDS Information and Advocacy
2. Roberto A. Andrade, MD, Thomas Street Health Center; Assistant Professor-Infectious Diseases, Baylor College of Medicine-Houston; and Medical Director, AETC-Houston
3. Ray Andrews, Houston Crackdown
4. Melody Barr, Administration Manager, City of Houston Housing and Community Development, Housing Opportunities for People with AIDS (HOPWA)
5. Jeffrey Benavides, Latino HIV Task Force; and Harris County Hospital District
6. David Benson, Aid to County Commissioner El Franco Lee
7. Francis Bueno, Montrose Counseling Center, representing Serving the Incarcerated and Recently Released (SIRR) Coalition
8. Ron Cookston, Gateway to Care
9. Amber David, Disease Investigation Specialist, Houston Department of Health and Human Services; *Gaps in Care and Out of Care Workgroup Co-Chair*
10. Roy Delesbore, Texas Department of State Health Services, Region 6
11. Carie D. Fletcher, LCDC, CPS, Director of CORE Services, BACODA-Bay Area Council on Drugs and Alcohol, Inc.
12. David Garner, Member, Ryan White Planning Council; *Gaps in Care and Out of Care Workgroup Co-Chair*
13. Rodney Goodie, St. Hope Foundation
14. Pam Green, RN, Memorial Hermann Hospital System; *Coordination of Effort Workgroup Co-Chair*
15. Lisa Marie Hayes, MBA, Managing Local Ombudsman, Access and Assistance Coordinator, Area Agency on Aging, Houston-Galveston Area Council
16. Charles Henley, Manager, Ryan White Grant Administration, Harris County Public Health Services
17. Monica James, Gateway to Care
18. Florida Kweekkeh, Youth HIV Task Force
19. John LaFleur, External Member-Ryan White Planning Council; *Special Populations Workgroup Co-Chair*
20. Anna Langford, Planner, The Houston Regional HIV/AIDS Resource Group
21. Michael Lawson, External Member-Ryan White Planning Council

22. Amy Leonard, Legacy Community Health Services; *Prevention and Early Identification Workgroup Co-Chair*
23. Sam Lopez, Medical Lead Care Coordinator, Harris County Jail, representing Serving the Incarcerated and Recently Released (SIRR) Coalition
24. Nike Lukan, Chair, African American State of Emergency Task Force; and AIDS Foundation Houston
25. Ken Malone, HIV Testing Services Coordinator, Harris County Hospital District; *Prevention and Early Identification Workgroup Co-Chair*
26. Aundrea Matthews, PhDc, Assistant Project Coordinator, Houston Enriches Rice Education Project, Rice University
27. Mary Jo May, Chair, Board of Directors, Partners for Community Health
28. Scot More, Coalition for the Homeless of Houston/Harris County
29. M. Sandra Scurria, MD in private practice, Member, Harris County Medical Society
30. Nicholas Sloop, Public Health Advisor, Houston Department of Health and Human Services, Bureau of HIV/STD and Viral Hepatitis Prevention; *Evaluation Workgroup Co-Chair*
31. Cecilia Smith-Ross, Chair, Ryan White Planning Council; and Founder, Living Without Limits Living Large Inc.
32. Bruce Turner, Member, Ryan White Planning Council, CPG, and M-PACT
33. Steven Vargas, Case Manager, MAP Program, Association for the Advancement of Mexican-Americans; *Evaluation Workgroup Co-Chair*
34. David Watson, Jail Team and Special Populations Coordinator, Houston Department of Health and Human Services; *Special Populations Workgroup Co-Chair*
35. Maggie White, BSN, RN, Research Coordinator, AIDS Vaccine Project, Baylor College of Medicine.

WORKGROUPS

COORDINATION OF EFFORT WORKGROUP

Next Meeting: *October 24, 2011, 1:00 p.m., Room #240*

Co-Chairs:

- Pam Green, RN, Memorial Hermann Hospital System
- Bruce Turner, Member, Ryan White Planning Council, CPG, and M-PACT

Members:

1. Sherifat Akorede, Houston Department of Health and Human Services, Bureau of HIV/STD and Viral Hepatitis Prevention
2. Gayle Alstot, MD, Manager of Operations, The Center for AIDS Information and Advocacy
3. Roberto A. Andrade, MD, Thomas Street Health Center; Assistant Professor-Infectious Diseases, Baylor College of Medicine-Houston; and Medical Director, AETC-Houston
4. Ray Andrews, Houston Crackdown
5. Melody Barr, Administration Manager, City of Houston Housing and Community Development, Housing Opportunities for People with AIDS (HOPWA)
6. Ron Cookston, Gateway to Care
7. Carie D. Fletcher, LCDC, CPS, Director of CORE Services, BACODA-Bay Area Council on Drugs and Alcohol, Inc.
8. Lisa Marie Hayes, MBA, Managing Local Ombudsman, Access & Assistance Coordinator, Area Agency on Aging, Houston-Galveston Area Council

9. Monica James, Gateway to Care
10. Tam Kiehnhoff, Triangle AIDS Network
11. Carin Martin, Ryan White Grant Administration, Harris County Public Health Services
12. Aundrea Matthews, PhD, Assistant Project Coordinator, Houston Enriches Rice Education Project, Rice University
13. Ryan Rushing, Walgreens
14. M. Sandra Scurria, MD in private practice, Member, Harris County Medical Society
15. Robert Smith, External Member-Ryan White Planning Council

EVALUATION WORKGROUP

Next Meeting: November 1, 2011, 1:00 p.m., Room #532

Co-Chairs

- Nicholas Sloop, Public Health Advisor, Houston Department of Health and Human Services, Bureau of HIV/STD and Viral Hepatitis Prevention
- Steven Vargas, Case Manager, MAP Program, Association for the Advancement of Mexican-Americans; Member, Ryan White Planning Council, CPG, and Latino HIV Task Force

Members:

1. Ben Barnett, MD, Associate Professor of Medicine, University of Texas Health Science Center; Member, Ryan White Planning Council
2. Hickmon Friday, MPH, MPA, Senior Health Planner, Houston Department of Health and Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention
3. Camden Hallmark, MPH, Data Analyst, Houston Department of Health and Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention; Member, Syphilis Elimination Advisory Council and Community Planning Group (CPG)
4. Judy Hung, MPH, Epidemiologist, Ryan White Grant Administration, Harris County Public Health Services
5. Ken Malone, HIV Testing Project Coordinator, Harris County Hospital District
6. Aundrea Matthews, PhD, Assistant Project Coordinator, Houston Enriches Rice Education Project, Rice University; External Member, Ryan White Planning Council
7. Osaro Mgbere, PhD, MPH, Epidemiologist-Biostatistician, Houston Department of Health and Human Services, Bureau of Epidemiology; Member, Ryan White Planning Council
8. Erik Soliz, Senior Health Planner, Houston Department of Health & Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention; M-PACT
9. Bruce Turner, Member, Ryan White Planning Council, CPG, and M-PACT
10. Lena Williams, Project LEAP Student

GAPS IN CARE AND OUT-OF-CARE WORKGROUP

Next Meeting: October 21, 2011, 12:00 p.m., Room #240

Co-Chairs:

- Amber David, Houston Department of Health and Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention
- David Garner, Member, Ryan White Planning Council

Members:

1. Jeff Benavides, Latino HIV Task Force; and Harris County Hospital District

2. Linda Hollins, Texas Department of State Health Services
3. Januari Leo, Legacy Community Health Services
4. Ken Malone, HIV Testing Project Coordinator, Harris County Hospital District
5. Charolyn Mosley, Goodwill – Project Hope
6. Robert Smith, External Member-Ryan White Planning Council
7. Cecilia Smith-Ross, Chair, Ryan White Planning Council; and Founder, Living Without Limits Living Large Inc.
8. Barbara Walker, Legacy Community Health Services
9. Cristan Williams, Transgender Foundation of America

PREVENTION AND EARLY IDENTIFICATION WORKGROUP

Next Meeting: November 9, 2011, 2:00 p.m., Room #240

Co-Chairs:

- Amy Leonard, Legacy Community Health Services
- Ken Malone, HIV Testing Project Coordinator, Harris County Hospital District

Members:

1. Sherifat Akorede, Houston Department of Health and Human Services
2. Roy Delesbore, Texas Department of State Health Services, Region 6
3. Pam Green, RN, Memorial Hermann Hospital System
4. Brenda Harrison, Planned Parenthood Gulf Coast
5. Kevin Jackson, Community Member
10. Michael Lawson, External Member-Ryan White Planning Council
11. Januari Leo, Legacy Community Health Services
12. Nike Lukan, Chair, African American State of Emergency Task Force; and AIDS Foundation Houston
13. Jonathan Post, MPH Student, University of Texas, School of Public Health
14. Susan Rokes, Planned Parenthood
15. Roslyn Rose, Pink Rose-Saving Our Community Kids...Seniors (SOCKS)
16. Robert Smith, External Member-Ryan White Planning Council
17. Erik Soliz, Senior Health Planner, Houston Department of Health & Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention; Member, M-PACT
18. Amana Turner, Change Happens!
19. Ray E. Watts, DD, ThD, MEd, MCC, Urban AIDS Ministry
20. Maggie White, BSN, RN, Research Coordinator, AIDS Vaccine Project, Baylor College of Medicine
21. Simone Woodage, Sex Education for Parents of Teenagers and Preteens (SEFPOT)

SPECIAL POPULATIONS WORKGROUP

Next Meeting: October 19, 2011, 10:00 a.m., Room #240

Co-Chairs:

- John La Fleur, Ryan White Planning Council-External Member
- David Watson, Jail Team and Special Populations Coordinator, Houston Department of Health and Human Services

Members:

1. Ray Andrews, Houston Crackdown
2. Kristina Arscott, Healthcare for the Homeless
3. Michael Bass, AIDS Foundation Houston
4. Jeff Benavides, Latino HIV Task Force; and Harris County Hospital District
5. Antoinette Boone, Housing Opportunities for People with AIDS (HOPWA)
6. Francis Bueno, Montrose Counseling Center, representing Serving the Incarcerated and Recently Released (SIRR)
7. Jackie Eaton, Montrose Counseling Center-IDU Outreach Team
8. Kendrick Kaie Falk, Part D C.A.B.
9. Carie D. Fletcher, LCDC, CPS, Director of CORE Services, BACODA-Bay Area Council on Drugs and Alcohol, Inc.
10. Morénike Giwa, Positive Playdates
11. Rose Haggerty, Houston Independent School District
12. Kevin Jackson, Community Member
13. Florida Kweekah, Youth HIV Task Force
14. Sam Lopez, Medical Lead Care Coordinator, Harris County Jail, representing Serving the Incarcerated and Recently Released (SIRR) Coalition
15. Scot More, Coalition for the Homeless of Houston/Harris County
16. Maggie White, BSN, RN, Research Coordinator, AIDS Vaccine Project, Baylor College of Medicine.
17. Cristan Williams, Transgender Foundation of America
18. Maxine Young, AIDS Foundation Houston

The Future of HIV Prevention and Care...*Is Now* Join Us!



The 2012 Comprehensive HIV Services Plan will outline the *future* of HIV prevention and care for the Houston area.

Meetings are taking place now to set goals on:

- Filling gaps in HIV care
- Reaching those who are out-of-care
- Early identification of People Living With HIV and linkages to care
- Meeting the needs of adolescents, the homeless, the recently incarcerated, and the transgendered community
- Coordinating our efforts

**Your Voice Makes a
Difference!**

To get involved, call the Ryan White Planning Council Office of Support (713-572-3724) Or email Diane Beck at diane.beck@hctx.net

For a calendar of meetings, visit:

www.rwpchouston.org/Calendars/calendar_of_events.htm

All meetings take place at the Office of Support, 2223 West Loop South

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

REPORT ON THE EVALUATION OF
THE 2009 COMPREHENSIVE HIV SERVICES PLAN
for Use in Designing the 2012 Comprehensive HIV Services Plan for the Houston Area

I. INTRODUCTION

Jurisdictions funded by the Health Resources and Services Administration (HRSA) to provide HIV-related services (a.k.a., the Ryan White HIV/AIDS Program) must have a Comprehensive HIV Services Plan in place for their area. The current Houston area plan expires December 2011, and a new plan will be submitted to HRSA by May 2012. Per guidance from HRSA, the new 2012 plan must include an evaluation of the expiring 2009 plan. The purpose of the evaluation is to identify: (1) major successes in the implementation of the 2009 plan; and (2) continued areas of challenge from the 2009 plan that may then be addressed in the goals and strategies outlined in the new plan. This report summarizes key findings in both areas as well as provides an overview of the 2009 plan, the process used for the evaluation, and proposed uses of data.

II. OVERVIEW OF THE 2009 COMPREHENSIVE PLAN

The 2009 Comprehensive HIV Services Plan for the Houston Area became effective on January 1, 2009. Its vision and mission are as follows:

Vision: From 2009 to 2011, the community will continue to work together to improve and expand a coordinated system of HIV/AIDS prevention and care in order to improve the quality of life for communities affected by HIV and AIDS.

Mission: Provide a plan that will be inclusive of the entire continuum of care to improve the quality of life for those infected with and/or affected by HIV/AIDS in the Houston EMA/HSDA by taking a leadership role in the planning and assessment of HIV resources, resulting in the delivery of prevention and care services that are accessible, efficient, and culturally affirming until the end of the epidemic is realized.

2009 planners identified 10 goals, 56 objectives, and 94 action steps for achieving the vision and mission. Overall, the focus of the 2009 plan was as follows:

Types of activities

43% - Direct service (HIV prevention and care)
23% - Education (public and provider)
21% - Research, needs assessment, or other data collection
9% - Collaboration between agencies
4% - Other

Populations for activities

27% - General population and/or all PLWHA
16% - Multiple subpopulations of PLWHA
16% - Recently incarcerated
13% - Youth
11% - Women
11% - Substance abusers
7% - Out of care

Within the goals, objectives, and action steps in the 2009 plan were included three quantitative targets for assessing change in HIV service delivery between 2009 and 2011:

- Reduce by 10% annually the number [of PLWHA] not in care.
- [By 2011] reduce the impact of stigma and increase retention in care by 10%.
- [By 2011] increase the provision of education and advocacy events by 25%.

III. METHODS

The Evaluation Workgroup of the 2012 Comprehensive HIV Services Plan was formed in August 2011. Among other tasks, the Evaluation Workgroup was responsible for the evaluation of the 2009 plan, including design, implementation,

and identification of findings. Due to time and resource constraints, the methodology adopted by the workgroup for this process was highly expedited, relying on secondary data and pre-existing data sources. Workgroup members also conducted the data analysis, identified key findings, and served as key informants. The following methods were applied:

- *Impact evaluation.* Five community-level indicators were selected by the workgroup to serve as measures of the extent of achievement of the vision and mission of the 2009 plan. Special attention was paid to any goals in the plan that included a directional outcome (e.g., Goal 8: Prevent youth from becoming HIV+).
- *Outcome evaluation.* Two outcome-level indicators were included in the 2009 plan (listed above). These were assessed by the workgroup using available data points/sources at both baseline and actual.
- *Process evaluation.* One process-level indicator was included in the 2009 plan (listed above). Each action step in the 2009 plan was assessed by the workgroup for completion/non-completion to serve as a measure of the extent of achievement of this target.

Evaluation activities were conducted in September 2011. Areas of success and continued challenge were summarized at the Evaluation Workgroup meeting on October 4, 2011. Data sources and analysis tools were coordinated by support staff.

IV. FINDINGS

Below are key findings from the evaluation of the 2009 Comprehensive HIV Services Plan for the Houston Area. They reflect the results of data analysis on impact, outcome, and process indicators as well as conclusions drawn by members of the Evaluation Workgroup.

A. MAJOR SUCCESSES

- **Health outcomes for PLWHA are improving.** An important measure of HIV-related health status for PLWHA is viral load. According to two data sources reviewed for this evaluation, viral load among many PLWHA in the Houston area has improved since implementation of the 2009 plan. Between 2008 and 2011, average viral load of Ryan White Part A clients decreased 12%; and the percent of Part A clients with an undetectable viral load increased 24%. Noteworthy is that the increase in undetectable viral load seen in Houston Part A clients exceeds comparable targets set by the National HIV/AIDS Strategy.
- **PLWHA are entering care earlier.** Reducing the time between HIV diagnosis and entry into care contributes to earlier treatment and, ultimately, improved health outcomes. According to two data sources reviewed for this evaluation, PLWHA in the Houston area appear to be entering care at an earlier rate. This was measured using self-reported data from PLWHA on the time between diagnosis and first medical visit and their initial CD4 count. For the former, the percent of PLWHA reporting having their first medical visit within six months of diagnosis increased 2% between 2008 and 2011; for the latter measure, the percent of PLWHA reporting an initial CD4 count of 200 or above decreased 8% during this time.
- **HIV testing has become increasingly widespread.** During the time of plan implementation, multiple efforts were launched to increase HIV testing in non-traditional settings (i.e., non-HIV-specific locations) and using a routine, opt-out screening model. For example, the number of publicly-funded HIV tests in the Houston area increased 61% between 2009 and 2010 with an average of 151, 870 tests provided each year. Of that, approximately 85,000 tests each year were conducted routinely. In addition, an average of 12,300 tests was provided each year of plan implementation at the mass multi-site testing event, *Hip Hop for HIV Awareness*.
- **More PLWHA are becoming aware of their status.** HIV/AIDS incidence is a measure of new cases diagnosed in a specific time period. The following are HIV/AIDS incidence rates for the Houston EMA for each year of plan implementation:

	<u>2008</u>	<u>2009</u>	<u>2010</u>
HIV/AIDS Incidence	20.0 per 100,000	25.4 per 100,000	24.7 per 100,000

As described above, HIV testing experienced a significant scale-up in the Houston area during this time. The anticipated epidemiological outcome of a scale-up in testing is a sharp increase in incidence followed by gradual decreases over time. This is due to the increase in the number of previously unaware positives found through

increased testing followed by declines in new positives as testing becomes more normalized. Taken together, HIV testing and incidence data suggest that the Houston area has experienced this epidemiological trend.

- **The community has responded well to the needs of the recently incarcerated.** The 2009 plan included 11 action steps specific to the population of recently incarcerated PLWHA. During the three-year timeframe of the plan, significant community mobilization occurred to meet the needs of this subpopulation. As a result, all but one of the action steps was completed, including the formation of a new community coalition focused on this group.

B. CONTINUED AREAS OF CHALLENGE

- **The HIV system of care still needs additional capacity to accommodate new positives.** As described above, the impact of a large scale-up in HIV testing is an increase in the number of positives diagnosed in a community. The Houston area was successful in identifying significantly more positives during the time of plan implementation. However, the HIV care system continues to need capacity to serve new positives. According to data analyzed for this evaluation, the percent of diagnosed PLWHA who were out of care (i.e., Unmet Need) increased 4% between 2008 and 2011 with the greatest increase occurring between 2008 and 2009, the year that routine HIV testing began. The number out of care then dropped between 2009 and 2010 by about 1%. Like incidence, the impact of increased testing on unmet need may be a sharp increase followed by gradual decreases as system capacity is adjusted to meet need.
- **Retention in care is steady, but not increasing.** Retaining individuals in continuous HIV care contributes to improved disease management and, ultimately, better health outcomes. According to data generated for this evaluation, PLWHA in the Ryan White Part A system are being retained in primary medical care at a steady, but not increasing, rate. The percent of PLWHA retained in care using a HRSA-defined metric was 76% for the first defined time period in 2008 compared to 75% for the most recent defined time period in 2011. In the interim, the percentage fluctuated down as low as 52% retained in care; however, beginning in late 2010, the rate began and has continued to rise.
- **Incidence in youth continues to increase.** As described above, the anticipated epidemiological outcome of a large scale-up in HIV testing is a sharp increase in incidence followed by gradual decreases over time. This trend has not yet been observed for youth aged 13 – 24 in the Houston EMA as 2009 planners had desired. Instead, as shown below, youth incidence experienced a sharp increase between 2008 and 2009, the year that routine HIV testing began, followed by another, albeit slight, rise between 2009 and 2010:

	<u>2008</u>	<u>2009</u>	<u>2010</u>
HIV/AIDS Incidence	25.8 per 100,000	31.3 per 100,000	31.4 per 100,000
Youth Aged 13 – 24			

- **Actions are needed to address the needs of specific subpopulations.** The 2009 plan included action steps specific to several subpopulations of PLWHA. A large proportion of these activities were completed or at least started during plan implementation. However, activities identified for some groups were not completed in full. These include: bisexually-identified individuals, substance abusers, and some activities targeting youth and women. The 2009 plan also lacked activities specific to: college-aged youth (vs. minors), the transgender community, and international/recently-immigrated populations.
- **Information is needed about non-traditional HIV service providers.** The majority of action steps in the 2009 plan were known to be undertaken by “traditional” HIV prevention and care providers, i.e., Ryan White HIV/AIDS Program providers, CDC-prevention funded grantees, etc. Little was known about the HIV activities of: non-Ryan White, non-CDC, and other public, private, or faith-based providers in the Houston area.
- **Future HIV planning goals and objectives need greater specificity.** Evaluation Workgroup members encountered difficulty conducting the evaluation of the 2009 plan due to the lack of specificity and measurability in its goals, objectives, and action steps. It is recommended that future planning follow the principles below:

Each proposed goal is coupled with at least one measurable and reasonably-attainable benchmark.

Each proposed objective and action step is SMART and includes specifics in regards to anticipated outputs and timeframes.

Terminology used in goals, objectives, action steps, and benchmarks is standardized and/or defined.

Only benchmarks with verifiable baseline data are used. Moreover, benchmarks are aligned with other local, state, and national targets.

V. USE OF FINDINGS

Multiple areas of major successes and continued areas of challenge from the 2009 Comprehensive HIV Services Plan were identified through the evaluation process. Due to the use of expedited methodology and the reliance on secondary and anecdotal data, findings cannot be interpreted as causative; however, they can be used by current planners as guidance for the development of goals, objectives, and action steps for the 2012 plan. Recommended uses of findings are as follows:

- Planners may elect to re-adopt goals, objectives, and action steps related to major successes to ensure continued attainment of the vision and mission of the 2009 plan.
- Planners may elect to identify new goals, objectives, and action steps related to continued areas of challenge to ensure improved progress toward the vision and mission of the 2009 plan.
- Continued areas of challenge may be related to inappropriate benchmarking at the time of 2009 plan development. Therefore, planners may use findings as a guide for future selection of targets.
- Continued areas of challenge may be related to lack of information about the HIV activities of “non-traditional” providers. Therefore, planners may use findings as a guide for improved evaluation and monitoring methods.

DATA SOURCES

The following data sources were used for the evaluation of the 2009 Comprehensive HIV Services Plan:

1. CPCDMS, Community Viral Load, Undetectable Viral Load, and Retention in Care Metrics, 2011
2. Houston Area HIV/AIDS Needs Assessment, 2008 and 2011
3. Houston Department of Health and Human Services, Enhanced Comprehensive HIV Prevention Planning (ECHPP) for Houston-Baytown-Sugarland, Texas, 2011
4. Integrated Epidemiological Profile for HIV Prevention and Care Planning, 2011
5. Texas Department of State Health Services, Unmet Need Trend Analysis and HIV/AIDS Incidence Rates, 2011

Information supplied by Evaluation Workgroup members was also considered key informant data. Workgroup meetings were held on September 16, September 20, and October 4, 2011.

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2012 Houston Area Comprehensive HIV Services Plan INVENTORY OF NATIONAL HIV/AIDS PRIORITIES

National HIV/AIDS Strategy (NHAS)
<p>Vision <i>“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”</i></p>
<p>Goals</p> <ul style="list-style-type: none"> • Reduce new HIV infections • Increase access to care and improve health outcomes for People Living with HIV • Reduce HIV-related health disparities and health inequities • Achieve a more coordinated national response to the HIV epidemic in the United States
<p>Action Steps</p> <ul style="list-style-type: none"> • Intensify HIV prevention efforts in communities where HIV is most heavily concentrated • Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches • Educate all Americans about the threat of HIV and how to prevent it • Establish a seamless system to immediately link people to continuous and coordinated quality care when they are diagnosed with HIV • Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV • Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing • Reduce HIV-related mortality in communities at high risk for HIV infection • Adopt community-level approaches to reduce HIV infection in high-risk communities • Reduce stigma and discrimination against people living with HIV
<p>Targets (2015)</p> <ul style="list-style-type: none"> • Lower the annual number of new infections by 25% • Reduce the HIV transmission rate (# people infected/# of people living with HIV) by 30% • Increase from 79% to 90% the percentage of people living with HIV who know their serostatus • Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85% • Increase the proportion of Ryan White HIV/AIDS Program clients who are in [continuous] care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80% • Increase the number of Ryan White clients with permanent housing from 82% to 86% • Increase the proportion of HIV diagnosed gay and bisexual men, Black Americans, and Latinos with undetectable viral load by 20%

Healthy People 2020
<p>Vision <i>“A society in which all people live long, healthy lives.”</i></p>
<p>Mission</p> <ul style="list-style-type: none"> • Identify nationwide health improvement priorities • Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress • Provide measurable objectives and goals that are applicable at the national, state, and local levels • Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge • Identify critical research, evaluation, and data collection needs
<p>Overarching Goals</p> <ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death • Achieve health equity, eliminate disparities, and improve the health of all groups • Create social and physical environments that promote good health for all • Promote quality of life, healthy development, and healthy behaviors across all life stages

HIV – Summary of Objectives

- Diagnosis of HIV Infection and AIDS
- Death, survival and medical healthcare after diagnosis of HIV infection and AIDS
- HIV testing
- HIV prevention

HIV – Objectives (2020)

1. *(Developmental)* Reduce the number of new HIV diagnoses among adolescents and adults
2. *(Developmental)* Reduce new (incident) HIV infections among adolescents and adults
3. Reduce the rate of HIV transmission among adolescents and adults
4. Reduce the number of new AIDS cases among adolescents and adults
5. Reduce the number of new AIDS cases among adolescent and adult heterosexuals
6. Reduce the number of new AIDS cases among adolescent and adult men who have sex with men
7. Reduce the number of new AIDS cases among adolescents and adults who inject drugs
8. Reduce the number of perinatally acquired HIV and AIDS cases
9. *(Developmental)* Increase the proportion of new HIV infections diagnosed before progression to AIDS
10. *(Developmental)* Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards
11. Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS
12. Reduce deaths from HIV infection
13. Increase the proportion of people living with HIV who know their serostatus
14. Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months
15. Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV
16. Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support
17. Increase the proportion of sexually active persons who use condoms
18. *(Developmental)* Decrease the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months

HRSA and HIV/AIDS Bureau (HAB)

HRSA Goals

- Improve access to quality health care and services
- Strengthen the health workforce
- Build healthy communities
- Improve health equity

HRSA Principles

- Value and strengthen the HRSA workforce and acknowledge our HRSA colleagues as the critical resource in accomplishing our mission
- Strengthen the organizational infrastructure, and excel as a high performing organization
- Maintain strong fiscal and management systems
- Encourage innovation
- Conduct and support high quality scientific research focusing on access to services, workforce and innovative programs
- Focus on results across the population, by using the best available evidence, monitoring impact and adapting programs to improve outcomes
- Partner with stakeholders at all levels- from individuals, families and communities to organizations, States and tribal organizations
- Use place-based strategies to promote and improve health across communities
- Build integrated approaches to best meet the complex needs of the populations served
- Harness technology to improve health
- Operate on the fundamental principles of mutual respect, dedication to our mission, and the well-being of the American people as our top priority

HAB Vision

“Optimal HIV/AIDS care and treatment for all”

HAB Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families

CDC Division of HIV/AIDS Prevention (DHAP)

Vision

“A future free of HIV”

Mission

To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States

Guiding Principles

We believe...

- *Effective leadership requires clear vision, insight, and effective communication.*
- *The need for innovative solutions requires us to encourage creativity, intellectual curiosity and openness to change.*
- *That because the quality of our work is determined by the character of our staff, we must uphold high standards of conduct including integrity, respect, and dedication.*
- *That a positive, productive, and enjoyable workplace requires staff have positive attitudes.*

Goals

- A. HIV Incidence—Prevent new infections
- B. Prevention and Care—Increase linkage to and impact of prevention and care services with people living with HIV/AIDS
- C. Health Disparities—Reduce HIV-related disparities
- D. Organizational Excellence—Promote a skilled and engaged workforce and effective, efficient operations to ensure the successful delivery of CDC’s HIV prevention science, programs, and policies

Objectives (2015)

1. Reduce the annual number of new HIV infections by 25%
2. Increase the percentage of people living with HIV who know their serostatus to 90%
3. Increase the percentage of people diagnosed with HIV infection at earlier stages of disease by 25%
4. Decrease the rate of perinatally acquired pediatric HIV cases by 25%
5. Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%
6. Reduce the proportion of IDU who reported risky sexual or drug using behavior by 25%
7. Reduce the HIV transmission rate by 30%
8. Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%
9. Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable
10. Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%
11. Increase the proportion of HIV diagnosed MSM, Blacks, and Hispanics with undetectable viral load by 20%
12. Reduce the annual number of new HIV infections among MSM, Blacks, Hispanics and IDU by at least 25%
13. Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups
14. All branches and operating units will complete at least 80% of their work plan activities and adhere to 80% of their administrative and extramural processing deadlines
15. DHAP will have improved its rating on the HHS Annual Employee Viewpoint Survey

Strategies

- A1: Systematically collect, analyze, integrate, and disseminate data to monitor the HIV epidemic, assess the impact of HIV prevention activities, and guide the national response
- A2: Identify drivers of HIV incidence in priority populations (as identified in NHAS) to design and target effective interventions and strategies for maximum impact
- A3: Identify, develop and evaluate effective behavioral, biomedical and structural technologies, interventions and strategies; prioritize this process to maximize reduction of HIV acquisition among high-incidence populations
- A4: Implement and evaluate effective behavioral, structural, and biomedical technologies, interventions and strategies at scale; prioritize and target implementation to maximally reduce HIV acquisition in high-incidence populations
- B1: Identify, develop, and evaluate interventions, strategies, and technologies to increase linkage to care and

use of antiretroviral therapy (ART); maximize adherence to ART and retention in care; reduce transmission risk behaviors; and provide partner services

B2: Ensure the implementation and evaluation of interventions, strategies, and technologies to increase linkage to care and use of ART; maximize adherence to ART and retention in care; reduce transmission risk behaviors; and provide partner services

C1: Target resources and activities to reduce HIV-related disparities (through Goals A and B)

C2: Monitor national trends and DHAP activities and outcomes to ensure that HIV-related disparities and their underlying factors are reduced (through Goals A and B)

C3: Communicate DHAP activities and progress to stakeholders and enlist partners to advance activities that reduce disparities (to be coordinated with Strategy D2 partnership engagement framework)

C4: Ensure the cultural and linguistic appropriateness of DHAP activities and materials to increase their impact

D1: Develop, implement and monitor an internal communication plan with two-way communication channels to improve transparency, accountability, participation and coordination both within DHAP and with other CDC stakeholders

D2: Develop, implement and monitor an external communication and partner engagement plan to improve transparency, accountability, participation and collaboration through bi-directional flow of information

D3: Maximize the effectiveness of DHAP human and financial resources to achieve DHAP's strategic goals and objectives

D4: Allocate extramural resources and use results-oriented management to improve accountability and maximize the impact of all DHAP-supported activities on the HIV epidemic

2012 Houston Area Comprehensive HIV Services Plan
INVENTORY OF LOCAL, REGIONAL, AND STATE HIV/AIDS PRIORITIES

2009 Comprehensive HIV Services Plan for the Houston Area
<p>Vision <i>“The community will continue to work together to improve and expand a coordinated system of HIV/AIDS prevention and care in order to improve the quality of life for communities affected by HIV and AIDS.”</i></p>
<p>Mission <i>We will provide a plan that will be inclusive of the entire continuum of care to improve the quality of life for those infected with and/or affected by HIV/AIDS in the Houston EMA/HSDA by taking a leadership role in the planning and assessment of HIV resources, resulting in the delivery of prevention and care services that are accessible, efficient and culturally affirming until the end of the epidemic is realized.</i></p>
<p>Guiding Principles</p> <ul style="list-style-type: none"> • <i>Better serve the underserved in response to the HIV epidemic's growing impact among minority and hard-to-reach populations</i> • <i>Ensure access to existing and emerging HIV/AIDS prevention strategies and treatments to make a difference in the lives of people at risk for or living with HIV disease</i> • <i>Adapt to changes in the health care delivery system and the role of Ryan White Program services in filling gaps</i> • <i>Be able to document outcomes</i> • <i>Be driven by and advocate for consumer needs</i> • <i>Acknowledge the value of service provider expertise</i> • <i>Be culturally affirming to the intended audience</i>
<p>Goals</p> <ol style="list-style-type: none"> 1. Identify individuals who know their HIV status but are not in care and develop strategies for informing these individuals of services and enabling their use of HIV related services 2. Reduce the impact of stigma on access to and retention in care and break down barriers 3. Provide education and advocacy to encourage HIV+ individuals to get education, stay in treatment, access treatments and be aware of best practices 4. Improve coordination and collaboration among non-medical service providers 5. Eliminate disparities in access to and services for historically underserved populations 6. Coordinate services with HIV prevention programs including outreach and early intervention services. 7. Coordinate services with substance abuse prevention and treatment programs 8. Prevent youth from becoming HIV+ 9. Continue to develop new programming tactics whereby training, educational materials and clinical measurements continue to support improved HIV epidemiological data outcomes 10. Provide goals, objectives, timelines and appropriate allocation of pay/funds to services as determined by clients and community
<p>Targets</p> <ul style="list-style-type: none"> • Reduce by 10% annually the number not in care • Reduce the impact of stigma and increase retention in care by 10% • Increase the provision of education and advocacy events by 25%

Comprehensive Services Plan for the East Texas HIV Administrative Services Area (2011 Update)
<p>Goal</p> <ul style="list-style-type: none"> • Improve Health Outcomes
<p>Primary Objectives</p> <ul style="list-style-type: none"> • Reduce Community Barriers to Improve Testing Rates • Reduce Barriers to Care to Increase Linkages to Care • Improve Service Delivery to Improve Medical Management of HIV
<p>Secondary Objectives</p> <ul style="list-style-type: none"> • Provide public education to promote HIV awareness of transmission, personal risk, knowledge of serostatus, and importance of knowing personal serostatus • Provide HIV prevention services, including the distribution of condoms/lube, to individuals at risk for HIV

infection or transmission

- Provide targeted outreach to individuals at high risk who may be living with HIV who are not aware of their serostatus
- Provide targeted education on the importance of knowing personal serostatus to individuals at high risk who may be living with HIV who are not aware of their serostatus
- Provide services to individuals living with HIV who are not in care to increase access to medical care
- Provide services to individuals who are incarcerated and recently released to increase access to medical care
- Provide high-quality medical services to impede disease progression
- Improve service coordination to increase access to care and retention in care
- Provide essential support services to increase access to care and retention in care

Houston HIV Prevention Community Planning Group Comprehensive Plan (2007 Update)

Considerations for Resource Allocation

1. Prevention for HIV-Positive Individuals
2. Evidence of High-Risk Behavior
3. Female Partners of Men Who Have Sex with Men (MSM)

Recommendations for Strategies

- Health Education Risk Reduction (HE/RR), including Individual-level interventions (ILI), group-level interventions (GLI), community-level interventions (CLI) and health communication/public information (HC/PI) targeted to high-risk HIV-negative persons and HIV-positive persons.
- HIV Counseling, Testing and Referral Services (CTR) including Syphilis Elimination
- Comprehensive Risk Counseling Services (CRCS)
- Social Marketing, designed to alter HIV testing and risk-reduction behaviors, correct misperceptions and misinformation, and create a supportive environment for communication about what it means to be HIV-positive or HIV-negative
- School-Based Prevention Programs
- HIV Prevention Evaluation, Technical Assistance, and Capacity Building
- Expanded Syringe Access, which allows persons to purchase syringes at participating pharmacies without a prescription.
- Syringe Exchange

Enhanced Comprehensive HIV Prevention Planning (ECHPP) for Houston-Baytown-Sugarland (March 2011)

Required Interventions

1. Routine, Opt-Out HIV Screening
2. HIV Testing in Non-Clinical Settings
3. Condom Distribution for HIV Positive Persons
4. Post-Exposure Prophylaxis (PEP)
5. Structures, Policies, Barriers to Optimal HIV Efforts
6. Linkage for HIV Positives Not In Care
7. Retention and Re-engagement for HIV Positive Persons
8. Antiretroviral Treatment for HIV Positive Persons
9. Adherence to ART for HIV Positive Persons
10. STD Screening for HIV Positive Persons
11. Perinatal Prevention for HIV Positive Persons
12. Partner Services
13. Behavioral Risk Screening, Risk Reduction for HIV Positive Persons
14. Partner Services

Recommended Interventions

1. Condom Distribution for General Population
2. Social Marketing Campaigns
3. Clinic-wide or Provider-delivered Prevention Interventions
4. Community Interventions
5. Behavioral Risk Screening, Risk Reduction for HIV Negative Persons
6. Integrated Hepatitis, TB, STD Services

7. Targeted Use of Surveillance Data
8. Linkages to Social Services for High Risk HIV Negative Persons
9. Brief Alcohol Screening and Interventions
10. Community Mobilization

Strategic Goals

- Reduce the annual number of new HIV infections by 25% and reduce the HIV transmission rate by 30%
- Increase the percentage of people living with HIV who know their serostatus to 90%
- Increase the percentage of people newly diagnosed with HIV infection who have a CD4 count of 200 cells/ μ l or higher by 25%
- Reduce the proportion of MSM who reported unprotected anal intercourse during their last sexual encounter with a partner of discordant or unknown HIV status by 25%
- Reduce the proportion of IDU at risk for transmission/acquisition of HIV by an indicator to be determined pending completion of the DHAP strategic plan
- Decrease the number of perinatally acquired pediatric HIV cases by 25%
- Reduce AIDS diagnoses by 25%
- Increase the percentage of persons diagnosed with HIV who are linked to clinical care as evidenced by having a CD4 count or viral load measure within 3 months of HIV diagnosis to 85%
- Increase by 10% the percentage of HIV-diagnosed persons in care whose most recent viral load test in the past 12 months was undetectable
- Reduce the percentage of HIV-diagnosed persons in care who report unprotected anal or vaginal intercourse during the last 12 months with partners of discordant or unknown HIV status by 33%
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (at least two visits for routine HIV medical care in 12 months at least 3 months apart) from 73% to 80%
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%
- Increase the percentage of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%
- Increase the percentage of HIV-diagnosed Blacks with undetectable viral load by 20%
- Increase the percentage of HIV-diagnosed Latinos with undetectable viral load by 20%
- Reduce the disparity in HIV incidence for Blacks versus Whites (Black: White ratio of new infections) by 25%; By 2015, reduce the disparity in HIV incidence for Hispanics versus Whites (Hispanic: White ratio of new infections) by 25%
- Reduce the disparity in HIV incidence for MSM versus other adults in the United States by 25%
- Ensure the percentage of persons diagnosed with HIV who have a CD4 count within 3 months of HIV diagnosis is 75% or greater for all racial/ethnic groups

City of Houston Housing & Community Development Department

2010 – 2014 Consolidated Plan & Action Plan

Annual Objectives – HOPWA Specific

- Increasing the supply of supportive housing which includes structural features and services to enable persons with special needs (including persons with HIV/AIDS) to live in dignity and independence

Specific Objectives – HOPWA Source of Funding

- Increase the quality of life for individuals living with or affected by HIV/AIDS (rental assistance)
- Make child care more affordable for working low to moderate income families
- Increase the quality of life for individuals living with or affected by HIV/AIDS (referral and education)
- Increase the efficiency and effectiveness of organizations serving HIV/AIDS and homeless individuals (project support)

One Year Goals – HOPWA Specific

Between July 2011 and June 2012, it is anticipated that approximately 4,224 residents will be assisted through HOPWA-funded services, while 2,980 will receive tenant-based rental assistance. For FY 2012, the number of recipients is projected to decrease, as a result in funding cuts though the demand is likely to remain the same. In the case of supportive services, the number served for the last two years has stayed relatively the same, at 1,800 clients. We do not anticipate a significant change in this number for the 2011 Annual Action Plan. HCDD projects that there will be a decrease in the number of clients who will receive homeless prevention assistance during the next fiscal year, due to the decrease in HOPWA funding.

Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan

Goals

- Increase the percentage of schools that address [all identified HIV-related topics] in a required course taught during grades 6, 7, or 8
- Increase the percentage of schools that address [all identified HIV-related topics] in a required course taught during grades 9, 10, 11, or 12
- Increase the percentage of schools in which the lead health education teacher received professional development during the past 2 years on at least six [identified HIV-related topics]

Activities

- Promote the use of the Houston Independent School District-approved HIV prevention curricula
- Provide professional development for teachers to enhance and strengthen HIV prevention education in grades 6–8 and in grades 9–12
- Sponsor activities that engage students in HIV/AIDS prevention opportunities such as an HIV/AIDS art contest and a digital public service announcement (PSA) video
- Sponsor an annual HIV/AIDS Prevention Parent/Teen Health Summit
- Offer ongoing training and leadership development for a health education cadre who provide training and professional development for middle and secondary school teachers
- Plan, conduct, and evaluate workshops for Health and Physical Education teachers on health-related issues, including HIV/AIDS, STD, and teen pregnancy prevention.
- Pilot the Parent Matters Program in at least two middle schools.

Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services (2009 – 2011)

Crosscutting Issues

- A substantial number of PLWHA across Texas are diagnosed late in the progression of HIV disease
- The aging population of PLWHA (>35) present for care with multiple health issues
- Oral health care is listed in the top five service needs and gaps in four of the six plan areas
- The incidence of early syphilis among HIV positive MSM is increasing, especially in major urban centers
- The effect of substance abuse on entry and maintenance in care
- The effect of mental health issues on entry and maintenance in care

Mission

The mission of DSHS is to improve access to quality care and treatment for HIV positive Texans. The goals listed below are designed to allow DSHS to better achieve this mission.

Goals

- Ensure High Quality of Care
- Enhance Access to Care and Reduce Disparities
- Increase Prevention Activities in Care Settings
- Improve Quality of Client Level Data

Objectives

- Continue to work with Administrative Agencies to ensure uniform and consistent monitoring of providers
- Begin using HAB Tier I measures to monitor quality of care
- Strengthen the case management systems in Texas
- Increase screenings for mental health and substance abuse issues
- Increase capacity and referral to mental health and substance abuse treatment
- Increase treatment adherence counseling and activities during routine case management
- Reduce the number of PLWHA presenting late to care
- Reduce the number of PLWHA who know their status and are out of care by 2% annually
- Increase screenings for risk behaviors during routine case management
- Increase number of providers conducting or referring to STD screening
- Identify data entry barriers related to HAB Tier I and referral measures
- Increase data associated with routine case management activities entered into ARIES
- Identify data entry barriers related to HAB Tier II measures

2012 Houston Area Comprehensive HIV Services Plan
LEADERSHIP TEAM VISIONING EXERCISE
September 26, 2011

“Your Vision of the Ideal HIV System”

- HIV testing is routine
- Re-engagement is a focus
- Simpler eligibility requirements
- Single point of entry
- Increased data coordination via CPCDMS
- Culturally-sensitive and multi-lingual
- Integration of all immigrant population in prevention and care
- Private institutions have ownership of uninsured populations
- A care coordination system (e.g., Aging and Disability Resource Center model)
- Take advantage of upcoming Medicaid expansions and health care reform
- System capacity for the uninsured
- Responsive to changes in health care system
- Meeting the needs of clients without identification (e.g., undocumented, homeless)
- “Sell” services to the public using media
- Improved system for the recently incarcerated
- Non-discrimination policies are inclusive of sexual orientation/identity
- Leverage the resources of clinical trials and other local research
- Coordinated access to clinical trials
- Translates new research to the community (“prevention as treatment”)
- Promotion of research innovations to the community
- Incorporates parents into efforts focused on adolescents
- Medical home model
- Single-agency model (e.g., Care Connection)
- Coordinated intake
- Linked systems of access
- In-patient drug and alcohol treatment for transgendered individuals

Comp Planning Quick Reference Guide

Vision. A compelling and inspiring image of the future. Answers the question, “What do we want?” or “Where do we want to be?”

Examples: Every house a home
Optimal HIV/AIDS care and treatment for all (HAB)
The United States will become a place where new HIV infections are rare... (NHAS)

Mission. A statement of purpose for a group, organization, or plan. Answers the question, “What do we do and why?”

Examples: To protect and serve
To promote health and quality of life by preventing HIV infection (DHAP)
To improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs (HRSA)

Values. Fundamental principles and beliefs; what you stand for or hold dear. Often expressed as a group of statements that begin with “we believe.” Or as a list of words or key phrases with corresponding explanation.

Examples: *We believe...* Effective leadership requires clear vision, insight, and communication (DHAP)
Accountability — As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people’s health (CDC)

Guiding Principles. The assumptions that were used to guide a planning process.

Examples: The process for developing the 2012 Comprehensive Plan will:
• Be comprehensive and efficient in regards to data collection and planning methods.
The 2009 Comprehensive Plan will aim to:
• Better serve the underserved in response to the HIV epidemic's growing and widespread impact among minority and hard-to-reach populations.

Goal. A broad, long-term statement of a desired result.

Examples: Improve access to quality care and services (HRSA)
Reduce new HIV infections (NHAS)

Objective. A statement of a specific, quantified, and time-phased outcome. Can also take the form of a benchmark, target, or indicator.

Examples: By 2015, increase the proportion of PLWHA with undetectable viral load by 20% (NHAS)
By 2020, increase the proportion of people with HIV who know their status to 90% (HP)

Strategy. A pattern of solutions that work together toward achievement of a goal.

Solutions. Major steps, efforts, initiatives, programs, decisions, policies, etc. that achieve a stated goal. Taken together, they form a strategy.

Examples: To increase access to care and optimize health outcomes for people living with HIV:
1. Establish a seamless system to immediately link people to care;
2. Take deliberate steps to increase the number and diversity of available providers; and
3. Support people living with HIV with co-occurring health conditions. (NHAS)

Activity. A specific action to accomplish a solution. Includes a timeline and responsible party.