

Houston Area HIV Services Ryan White Planning Council

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

2:00 p.m., Monday, November 28, 2011

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

AGENDA

- I. Call to Order
 - A. Welcome & Introductions
 - Introduction of New Co-Chair*
 - B. Moment of Reflection
 - C. Adoption of the Agenda
 - D. Approval of the Minutes

David Garner, Tam Kiehnhoff, and Cristan Williams, Co-Chairs

- II. Workgroup Updates
 - A. Evaluation
 - B. Prevention and Early Identification
 - C. Gaps in Care and Out-of-Care
 - D. Special Populations
 - E. Coordination of Effort
 - F. Other – General Updates

Co-Chairs
Nicholas Sloop, Steven Vargas
Amy Leonard, Ken Malone
Amber David, David Garner
John La Fleur, David Watson
Pam Green, Bruce Turner
Jennifer Hadayia, Health Planner, Office of Support

- III. Envisioning the Ideal System, Part III – *Title, Mission & Guiding Principles*
 - A. Overview of the Process and Reference Materials
 - B. Discussion of the Title of the 2012 Comprehensive Plan
 - C. Discussion and Adoption of 2012 Mission Statement and Guiding Principles
 - D. *Beginning Part IV: Review of Workgroup Strategies, incl. Themes, Goals, Solutions, and Benchmarks*

- IV. Next Steps
 - A. Review Meeting Schedule
 - December 19, 2011*
 - January 23, 2012*
 - B. Items for Next Meeting

David Garner, 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, October 24, 2011

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

MINUTES

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

Call to Order: Kiehnhoff, Co-Chair, 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 (Leonard, Turner) to adopt the agenda. Motion carried.*

Approval of the Minutes: Motion #2: *it was moved and seconded (Turner, Kweekeh) to approve the September 26, 2001 meeting minutes. Motion carried.* Abstentions: Garner, Jones, LaFleur, Smith-Ross.

Workgroup Updates:

Evaluation – Langford gave the following report on behalf of the Co-Chairs: The Evaluation Workgroup met a total of four times in September and early October in order to conduct the evaluation of the 2009 Comprehensive Plan. A draft evaluation report has been completed. It describes the methods used for the evaluation, key findings related to major successes during the time of plan implementation, key findings related to continued areas of challenge, and recommendations for the use of the report. The next workgroup meeting is November 1, 2011 at 1:00 p.m. Attendees will begin reviewing proposed goals, solutions, and benchmarks from other workgroups.

Coordination of Effort – Green, Co-Chair, gave the following report: The workgroup met on October 24, 2011 with 10 members present. Though still in draft form, the group identified the following Proposed Goals: Increase awareness of all Greater Houston Area residents and health and human services providers about HIV and the HIV system of prevention and care; Reduce barriers to services for those at risk for HIV infection and for PLWHA; Increase access to HIV prevention and care services; and Prepare for national-level changes in the health care system. The workgroup discussed several approaches to increasing coordination. Emphasis was on technology, social media/marketing, and provider technical assistance. The next workgroup meeting is November 28, 2011 at 12:30 p.m. Please note time change.

Gaps in Care and Out of Care – Garner, Co-Chair, gave the following report: The workgroup met on October 21, 2011 with seven members present. Though still in draft form, the group identified the following Proposed Goals: Reduce unmet need; and the following Proposed Solutions: Retention and engagement; Targeted linkage efforts to vulnerable places in the continuum of awareness/ care (e.g., between results notification and eligibility); and Re-engagement and return to care. The group also reviewed a draft continuum of engagement in care that could be used to inform the overall Continuum of Care for the Houston Area. The next workgroup meeting is November 18, 2011 at 12:00 p.m.

Prevention and Early Identification – Leonard, Co-Chair, gave the following report: The workgroup met on October 12, 2011 with seven members present. Though still in draft form, the group identified the following Proposed Goals: Reduce new HIV infections; Increase awareness of HIV status; Maximize adherence to therapy through early diagnosis and early entry into care; and Address the needs of uniquely-impacted populations; and the following Proposed Solutions: High-impact structural interventions; HIV testing; Linkage to care; Prevention with Positives; and Expanding the knowledge base. The group also reviewed a draft continuum of HIV testing and prevention that could be used to inform the overall Continuum of Care for the Houston Area. The next workgroup meeting is November 9, 2011 at 2:00 p.m.

Special Populations – Watson, Co-Chair, gave the following report: The workgroup met on October 19, 2011 with 14 members present. Though still in draft form, the group identified the following Proposed Goals: Reduce new HIV infections among vulnerable populations; Eliminate barriers to HIV prevention and care for vulnerable populations; Strengthen the cultural and linguistic competence of the HIV prevention and care system; and Reduce syndemic public health problems that inhibit access to HIV prevention and care by vulnerable populations; and the following Proposed Solutions: Policies, procedures, and other structural solutions; Filling gaps in targeted interventions and services; Addressing alcohol and drug abuse, poor mental health, and

economic instability among PLWHA; and Improving data management systems. The group also reviewed and adopted a set of definitions for each of the special populations. The next workgroup meeting is November 16, 2011 at 10:00 a.m.

Turner asked why young MSM was not being addressed as a special population in the workgroup given they have the highest rate of new HIV infections. Watson said that the populations have been selected because they are HRSA-mandated. Benavidez added that the Latino population is an emerging population with specific needs but, since they are included in the other categories, that population was not added. **Motion #3:** *it was moved and seconded (Turner, Henley) to ask the Special Populations workgroup to reconsider adding Young MSM as a special population.* **Motion Carried.** Abstentions: Garner, LaFleur, Matthews, Watson

General Updates – Hadayia reported that 77 individuals have been involved in the planning process to date, including at least 15 consumers; that 54 agencies and coalitions are now represented; and that two students are completing their field placements with the Office of Support assigned to the 2012 Comprehensive Plan. They include a Service Learning student from HCC and an MPH candidate from the UT School of Public Health.

Envisioning the Ideal System, Part II: Members present reviewed the mission, vision, and guiding principles from the 2009 Comprehensive Plan, from the National AIDS Strategy, and from other local and state plans. See attached.

Motion #4: *it was moved and seconded (Turner, Henley) to approve the following vision statement for 2012 Comprehensive Plan: The Greater Houston Area will become a community where through prevention 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.* **Motion Carried.** Abstentions: David, Garner, Kweekeh

Motion #5: *it was moved and seconded (Williams, Malone) to reconsider the approved vision statement for 2012 Comprehensive Plan.* **Motion Carried.** Abstentions: Turner

Motion #6: *it was moved and seconded (Williams, Garner) to approve the following vision statement for 2012 Comprehensive Plan: The Greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.* **Motion Carried.** Abstentions: Jones

Next Meeting: The next meeting is scheduled for Monday, November 28, 2011 at 2:00 p.m.; agenda items include drafting the mission statement and guiding principles.

Announcements: None.

Adjournment: **Motion #7:** *It was moved and seconded (Garner, Gray) to adjourn the meeting at 3:50 p.m.* **Motion Carried.**

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
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2012 Houston Area Comprehensive HIV Services Plan
AGENCY REPRESENTATION
Last Updated 21-Nov-11

Ryan White Planning Council

Houston HIV Prevention Planning Group

Harris County Public Health Services

Houston Department of Health and Human Services

Houston Regional HIV/AIDS Resource Group

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AIDS Education and Training Center (AETC) Houston

AIDS Foundation Houston

AIDS Vaccine Project

African American State of Emergency Task Force

Area Agency on Aging

Association for the Advancement of Mexican Americans (AAMA)

Bay Area Council on Drugs & Alcohol, Inc. (BACODA)

Baylor College of Medicine-Houston

Bee Busy Learning Academy

Center for AIDS Information and Advocacy

Change Happens!

Coalition for the Homeless of Houston/Harris County

Gateway to Care

Continued

Continued
2012 Houston Area Comprehensive HIV Services Plan
AGENCY REPRESENTATION
Last Updated 21-Nov-11

Goodwill Industries of Houston	Pink Rose-Saving Our Community Kids...Seniors (SOCKS)
HIV FOCUS Gilead Sciences, Inc.	Planned Parenthood Gulf Coast
Harris County Hospital District	Positive Playdates
Harris County Jail	Project LEAP
Harris County Medical Society	Ryan White Program Part D Community Advisory Board (CAB)
Healthcare for the Homeless	St. Hope Foundation
Housing Opportunities for Persons with AIDS (HOPWA)	Serving the Incarcerated and Recently Released (SIRR) Coalition
Houston Area Community Services (HACS)	Sex Education for Parents of Teenagers and Preteens (SEFPOT)
Houston Crackdown	Texas Department of State Health Services
Houston Enriches Rice Education (HERE) Project	Thomas Street Health Center
Houston Independent School District (HISD)	Transgender Foundation of America
Latino HIV Task Force	Triangle AIDS Network
Legacy Community Health Services	University of Texas Health Science Center
Living Without Limits Living Large, Inc.	Urban AIDS Ministry
M-PACT	Vertex Pharmaceuticals
Memorial Hermann Hospital System	Walgreens
Montrose Counseling Center (MCC)	Youth HIV Task Force
Partners for Community Health	

Student Interns:
Houston Community College (HCC) and
University of Texas School of Public Health

**2012 Houston Area Comprehensive HIV Services Plan
MILESTONES TIMELINE
Last Updated 2-Nov-11**

Date	Task¹
August 22, 2011	Adopt process for 2012 comprehensive planning
September 2, 2011	Confirm Leadership Team, Workgroup members, and Co-Chairs
September 6, 2011	Workgroup meetings begin
September 26, 2011	Leadership Team meetings begin
September 26, 2011	Exploration questions and data sources complete from Workgroups
October 4, 2011	2009 Comp Plan Evaluation process complete with recommendations
October 24, 2011	Data collection complete for Workgroups
October 24, 2011	Vision statement complete from Leadership Team
November 28, 2011	Proposed long-term goals and solutions complete from Workgroups
November 28, 2011	Review of mission and guiding principles complete from Leadership Team
December 30, 2011	Proposed plans for activities complete from Workgroups
December 30, 2011	Overarching goals complete from Leadership Team
January 3, 2012	Benchmarking and alignment tools complete from Evaluation Workgroup
January 23, 2012	Draft of Sections II-III complete; reviewed with Workgroups, per schedule
January 23, 2012	Review Sections II-III with Leadership Team
February 2012	Gather input on Sections II-III from community members and stakeholders
February 7, 2012	Draft of Section IV complete and reviewed with Evaluation Workgroup
February 27, 2012	Draft of Section I complete
February 27, 2012	Sections II-III revised per community input
February 27, 2012	Full draft of plan complete; review with grantees and Leadership Team
March 20, 2012	CPG Executive Committee: Approve 2012 Comp Plan (April 24 th Back-Up)
March 22, 2012	CPG Meeting: Approve 2012 Comp Plan (April 26 th Back-Up)
March 26, 2012	LT Meeting: Approve 2012 Comp Plan (April 23 rd Back-Up)
March 26, 2012	CHP Meeting: Approve 2012 Comp Plan (April 23 rd Back-Up)
April 5, 2012	RWPC Steering Committee: Approve 2012 Comp Plan (May 3 rd Back-Up)
April 12, 2012	RWPC Meeting: Approve 2012 Comp Plan (May 10 th Back-Up)
May 7, 2012	Concurrence letters due
May 21, 2012	2012 Comprehensive Plan due to HRSA

¹ Completed tasks are shaded

Workgroup Updates

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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

SUMMARY OF KEY FINDINGS

MAJOR SUCCESSES

- Health outcomes for PLWHA are improving
- PLWHA are entering care sooner after diagnosis
- HIV testing has become increasingly widespread
- More PLWHA are becoming aware of their status
- The community has responded well to the needs of the recently incarcerated

CONTINUED AREAS OF CHALLENGE

- The HIV system of care still needs additional capacity to accommodate new positives
- Retention in care is steady, but not increasing
- Incidence in youth continues to increase
- Actions are needed to address the needs of specific subpopulations
- Information is needed about non-traditional HIV service providers
- Future HIV planning goals and objectives need greater specificity

USE OF REPORT

Planners may:

- Re-adopt goals, objectives, and action steps related to major successes to ensure continuation
- Identify new goals, objectives, and action steps related to challenge areas to ensure progress
- Use findings as a guide for future selection of targets, as challenge areas may be related to inappropriate benchmarking at the time of plan development
- Use findings as a guide for improved evaluation and monitoring methods, as challenge areas may be related to lack of information about the HIV activities of non-traditional providers

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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:

<u>Types of activities</u>	<u>Populations for activities</u>
43% - Direct service (HIV prevention and care)	27% - General population and/or all PLWHA
23% - Education (public and provider)	16% - Multiple subpopulations of PLWHA
21% - Research, needs assessment, or other data collection	16% - Recently incarcerated
9% - Collaboration between agencies	13% - Youth
4% - Other	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. Reviews of key findings were conducted with members of all Workgroups in October 2011 with subsequent editing. A final report was approved at the November 1, 2011 Evaluation Workgroup meeting. Data sources, analysis tools, and draft documents 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 and other key stakeholders in the planning process.

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 PLWHA in the Houston area has significantly improved since implementation of the 2009 plan. Between 2008 and 2011, the percent of Ryan White Part A clients with an undetectable viral load increased 71% (from 34% with an undetectable viral load in 2008 to 58% at the time of this evaluation in 2011). In addition, the average viral load of Part A clients (including those with undetectable viral load) also decreased 12%. Noteworthy is that the increase in undetectable viral load seen in Houston Part A clients far exceeds comparable targets set by the National HIV/AIDS Strategy.
- **PLWHA are entering care sooner after diagnosis.** Reducing the time between HIV diagnosis and entry into care contributes to earlier treatment and, ultimately, improved health outcomes. According to data sources reviewed for this evaluation, PLWHA in the Houston area appear to be entering care sooner after diagnosis. This was measured using self-reported data from PLWHA on the time between diagnosis and first medical visit. Between 2008 and 2011, the percent of PLWHA reporting their first medical visit *less than one* month after diagnosis increased 1%, and the percent reporting their first medical visit *one to six* months after diagnosis increased 2%. It is noteworthy, however, that self-reported initial CD4 count at first medical visit did not show comparable improvements, suggesting that PLWHA may be being diagnosed later in their disease.
- **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.

VI. 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 to conduct the evaluation were held on September 16, September 20, and October 4, 2011.

VII. EVALUATION WORKGROUP MEMBERS

Ben Barnett, MD, Associate Professor of Medicine, University of Texas Health Science Center; Member, Ryan White Planning Council

Hickmon Friday, MPH, MPA, Senior Health Planner, Houston Department of Health and Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention

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)

Judy Hung, MPH, Epidemiologist, Ryan White Grant Administration, Harris County Public Health Services

Anna Langford, Planner, Houston Regional HIV/AIDS Resource Group; Member, CPG

Ken Malone, HIV Testing Project Coordinator, Harris County Hospital District

Aundrea Matthews, PhD, Assistant Project Coordinator, Houston Enriches Rice Education Project, Rice University; External Member, Ryan White Planning Council

Osaro Mgbere, PhD, MPH, Epidemiologist-Biostatistician, Houston Department of Health and Human Services, Bureau of Epidemiology; Member, Ryan White Planning Council

Nicholas Sloop, Public Health Advisor, Houston Department of Health and Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention (*Workgroup Co-Chair*)

Erik Soliz, Senior Health Planner, Houston Department of Health & Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention; Member, M-PACT

Bruce Turner, Member, Ryan White Planning Council, CPG, and M-PACT

Steven Vargas, Case Manager, MAP Program, Association for the Advancement of Mexican-Americans; Member, Ryan White Planning Council, CPG, and Latino HIV Task Force (*Workgroup Co-Chair*)

Lena Williams, Project LEAP Student

Workgroup Strategies

**2012 Houston Area Comprehensive HIV Services Plan
WORKGROUP THEMES**

Prevention & Early Identification	Gaps in Care and Out-of-Care
<ol style="list-style-type: none"> 1. The Need to Maximize the Impact of Prevention Resources 2. The Need to Prioritize Populations at Greatest Risk 3. The Need to Further Link Prevention and Care 4. The Need to Translate New Prevention Science into Practice 5. The Need to Improve Systems and Change Community Norms 	<ol style="list-style-type: none"> 1. The Need to Keep People in HIV Medical Care 2. The Need to Fortify System Vulnerabilities (i.e., places where people are more likely to never enter care or to fall out of care) 3. The Need for New Partners in Providing HIV Services 4. The Need to Consider New Models for Retention in Care
Special Populations ¹	Coordination of Effort
<p>¹Adolescents (13-17 y.o.), Homeless, Incarcerated/Recently Released, IDU, MSM, Transgender</p> <ol style="list-style-type: none"> 1. The Need to Address Vulnerability to HIV Infection Among Special Populations 2. The Need to End Bias and Discrimination 3. The Need for a Seamless System to Keep Hard-To-Reach Populations Engaged 4. The Need to Fill Gaps in Data on Special Populations 	<ol style="list-style-type: none"> 1. The Need to Mobilize the Public Around HIV 2. The Need to Further Integrate Prevention and Care 3. The Need to Expand and Diversify the HIV System through New Partners and New Providers 4. The Need to Prepare for Health Insurance Reform

**2012 Houston Area Comprehensive HIV Services Plan
WORKGROUP GOALS**

Prevention & Early Identification	Gaps in Care and Out-of-Care
<ol style="list-style-type: none"> 1. Reduce New HIV Infections 2. Increase Awareness of HIV Status 3. Ensure Early Entry Into Care 4. Maximize Adherence to Antiretroviral Therapy 5. Address the HIV Prevention and Care Needs of High Incidence Communities 6. Reduce Risk Factors for HIV Infection 	<ol style="list-style-type: none"> 1. Reduce Unmet Need 2. Improve Health Outcomes for People Living with HIV/AIDS
Special Populations ¹	Coordination of Effort
<p>¹Adolescents (13-17 y.o.), Homeless, Incarcerated/Recently Released, IDU, MSM, Transgender</p> <ol style="list-style-type: none"> 1. Prevent New HIV Infections among the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender 2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, MSM, and Transgender 3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System 	<ol style="list-style-type: none"> 1. Increase Awareness of HIV among all Greater Houston Area Residents 2. Increase Awareness of HIV among all Greater Houston Area Health and Human Services Providers 3. Reduce Barriers to HIV Prevention and Care 4. Increase the Availability of HIV Prevention and Care Providers 5. Partner to Address Co-Occurring Public Health Problems that Inhibit HIV Prevention and Access to Care 6. Prepare for State and National-Level Changes in the Health Care System

**2012 Houston Area Comprehensive HIV Services Plan
WORKGROUP SOLUTIONS**

Prevention & Early Identification	Gaps in Care and Out-of-Care
<ol style="list-style-type: none"> 1. Adopt high-impact structural interventions that normalize HIV risk reduction behaviors in the general public and in specific high-incidence populations 2. Expand opportunities for HIV testing across the testing continuum, i.e., for the general public, for high risk individuals, for the status-unaware, and for partners of PLWHA 3. Enhance the linkage to care system so it is increasingly seamless, timely, culturally-responsive, and freely flowing between HIV prevention, surveillance, and care 4. Intensify Prevention with Positives including appropriate applications of new research on HIV prophylaxis and expansions of behavioral interventions for PLWHA and their partners 5. Expand the prevention knowledge base including behavioral surveillance and measures of community-wide HIV health 	<ol style="list-style-type: none"> 1. Target linkage to care efforts to vulnerable points in the HIV prevention, surveillance, and care system, where individuals are more likely to stop seeking care or to fall out of care, particularly <i>newly-diagnosed</i> PLWHA. 2. Intensify retention and engagement activities with <i>currently in-care</i> PLWHA, focusing on system enhancements, health literacy, and client empowerment. 3. Adopt strategies to re-engage out-of-care PLWHA and other prior positives to return to care.
Special Populations ¹	Coordination of Effort
<p>¹Adolescents (13-17 y.o.), Homeless, Incarcerated/Recently Released, IDU, MSM, Transgender</p> <ol style="list-style-type: none"> 1. Infuse the HIV system with policies, procedures, and other structural solutions that ensure equal treatment 2. Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of the special populations identified in this strategy 3. Improve data management systems to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations 	<ul style="list-style-type: none"> • To be determined

**2012 Houston Area Comprehensive HIV Services Plan
WORKGROUP BENCHMARKS**

Prevention & Early Identification	Gaps in Care and Out-of-Care
<ol style="list-style-type: none"> 1. Annual number of new HIV infections 2. Percentage of people living with HIV who know their serostatus 3. Percentage of adolescents and adults who have been tested for HIV in the past 12 months 4. Percentage of individuals who opt-out of routine HIV testing 5. Community-wide positivity rate for publicly-funded HIV testing 6. Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis 7. Proportion of HIV clients with undetectable viral load 	<ol style="list-style-type: none"> 1. Percentage of PLWHA who are not in care (Unmet Need Analysis) 2. Percentage of PLWHA reporting being currently out-of-care (no evidence of HIV medications, viral load test, or CD4 test in 12 consecutive months) 3. Percentage of PLWHA reporting a history of being out-of-care 4. Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis 5. Proportion of HIV clients who are in continuous care (≥ 2 visits for routine HIV medical care in 12 months ≥ 3 months apart) 6. Proportion of HIV clients who are retained in care 7. Proportion of HIV clients with undetectable viral load
Special Populations ¹	Coordination of Effort
<p>¹Adolescents (13-17 y.o.), Homeless, Incarcerated/Recently Released, IDU, MSM, Transgender</p> <ol style="list-style-type: none"> 1. Annual number of new HIV infections among each special population 2. Proportion of newly-diagnosed individuals within each special population linked to clinical care within three months of their HIV diagnosis 3. Percentage of PLWHA within each special population not in care (Unmet Need Analysis) 4. Identification of baselines for the above measures for special populations lacking data 	<ol style="list-style-type: none"> 1. Annual number of impressions made through HIV/STD social marketing campaigns 2. Number of individuals participating in Hip-Hop for HIV 3. Number of reports of barriers to RW Core Medical Services 4. Number of reports of barriers to RW Supportive Services 5. Number of agencies listed in the HIV/AIDS Resource Guide 6. Percentage of PLWHA reporting an indication of alcohol abuse 7. Percentage of PLWHA reporting an indication of drug abuse 8. Percentage of PLWHA reporting ≥ 1 mental health condition within the past 30 days 9. Percentage of PLWHA reporting housing instability 10. Percentage of PLWHA reporting seeking no medical care due to inability to pay

2012 Houston Area Comprehensive HIV Services Plan

Prevention and Early Identification (P&EI) Strategy

Part 1: Goals & Solutions

Summarized per the following:

1. 2012 Comprehensive HIV Services Plan P&EI Workgroup Meeting on 10-12-11
2. Feedback from Workgroup and Leadership Team members on the DRAFT Strategy dated 10-12-11
3. Assessment of proposed goals and benchmarks by the Evaluation Workgroup on 11-1-11

Overarching Themes

- **The Need to Maximize Impact.** Declining resources coupled with continued need reinforce the importance of identifying HIV solutions with the greatest return on investment. High-impact HIV prevention, as defined by the Centers for Disease Control and Prevention, is science-driven, cost-effective, scalable, and targeted.¹ It also has the greatest overall potential to positively alter the course of the disease. The *highest*-impact solutions will not only reduce new infections but improve health outcomes of those living with HIV as well.
- **The Need to Prioritize Populations.** Not all communities and populations have been affected by HIV equally, and the HIV-related needs of each community and population are distinct. Population and geographic segmentation and subsequent targeting of solutions enhance the probability of success. Focusing resources on the most affected populations can also serve as a tool for improving health disparities and health equity community-wide.
- **The Need to Link Prevention and Care.** For decades, providers have known how difficult it is to separate Counseling, Testing and Referral (CTR), Partner Counseling and Referral Services (PCRS), and other early identification best practices from HIV care, and vice-versa. The National HIV/AIDS Strategy offers a vision for a fully integrated prevention and care continuum. The CDC-funded ECHPP and HRSA-funded EIIHA can serve as roadmaps for realizing this vision at a local level. In Houston, solutions like Service Linkage Workers cross-trained as Disease Investigation Specialists represent the strengthening bridge between prevention and care.
- **The Need to Apply New Science.** The last two years have been unprecedented in regards to scientific breakthroughs on preventing new HIV infections. Recent research on HIV prophylaxis has produced at least three new prevention tools: antiretroviral therapy as prevention, Nonoccupational Postexposure Prophylaxis (nPEP), and Pre-Exposure Prophylaxis (PrEP). The challenge now will be how to best translate the new science into practice, while effectively and appropriately allocating scarce medication resources.
- **The Need to Improve Systems.** Patterns of attitudes and beliefs have contributed both positively and negatively to the HIV story. At the community-level, policy, systems, and environmental structures have also both helped and hindered the epidemic's course. Changing cultural norms around HIV within families and communities as well as redesigning systems so they support positive HIV related health behaviors is both impactful and sustainable.

Proposed Goals

1. Reduce New HIV Infections
2. Increase Awareness of HIV Status
3. Ensure Early Entry Into Care
4. Maximize Adherence to Antiretroviral Therapy
5. Address the HIV Prevention and Care Needs of High Incidence Communities
6. Reduce Risk Factors for HIV Infection

Proposed Benchmarks

1. Annual number of new HIV infections
2. Percentage of people living with HIV who know their serostatus
3. Percentage of adolescents and adults who have been tested for HIV in the past 12 months
4. Percentage of individuals who opt-out of routine HIV testing
5. Community-wide positivity rate for publicly-funded HIV testing
6. Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis
7. Proportion of HIV clients with undetectable viral load

**Proposed measures only; targets to be attained by 2014 will be developed with assistance from the Evaluation Workgroup using local baseline data, national standards, and other local and state guidance.*

Proposed Solutions

- Adopt **high-impact structural interventions** that normalize HIV risk reduction behaviors in the general public and in specific high-incidence populations
- Expand opportunities for **HIV testing** across the testing continuum, i.e., for the general public, for high risk individuals, for the status-unaware, and for partners of PLWHA
- Enhance the **linkage to care** system so it is increasingly seamless, timely, culturally-responsive, and freely flowing between HIV prevention, surveillance, and care
- Intensify **Prevention with Positives** including appropriate applications of new research on HIV prophylaxis and expansions of behavioral interventions for PLWHA and their partners
- Expand the **prevention knowledge base** including behavioral surveillance and measures of community-wide HIV health

Sources Referenced for This Document

Inventory of Local, Regional, and State HIV/AIDS Priorities (November 2011); summarizing:

- 2009 – 2011 Houston Area Comprehensive HIV Services Plan
- 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area
- Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update
- *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy for the Houston-Baytown-Sugarland, Texas MSA (March 2011)
- 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
- Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
- 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services
- 2011 Texas Statewide HIV/STD Prevention Plan

Inventory of National HIV/AIDS Priorities (September 2011); summarizing:

- National HIV/AIDS Strategy for the United States
- Healthy People 2020 Topic Area: HIV
- Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) Strategic Plan
- 2011 – 2015 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) Strategic Plan

Inventory of Special Populations in Local, State, and National Guidance (November 2011); summarizing all of the above

Charts, Tables, and Maps:

- HIV Testing, Positivity, and Status-Awareness, By Type, Houston EMA (2010)
- HIV/AIDS Mortality by Super Neighborhood, Age-Adjusted, Annual Average Rate (1999-2003)
- Percentage of Newly Diagnosed Individuals Linked into Care within Three Months of Diagnosis, By Sex, Race, Age, and Exposure Category, All Texas v. Houston EMA (2010)

- Rate of New HIV By Census Tract in Houston/Harris County (2009)
- Spatial Clustering of HIV Diagnoses in Houston/Harris County (2008-2010)
- Undiagnosed HIV Infections By Sex, Race, Age, and Exposure Category, All Texas v. Houston EMA (2009)
- Years of Potential Life Lost (Premature Death) by Super Neighborhood, Age-Adjusted, Annual Average Rate due to HIV/AIDS (1999-2003)

Other Materials:

- Abt Associates, Scaling-up HIV Testing among African American & Hispanic MSM: The MSM Testing Initiative (MTI) (October 2011)
- Ben Taub General Hospital Emergency Center HIV nPEP Risk Assessment - Sexual Assault Patients
- Centers for Disease Control and Prevention, Dear Colleague Letter: ART for Preventing Secondary Transmission of HIV (May 2011)
- Centers for Disease Control and Prevention, Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents: Preventing Secondary Transmission of HIV (January 2011)
- Centers for Disease Control and Prevention, Interim Guidance: PrEP for the Prevention of HIV Infection in MSM (January 2011)
- Centers for Disease Control and Prevention, Press Release: Results of Preexposure Prophylaxis (PrEP) Clinical Trials among Heterosexuals (July 2011)
- Harris County Public Health Services, Ryan White Grant Administration, Proposed EIIHA Strategy Matrix of Parent and Target Groups, Houston EMA (FY2012)
- Health Resources and Services Administration, Guide for HIV/AIDS Clinical Care: Nonoccupational Postexposure Prophylaxis (nPEP) (January 2011)
- Health Resources and Services Administration, Program Assistance Letter: HIV Testing in Health-Care Settings (September 2010)
- Houston Department of Health and Human Services, Evaluation of Opt-out HIV Screening in Houston/Harris County (June 2011)
- Houston Department of Health and Human Services, SAFER Initiative Fact Sheet
- Kaiser Family Foundation, Preventive Services Covered by Private Health Plans under the Affordable Care Act, Fact Sheet (September 2011)
- *U.S. Preventive Services Task Force*: Recommendation Statement on Screening for HIV (July 2005, Updated 2006)

Sources Cited:

¹Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, High-Impact HIV Prevention (August 2011)

2012 Houston Area Comprehensive HIV Services Plan

Strategy to Address Gaps and the Out-of-Care

Part 1: Goals & Solutions

Summarized per the following:

1. 2012 Comprehensive HIV Services Plan Gaps & Out-of-Care Workgroup Meeting on 10-21-11
2. Assessment of proposed goals and benchmarks by the Evaluation Workgroup on 11-1-11

Overarching Themes

- **The Need to Keep People in Care.** The value of early and continuous HIV medical care and treatment cannot be underestimated. Not only have advances in HIV science vastly extended the length and quality of life for PLWHA, but new research shows that being in HIV treatment can also reduce the risk of transmitting the virus to others. In the Houston Area, over 90% of PLWHA in care through the Ryan White HIV/AIDS Program increased or maintained their CD4 count *and* decreased or maintained their viral load.¹ However, an estimated 30% of PLWHA in the Houston Area are not in care.² A three-fold approach of: (1) linking the newly-diagnosed into care, (2) retaining PLWHA in care over time, and (3) reengaging those who have fallen out-of-care is necessary to fully realize the benefits of the new science and to ensure that a long, healthy life is a possibility for all people living with HIV.
- **The Need to Fortify System Vulnerabilities.** The complete continuum of HIV prevention and care begins before an HIV diagnosis is made and extends all the way to the end of life. However, there are certain points along the continuum where people are *more likely* to fall out of care...or to never begin care at all. At these vulnerable places in the HIV system, procedures such as eligibility, health literacy skills such as appointment management, and logistics such as transportation can all become barriers to services. Moreover, co-occurring and even syndemic public health problems, such as substance abuse and poor mental health, can often exacerbate the potential for people to fall out of care.
- **The Need for New Partners.** Many PLWHA who are out of care are also outside of traditional public health networks; and many of the non-HIV and non-healthcare providers that have access to high-risk populations, including PLWHA, have not been mobilized to include HIV in their practice. Partnering with new sectors, agencies, and community initiatives with unique access to high-risk, disenfranchised groups can open new doors to finding the out-of-care. Homeless counts, addiction treatment, mental health services, and the faith community are only a few examples.
- **The Need to Consider New Models.** Changes in health care service delivery at the national level will alter the landscape of HIV prevention and care. Among other reforms, the *Affordable Care Act* expands access to HIV counseling and testing, to insurance coverage for PLWHA, and to additional locations for HIV care. Despite these enhancements, publicly-funded HIV programs will still be necessary in order to fill gaps and prevent people from falling out of care. For now, the AIDS-service community must continue to gain understanding of what gaps will remain after health insurance reform and where PLWHA will be expected to seek services. At the same time, the community can also begin to explore the possibilities of health reform's new service delivery models, such as "mainstreaming" of HIV into medical homes for PLWHA and self-management strategies gleaned from the non-HIV community.

Proposed Goals

1. Reduce Unmet Need
2. Improve Health Outcomes for People Living with HIV/AIDS

Proposed Benchmarks

1. Percentage of PLWHA who are not in care (Unmet Need Analysis)

2. Percentage of PLWHA reporting being currently out-of-care (no evidence of HIV medications, viral load test, or CD4 test in 12 consecutive months)
3. Percentage of PLWHA reporting a prior history of being out-of-care
4. Proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis
5. Proportion of HIV clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at least 3 months apart)
6. Proportion of HIV clients who are retained in care
7. Proportion of HIV clients with undetectable viral load

**Proposed measures only; targets to be attained by 2014 will be developed with assistance from the Evaluation Workgroup using local baseline data, national standards, and other local and state guidance.*

Proposed Solutions

- **Target linkage to care efforts to vulnerable points in the HIV prevention, surveillance, and care system**, where individuals are more likely to stop seeking care or to fall out of care, particularly *newly-diagnosed* PLWHA.
- Intensify **retention and engagement** activities with *currently in-care* PLWHA, focusing on system enhancements, health literacy, and client empowerment.
- Adopt **strategies to re-engage out-of-care PLWHA** and other prior positives to return to care.

Sources Referenced for This Document

Inventory of Local, Regional, and State HIV/AIDS Priorities (November 2011); summarizing:

- 2009 – 2011 Houston Area Comprehensive HIV Services Plan
- 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area
- Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update
- *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy for the Houston-Baytown-Sugarland, Texas MSA (March 2011)
- 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
- Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
- 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services
- 2011 Texas Statewide HIV/STD Prevention Plan

Inventory of National HIV/AIDS Priorities (September 2011); summarizing:

- National HIV/AIDS Strategy for the United States
- Healthy People 2020 Topic Area: HIV
- Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) Strategic Plan
- 2011 – 2015 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) Strategic Plan

Inventory of Special Populations in Local, State, and National Guidance (November 2011); summarizing all of the above

Charts, Tables, and Maps:

- Percentage of Newly Diagnosed Individuals Linked into Care within Three Months of Diagnosis, By Sex, Race, Age, and Exposure Category, All Texas v. Houston EMA (2010)

Other Materials:

- 2011 Houston Area Resource Guide or “Blue Book”
- 2012 Ryan White A/B Service Definitions: Medical Case Management, Clinical Case Management, and Service Linkage
- Austin TGA Return to Care Collaborative
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, High-Impact HIV Prevention (August 2011)

- East Texas HASA Continuum of Care; reproduced in the 2011 Update to the Comprehensive Services Plan for the East Texas HASA
- Effective Behavioral Interventions (EBIs): www.effectiveinterventions.org/en/home.aspx
- Harris County Hospital District: *Process Guidelines for Screening HIV Positive Clients*
- Harris County Hospital District: *Testing & Linkage, HIV Service Linkage Worker (SLW) Definition*
- Health Resources and Services Administration TARGET Center: *Early Identification of Individuals with HIV/AIDS, Where Care Meets Prevention* (June 2011)
- Health Resources and Services Administration and HIV/AIDS Bureau (HAB) in+care Campaign: incarecampaign.org/
- Houston Area Continuum of Care; reproduced in the 2009 Comprehensive HIV Services Plan for the Houston Area
- Houston Department of Health and Human Services, Re-Linkage to Care Project
- Houston Regional HIV/AIDS Resource Group, Harris County Jail Recently Released Fact Sheet (2011)
- Mental Health and Mental Retardation Agency, Mental Health Local Service Plan (July 2010)

Sources Cited:

¹2010 Final Outcomes Report, Ryan White Grant Administration, Harris County Public Health & Environmental Services

²Texas DSHS unmet need analysis through 2010, utilizing data from eHARS, ADAP, ELR, ARIES, Medicaid, private providers and Houston VA

2012 Houston Area Comprehensive HIV Services Plan

Strategy for Meeting the Needs of Special Populations

Part 1: Goals & Solutions

Summarized per the following:

1. 2012 Comprehensive HIV Services Plan Special Populations Workgroup Meeting on 10-19-11
2. Feedback from Workgroup and Leadership Team members on the DRAFT Strategy dated 10-19-11
3. Assessment of proposed goals and benchmarks by the Evaluation Workgroup on 11-1-11

Definitions

HRSA has identified four specific population groups to receive special consideration during 2012 comprehensive HIV planning. Additional populations have and may continue to be added as the planning process proceeds. The current population groups, their Workgroup-adopted definitions, and some basic HIV impact data are as follows:

- **Adolescents**, defined as individuals aged 13 to 17. Nationally, teens account for 5% of new HIV infections.¹ In Houston, individuals aged 13 to 24 are 5% of PLWHA and 16% of new cases.²
- **Homeless**, defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability.³ It is estimated that 9% of PLWHA in the Houston Area are homeless; 28% feel their housing situation is “unstable.”⁴
- **Incarcerated and Recently Released**, defined as individuals who are currently incarcerated in the jail or prison system and those who have been released from jail or prison within the prior 12 months.⁴ It is estimated that 19% of PLWHA in the Houston Area fit the definition of recently released.⁴
- **Injection Drug Users (IDU)**, defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics such as silicone or botox. IDU represent 10% of PLWHA in the Houston Area and 6% of new HIV cases.²
- **Transgender**, defined as individuals who cross or transcend culturally-defined categories of gender.⁵ It is estimated that 2% of PLWHA in the Houston Area are transgender.⁴

Overarching Themes

- **The Need to Address HIV Vulnerability.** Not all communities and populations have been affected by HIV equally. Certain population groups account for percentages of HIV cases that exceed their proportion of the general population (a.k.a., an HIV disparity). Other groups face behavioral, socio-economic, and structural conditions that place them at high-risk for HIV infection and that can also impede their access to HIV prevention and care services. Tailoring solutions to populations at increased vulnerability to HIV can help prevent new infections *and* increase access to prevention and care. Solutions that address multiple, co-occurring, and even syndemic public health problems, such as substance abuse and poor mental health, can impact HIV *across* high-risk groups.
- **The Need to End Bias and Discrimination.** Members of all of the populations identified above share the common experience of feeling stigmatized – for their age, economic or legal circumstance, or gender non-conformity. These unique sources of stigma can be further exacerbated by bias based on other factors, such as race/ethnicity, sexual orientation, immigration status, or language. Such biases can manifest as provider insensitivity, differential treatment, outright refusal of services, and even hostile environments or harassment. Most members of these groups have postponed health care due to discrimination. In order to facilitate high-risk populations into the HIV system, the HIV system must re-commit to attaining true competency in serving these groups.

- **The Need for a Seamless System.** Members of these special populations often interact with the human service system for non-HIV-specific needs. Interfacing with educators, housing providers, employment assistance, law enforcement, and substance abuse or mental health services are all common. If these types of services were also coordinated with the HIV system (and vice-versa), then members of these groups could be more seamlessly linked to HIV prevention and care, while still meeting them “where they are.”
- **The Need to Fill Gaps in Data.** Though information systems are becoming increasingly coordinated in the Houston Area, data on certain population groups remain limited, and, as a result, planning to meet the needs of these groups is less effective. Lack of specificity and standardization in data categorization and analysis as well as insufficient sampling of certain groups during data collection can all lead to gaps in the local knowledge base.

Proposed Goals

1. Prevent New HIV Infections among the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, and Transgender
2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, the Homeless, the Incarcerated and Recently Released, IDU, and Transgender
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System

Proposed Benchmarks

1. Annual number of new HIV infections among each special population
2. Proportion of newly-diagnosed individuals within each special population linked to clinical care within three months of their HIV diagnosis
3. Percentage of PLWHA within each special population not in care (Unmet Need Analysis)
4. Identification of baselines for the above measures for special populations lacking data

**Proposed measures only; targets to be attained by 2014 will be developed with assistance from the Evaluation Workgroup using local baseline data, national standards, and other local and state guidance.*

Proposed Solutions

- Infuse the HIV system with **policies, procedures, and other structural solutions** that ensure equal treatment
- **Fill gaps in targeted interventions and services** to better meet the HIV prevention and care needs of the special populations identified in this strategy
- **Improve data management systems** to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations

Sources Referenced for This Document

Inventory of Local, Regional, and State HIV/AIDS Priorities (November 2011); summarizing:

- 2009 – 2011 Houston Area Comprehensive HIV Services Plan
- 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area
- Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update
- *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy for the Houston-Baytown-Sugarland, Texas MSA (March 2011)
- 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
- Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
- 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services
- 2011 Texas Statewide HIV/STD Prevention Plan

Inventory of National HIV/AIDS Priorities (September 2011); summarizing:

- National HIV/AIDS Strategy for the United States
- Healthy People 2020 Topic Area: HIV
- Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) Strategic Plan
- 2011 – 2015 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) Strategic Plan

Inventory of Special Populations in Local, State, and National Guidance (November 2011); summarizing all of the above

Other Sources Reviewed for Definitions:

- 2012 Houston Area EIIHA Strategy
- American Medical Association, Guidelines for Adolescent Preventive Services (2007)
- Centers for Disease Control and Prevention, Department of Adolescent and School Health
- Centers for Disease Control and Prevention, HIV Surveillance Technical Notes
- Health Resources and Services Administration (HRSA) Clinical HIV Guidelines; and Ryan White HIV/AIDS Program “Populations We Serve”
- Healthy People 2020 Topic Area: Adolescent Health
- Psychosocial Development Theory

Other Materials Reviewed for this Document:

- Centers for Disease Control and Prevention, HIV Infection among Transgender People (August 2011)
- Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.
- Harris County Jail Recently Released Fact Sheet, The Houston Regional HIV/AIDS Resource Group
- Health Resources and Service Administration, Guide for HIV/AIDS Clinical Care: HIV Care in Correctional Settings (January 2011)
- Houston Independent School District, Youth Risk Behavior Survey: District 2007
- “Mental Illness & HIV” Stanley T. Lewis, MD, University of Texas Medical School- Houston
- School Health Profile 2010, Characteristics of Health Programs Among Secondary Schools, Houston
- Texas Department of Criminal Justice: Report on AIDS and HIV Education Activities (January 2007)
- Texas Department of State Health Services, Texas School Health Advisory Council, Recommendation and Research on Health Education for all Texas Students, Kindergarten through 12th Grade (September 13, 2010)
- U.S. Department of Health and Human Services, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care (March 2001)
- U.S. Department of Health and Human Services, Office of Minority Health, Recommended Actions to Improve the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Communities

Sources Cited in Definitions:

¹Centers for Disease Control and Prevention, Diagnoses of HIV Infection by Age (2009)

<http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivaidsage>

²2011 Houston Area Integrated Epidemiological Profile for HIV Prevention and Care Planning

³Federal Register / Vol. 75, No. 75 / Tuesday, April 20, 2010 / Department of Housing and Urban Development, Homeless Emergency Assistance and Rapid Transition to Housing: Defining “Homeless”

⁴2011 Houston Area HIV/AIDS Needs Assessment

⁵World Professional Association for Transgender Health’s Standards of Care, Version 7

2012 Houston Area Comprehensive HIV Services Plan

Coordination of Effort Strategy

Part 1: Goals & Solutions

Summarized per the following:

1. 2012 Comprehensive HIV Services Plan Coordination of Effort Workgroup Meeting on 10-24-11
2. Assessment of proposed goals and benchmarks by the Evaluation Workgroup on 11-1-11

Overarching Themes

- **The Need to Mobilize.** Over 30 years have passed since the first cases of HIV were brought to the public's attention and almost 25 years since the first Surgeon General's report on HIV issued a national call to action to "stop the spread of the disease." Today, there are over 1 million people living with HIV/AIDS in the U.S., over 65,000 PLWHA in Texas, and almost 21,000 PLWHA in the Houston Area, where about 900 new cases are diagnosed each year. Unfortunately, media and public attention around HIV has waned over the years, and HIV funding has rarely kept pace with need.¹ A renewed sense of urgency around HIV is needed and must occur at all levels of society. A coordinated effort among AIDS-service organizations to educate all residents and the entire spectrum of health and human service providers can help bring much-needed attention back to the HIV epidemic.
- **The Need for Integration.** Providers have always known how difficult it is to separate HIV prevention from care or to separate HIV services from those for other STDs, Hepatitis, and even unintended pregnancy. They have also known how difficult it is to effectively prevent or treat HIV without addressing other underlying conditions in the community that can directly affect health. The National HIV/AIDS Strategy and other efforts at the national level provide a vision for a fully integrated continuum of HIV and STD prevention and care. Models such as the socio-ecological model and the social determinants of health theory offer new ways of approaching HIV prevention and care goals that take into consideration all of the factors that influence community health.
- **The Need to Expand and Diversify the HIV System.** As noted above, HIV prevention and care programs alone have never been able to reach all people who are in need. However, all health and human services have the *potential* to be HIV providers. Expanding the HIV system beyond traditional ASOs can mean new partners for education and outreach, new gate-keepers for early identification and linkage to care, new locations for HIV medical care and treatment, and even new types of providers for PLWHA, such as aging services and chronic disease management, to meet their evolving needs. With one of the largest medical centers in the world, the Houston Area is uniquely positioned to achieve this goal. Training and technical assistance as well as communication and marketing will be essential to realizing this vision. The result will not only be more resources for reaching people in need but also an increasingly shared sense of community responsibility for addressing the HIV epidemic.
- **The Need to Prepare for Health Insurance Reform.** Changes in health care service delivery at the national and state levels will alter the landscape of HIV prevention and care in the Houston Area. Among other reforms, the *Affordable Care Act* expands access to HIV counseling and testing, to insurance coverage for PLWHA, and to additional locations for HIV-related health care. Despite these enhancements, publicly-funded HIV programs will still be essential in order to fill gaps in coverage and services, perform public health functions, and continue to address the community-wide norms and structures that influence HIV prevention and care. For now, the AIDS-service community must continue to gain understanding of – and prepare itself for – this new health care landscape.

Proposed Goals

1. Increase Awareness of HIV among all Greater Houston Area Residents
2. Increase Awareness of HIV among all Greater Houston Area Health and Human Services Providers

3. Reduce Barriers to HIV Prevention and Care
4. Increase the Availability of HIV Prevention and Care Providers
5. Partner to Address Co-Occurring Public Health Problems that Inhibit HIV Prevention and Access to Care
6. Prepare for State and National-Level Changes in the Health Care System

Proposed Benchmarks

1. Annual number of impressions made through HIV/STD social marketing campaigns
2. Number of individuals participating in Hip-Hop for HIV Awareness
3. Number of reports of barriers to Ryan White Core Medical Services
4. Number of reports of barriers to Ryan White Supportive Services
5. Number of agencies listed in Houston Area HIV/AIDS Resource Guide
6. Percentage of PLWHA reporting an indication of alcohol abuse
7. Percentage of PLWHA reporting an indication of drug abuse
8. Percentage of PLWHA reporting at least one mental health condition within the past 30 days
9. Percentage of PLWHA reporting housing instability
10. Percentage of PLWHA reporting seeking no medical care due to inability to pay

**Proposed measures only; targets to be attained by 2014 will be developed with assistance from the Evaluation Workgroup using local baseline data, national standards, and other local and state guidance.*

Proposed Solutions

- To be determined

Sources Referenced for This Document

Inventory of Local, Regional, and State HIV/AIDS Priorities (November 2011); summarizing:

- 2009 – 2011 Houston Area Comprehensive HIV Services Plan
- 2010 – 2012 Comprehensive Services Plan for the East Texas HIV Administrative Services Area
- Houston HIV Prevention Community Planning Group 2007 Comprehensive Plan Update
- *Enhanced Comprehensive HIV Prevention Planning* (ECHPP) Project Strategy for the Houston-Baytown-Sugarland, Texas MSA (March 2011)
- 2011 City of Houston Housing and Community Development Annual Action Plan (including HOPWA)
- Houston Independent School District (HISD) HIV, STD, and Unintended Pregnancy Prevention Plan
- 2009 – 2011 Texas Statewide Plan for Delivery of HIV Medical and Psychosocial Support Services
- 2011 Texas Statewide HIV/STD Prevention Plan

Inventory of National HIV/AIDS Priorities (September 2011); summarizing:

- National HIV/AIDS Strategy for the United States
- Healthy People 2020 Topic Area: HIV
- Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) Strategic Plan
- 2011 – 2015 Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (DHAP) Strategic Plan

Inventory of Special Populations in Local, State, and National Guidance (November 2011); summarizing all of the above

Charts, Tables, and Maps:

- Percentage of Newly Diagnosed Individuals Linked into Care within Three Months of Diagnosis, By Sex, Race, Age, and Exposure Category, All Texas v. Houston EMA (2010)

Other Materials:

- East Texas HASA Continuum of Care; reproduced in the 2011 Update to the Comprehensive Services Plan for the East Texas HASA

- Health Resources and Services Administration TARGET Center: *Continuum of Care Administrative Overview Ryan White Part A* (June 2011)
- Houston Area Continuum of Care; reproduced in the 2009 Comprehensive HIV Services Plan for the Houston Area
- National HIV/AIDS Strategy for the United States, Goal 4: Achieving a More Coordinated National Response to the HIV Epidemic

Sources Cited:

¹2010 Final Outcomes Report, Ryan White Grant Administration, Harris County Public Health & Environmental Services

²Texas DSHS unmet need analysis through 2010, utilizing data from eHARS, ADAP, ELR, ARIES, Medicaid, private providers and Houston VA

Vision, Mission, and Guiding Principles

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

Vision Statement

The Greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.

2012 Houston Area Comprehensive HIV Services Plan LEADERSHIP TEAM

Mission Statement

2009 Comprehensive Plan

- 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.

Draft Mission Statements for 2012

The mission of the 2012 Houston Area Comprehensive HIV Prevention and Services Plan is...

1. (*Variation on 2009*) To serve as a roadmap for the entire continuum of HIV prevention and care that will result in the delivery of prevention and care services that are accessible, efficient, and culturally affirming in order to improve the quality of life for those infected with, affected by, or at risk for HIV until the end of the epidemic is realized.
2. (*Drawing from CDC/HRSA Guidance*) To work in partnership with the community to describe an ideal system of HIV prevention and care and to assist the community in the development of a comprehensive and responsive system that best meets the needs of populations infected with, affected by, or at risk for HIV.
3. (*Combination*) To improve the quality of life for those living with, affected by, or at risk for HIV in the Houston community by outlining the goals, solutions, and activities for achieving an ideal system of HIV prevention and care.

2012 Houston Area Comprehensive HIV Services Plan LEADERSHIP TEAM

Guiding Principles *Draft*

(A combination of the Guiding Principles from the 2009 Comprehensive Plan, those identified in preparation for the 2012 planning process – see *At-A-Glance*, guidance from CDC and HRSA, and recurring themes in the planning process to date)

The development of the 2012 Greater Houston Area Comprehensive HIV Prevention and Services Plan was guided by 10 core principles; that the plan and planning process would:

1. Fully integrate the perspectives, needs, and priorities of both HIV prevention and HIV care and, within the HIV care community, all Ryan White HIV/AIDS Program components.
2. Align with local, state, and national HIV prevention and care plans and initiatives, including the National HIV/AIDS Strategy, *Healthy People 2020*, the CDC's plan for High-Impact HIV Prevention, and the local acceleration initiatives, ECHPP and EIIHA.
3. Be cognizant of changes occurring in the national health care delivery system resulting from the *Affordable Care Act* and the Ryan White Treatment Modernization Act.
4. Assure that federal expectations for Houston Area comprehensive planning and the required deliverables of funded agencies are met while still allowing new or emerging critical areas of need and innovation to be considered.
5. Produce actionable goals and solutions that can be used to guide priority-setting, resource allocations, scopes of work, quality assurance, and other decision-making activities of the Houston Area planning bodies and administrative agents.
6. Be SMART and include specific measures of success that are aligned with local, regional, state, and national initiatives and plans.
7. Balance the need to be comprehensive, data-driven, and reflective of new science, theory, and models with the need for efficiency in regards to resources and timelines.
8. Recognize the importance of and provide opportunities for participation by non-AIDS-service organizations and other non-traditional partners.
9. Honor the populations most impacted by HIV, including the underserved in response to the epidemic's impact on minority and hard-to-reach populations, and those who are uniquely vulnerable to HIV infection due to social, economic, cultural, or structural barriers.
10. Engage with and ensure that people living with and at risk for HIV as well as consumers of prevention and care services have a central voice throughout the process.

Reference Material

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	
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>	
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>	
Guiding Principles <ul style="list-style-type: none"> • Better serve the underserved in response to the HIV epidemic's growing impact among minority and hard-to-reach populations • 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 • Adapt to changes in the health care delivery system and the role of Ryan White Program services in filling gaps • Be able to document outcomes • Be driven by and advocate for consumer needs • Acknowledge the value of service provider expertise • Be culturally affirming to the intended audience 	
Goals <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 	
Targets <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)	
Goal <ul style="list-style-type: none"> • Improve Health Outcomes 	Primary Objectives <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
Secondary Objectives <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

Note: The 2009 – 2013 Houston HIV Prevention Comprehensive Plan does not contain comparable information

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

Required Interventions

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

Recommended Interventions

- | | |
|---|---|
| 1. Condom Distribution for General Population | 6. Integrated Hepatitis, TB, STD Services |
| 2. Social Marketing Campaigns | 7. Targeted Use of Surveillance Data |
| 3. Clinic-wide or Provider-delivered Prevention Interventions | 8. Linkages to Social Services for High Risk HIV Negative Persons |
| 4. Community Interventions | 9. Brief Alcohol Screening and Interventions |
| 5. Behavioral Risk Screening, Risk Reduction for HIV Negative Persons | 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%
- 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

2011 Texas Statewide HIV/STD Prevention Plan

Crosscutting Prevention Strategies

- Expanded and Targeted HIV Testing
- Linkage to Care and Treatment
- Access to Condoms
- Access to Clean Needles
- Partner Services and Public Health Follow-Up
- Perinatal Care
- Community Mobilization

Action Briefs and Recommendations

- Advocacy and Policy
- Stigma
- Healthcare
- Criminal Justice
- Mental Health
- Substance Use
- Education (Kindergarten through 12th grade)
- Faith-Based Communities

2012 Houston Area Comprehensive HIV Services Plan
INVENTORY OF POPULATION PRIORITIES – LOCAL, REGIONAL, STATE, AND NATIONAL GUIDANCE

2012 Comprehensive Plan - HRSA Guidance	2009 Comprehensive Plan	2011 Integrated Epi Profile	RW/A Emerging Populations & EIIHA	RW/B-D
<ul style="list-style-type: none"> • Adolescents • IDU • Homeless • Transgender 	<ul style="list-style-type: none"> • Recently released • Youth (18+) • Women • Substance users 	<ul style="list-style-type: none"> • MSMOC/WMSM • Women • Youth (13-24) • African Americans • Hispanics • Rural 	<ul style="list-style-type: none"> • African Americans • Hispanics • MSM • Women • Youth (13-24) • Rural • African American MSM • AfricanAmerican IDU • Hispanic MSM 	<ul style="list-style-type: none"> • Rural • Women, infants, and children • Youth • MSM • African Americans

2009 Texas Plan for HIV Service Delivery	2011 Texas HIV/STD Prevention Plan	2009 Houston HIV Prevention Plan	CDC HIV Prevention "Persons at greatest risk"	National HIV/AIDS Strategy "High risk populations"	Healthy People 2020
<ul style="list-style-type: none"> • Mental health • Substance users • Hispanics 	<ul style="list-style-type: none"> • HIV-positive • Black gay men/MSM • All gay men/other MSM • Black high-risk heterosexual women • IDU • Black high-risk heterosexual men • Hispanic high-risk heterosexuals • Youth (13-24) 	<ul style="list-style-type: none"> • HIV-positive • Men • Women • Transgender • Youth (13-24) • People who share needles or works • Plus "Critical target populations" within each group 	<ul style="list-style-type: none"> • Gay and bisexual men of all races/ethnicities • African Americans • Hispanics • IDU • Transgender 	<ul style="list-style-type: none"> • Gay and bisexual men and transgender • African Americans • Hispanics • Substance users • Asian Americans, American Indians, Alaska Natives 	<ul style="list-style-type: none"> • Adolescents • Adolescent MSM • Heterosexuals • MSM • IDU • Perinatal/ pregnant women • Substance users

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.

FYI

TEXAS HIV/STD PREVENTION PLAN 2011

The Texas HIV/STD Prevention
Community Planning Group (TxCPG)

Jamie Schield, Community-Elected Co-Chair

Greg Beets, State-Appointed Co-Chair

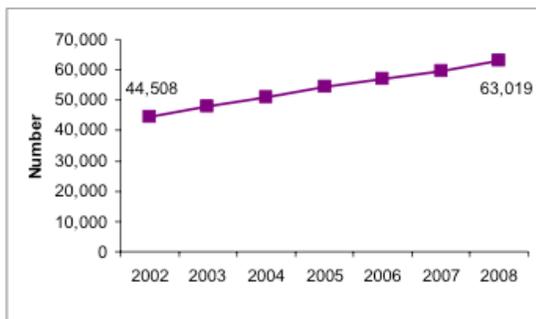
TEXAS HIV/STD PREVENTION PLAN

EXECUTIVE SUMMARY

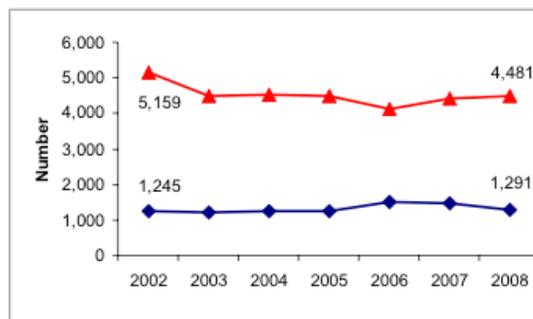
The HIV epidemic in Texas has reached a crossroads. Advances in treatment now allow persons with HIV to live longer, healthier lives, but the number of people living with HIV in Texas continues to rise. By the end of 2009, more than 65,000 Texans were living with HIV.

Since 2003, approximately 4,200 Texans have been diagnosed with HIV each year. The fact that the number of new HIV infections has held steady in recent years is testament to the effectiveness of existing prevention activities. However, in order to move from maintaining the status quo to making progress in reducing the human misery and financial burden of HIV, we must do more to optimize and extend HIV prevention in Texas.

Number of People Living with HIV/AIDS, Texas 2002-2008¹



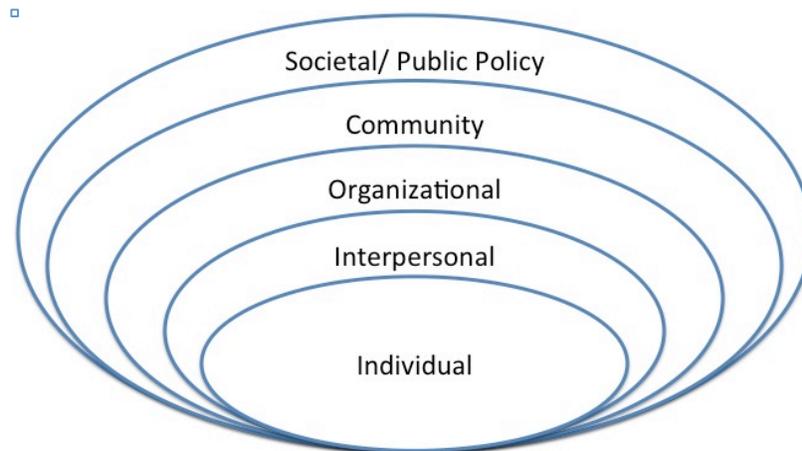
Number of New Diagnoses of HIV Disease and Deaths, Texas 2002-2008¹



The Texas HIV/STD Prevention Plan has been developed by the Texas HIV/STD Prevention Community Planning Group (TxCPG) to guide the development of a comprehensive, coordinated approach to HIV/STD prevention activities across the state. While the ultimate power to prevent HIV and other STDs lies in individual behavior changes, these behaviors are influenced by a wide array of factors that have not been sufficiently addressed by existing prevention activities. This plan is designed to move prevention strategy toward an expanded focus that embeds HIV/STD prevention at all levels of society.

¹ Texas Department of State Health Services. (2010). Texas integrated epidemiologic profile for HIV/AIDS prevention and services planning. Austin, TX

The plan's approach to prevention is guided by the socio-ecological framework². This framework acknowledges that an individual's decisions and behaviors result from interactions taking place at the interpersonal, organizational, community, societal, and/or structural/policy levels. Interactions at all of these levels have the potential to influence individual behaviors. Using the socio-ecological framework as a tool to identify and analyze factors influencing behavior can highlight new opportunities for prevention.



HIV disproportionately affects some of the most marginalized segments of society. The disease exacts a particularly heavy toll on gay/bisexual men and Black men and women. Over 60% of all new cases in Texas are a result of sex between men. Approximately 1 in 92 Black Texans is living with HIV, compared to 1 in 421 White Texans and 1 in 426 Latino Texans. Risk behaviors do not fully tell the story of HIV. Poverty, social/sexual networks, unequal access to health care, racism, homelessness, homophobia, stigma, and other factors contribute to the continued spread of HIV.

In order to effectively use limited funding, the plan outlines nine priority populations for HIV prevention. TxCPG selected and ranked populations based on Centers for Disease Control and Prevention (CDC) guidance and the disproportionate impact of HIV on these populations as demonstrated by DSHS epidemiological data. Priority populations include:

- HIV-positive individuals, particularly undiagnosed individuals
- Black gay men and other Black men who have sex with men
- All gay men and other men who have sex with men
- Black high-risk heterosexual women
- Injection drug users

² Richard L, Potvin L, Kishchuk N, Prlic H, Green LW. (1996). Assessment of the integration of the ecological approach in health promotion programs. *American Journal of Health Promotion* 10(4): 318-328.

- Black high-risk heterosexual men
- Latino high-risk heterosexual men and women
- Youth, ages 13 to 24
- Special populations, including transgender individuals, partners of HIV-positive individuals, homeless individuals, incarcerated and recently released individuals, sex workers, individuals with an STD and/or Hepatitis C diagnosis, individuals with mental health issues, and individuals with substance abuse issues.

Chapter 6 of the plan outlines a set of universal strategies that form the bedrock of HIV/STD prevention in Texas. These include expanded testing, linkage to care, treatment access, condom access, and public health follow-up. The universal strategies are applicable across priority populations.

The plan also contains Action Briefs for issue areas in which effective HIV/STD prevention is especially critical. TxCPG used the socio-ecological framework to develop Action Briefs with multi-level recommendations for the following areas of concern:

- Criminal Justice
- Education (Kindergarten through 12th Grade)
- Mental Health
- Substance Use
- Stigma
- Advocacy and Policy
- Healthcare
- Faith-based Communities

This list of issue areas is not exhaustive. Extending the reach of prevention will require engagement across an ever-expanding range of areas that may vary from community to community.

In the past, HIV prevention community planning in Texas focused on matching evidence-based interventions (EBIs) to priority populations. This plan significantly expands the potential reach of prevention activities by considering all levels within the socio-ecological framework. While the plan does not abandon the matching of EBIs to priority populations, it acknowledges that the prevention toolbox must be expanded to address the vast majority of persons at risk for HIV and other STDs who will not be reached by resource-intensive, person-to-person interventions.

Accordingly, this plan identifies seven crosscutting objectives that must be addressed to advance HIV/STD prevention in Texas:

- 1) **Reduce undiagnosed HIV and STD infections.** One in three HIV-positive Texans is diagnosed with AIDS within one year of their first HIV diagnosis—an alarming indication that Texans are testing too late. Ensuring that all persons living with HIV and other STDs learn their status early in the course of infection is the first step to

connecting them to clinical care, prevention, and supportive services. In addition, HIV-positive persons who know their status are more likely to make behavior changes that reduce the likelihood of further disease transmission³.

- 2) **Ensure availability of prompt HIV/STD treatment upon diagnosis.** A large-scale international clinical study sponsored by the National Institute of Allergy and Infectious Diseases found that treating HIV-positive persons with combination antiretroviral therapy decreased transmission to sex partners by 96%⁴. Early HIV treatment also improves long-term health outcomes for HIV-positive persons.
- 3) **Promote behavior change among high-risk populations.** This includes expanding community-wide access to and acceptability of basic prevention tools, such as condoms and clean needles, as well as building a sense of individual and shared responsibility for lowering community viral loads.
- 4) **Increase the urgency and priority of HIV prevention.** A 2011 Kaiser Family Foundation public opinion survey found that only four in ten survey respondents reported seeing, hearing, or reading about the HIV epidemic in the past year, down from seven in ten respondents in 2004. The number of survey respondents who say they have been tested for HIV in the past 12 months—one in five—has remained flat since 1997⁵. Increasing top-level awareness of and willingness to adopt proven prevention strategies is a critical step in mounting an effective community response to HIV.
- 5) **Build a comprehensive, coordinated approach to prevention.** Scaling up HIV/STD prevention in Texas will require increased flexibility to leverage both traditional and non-traditional public health resources. Robust partnerships across administrative boundaries are needed to address the wide range of individual and social factors that drive HIV and STD transmission.
- 6) **Create a shared understanding of who is at risk for HIV and other STDs.** While anyone can become infected with HIV and other STDs, not everyone has an equal chance of becoming infected. Prevention activities in Texas must focus on the

³ Marks G, Crepaz, N, Senterfitt JW, Janssen, R. (2005). Meta-Analysis of High-Risk Sexual Behavior in Persons Aware and Unaware They are Infected With HIV in the United States: Implications for HIV Prevention Programs. *JAIDS Journal of Acquired Immune Deficiency Syndromes* 39(4): 446-453.

⁴National Institute of Allergy and Infectious Diseases. (2011). Treating HIV-infected People with Antiretrovirals Protects Partners from Infection (Press release). Retrieved from <http://www.niaid.nih.gov/news/newsreleases/2011/pages/hptn052.aspx>.

⁵ The Henry J. Kaiser Family Foundation. (2011). HIV/AIDS at 30: A Public Opinion Perspective (A Report based on the Kaiser Family Foundation's 2011 Survey of Americans on HIV/AIDS). Retrieved from <http://www.kff.org/kaiserpolls/8186.cfm>.

populations in which HIV and STDs are most prevalent, particularly gay and bisexual men and Black men and women.

- 7) **Use the socio-ecological framework to design scalable, cost-effective prevention strategies.** Like the National HIV/AIDS Strategy, this plan endorses a multi-pronged approach to HIV/STD prevention. The socio-ecological framework supports the development, implementation, and evaluation of a combination of individual, community, cultural, institutional, and environmental strategies for HIV/STD prevention.

Implementing these strategies will require those on the front lines of HIV/STD prevention in Texas to recalibrate their approaches to fighting disease. Barriers to prevention will have to be overcome and new partnerships cultivated. Most importantly, our collective investment in prevention must be leveraged in a manner that has the greatest possible impact on turning the tide of HIV and STD in Texas.

Shaping the Future of HIV Prevention and Care

Your Role in the Joint Comprehensive
HIV Prevention and Care Plan

Third Annual Houston HIV Prevention and Care
Capacity Building Conference

Northeast Multi-Service Center
November 16, 2011
Houston, TX

What is Comprehensive Planning?

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“HIV prevention community planning is a collaborative process by which health departments work in partnership with the community to implement a CPG(s) to develop a comprehensive HIV prevention plan that best represents the needs of populations infected with or at risk for HIV.”

Planning should improve HIV prevention programs by strengthening the

- (1) scientific basis,
- (2) community relevance, and
- (3) population- or risk-based focus of HIV prevention interventions in each project area.

***–HIV Prevention Community Planning Guidance
(new guidance tentative release Dec. 2011)***

Components of High Impact HIV Prevention



Considerations for Prevention Planning:

- Effectiveness and cost
- Feasibility of full-scale implementation
- Coverage in the target populations
- Interaction and targeting
- Prioritization

What is the Role of CPG?

- CPG members share responsibility with HDHHS to develop a Comprehensive HIV Prevention Plan
 - CPG now to be called Prevention Planning Group (PPG)
 - Members include representatives of populations impacted by HIV, staff from community-based organizations, etc.

Letter of Concurrence

- Letter signed by representatives of the PPG concurring that the jurisdictional HIV prevention plan sent forward by the Health Department allocates resources to the areas and populations with the greatest HIV disease burden.
- The letter of concurrence, concurrence with reservations, or non-concurrence should initially be submitted six months after funding with the jurisdictional HIV prevention plan.

What is Comprehensive Planning?

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“Planning is imperative to the Ryan White HIV/AIDS Program’s focus on local and State decision making in developing HIV/AIDS care systems. Each grant year, designated planning bodies establish service and resource-allocation priorities... Comprehensive HIV services planning goes beyond this annual process. It provides an opportunity for the planning bodies to step back from short-term tasks to examine the current system of care and envision an ‘ideal’ system of care and develop a three-year plan for achieving this vision.”

**–HRSA HIV/AIDS Bureau Division of Service Systems
(guidance released March 2011)**

What is the Comprehensive Plan?



HIV Prevention Program Requirements

- “All... jurisdictions are required to have in place a prevention planning process to include the development of a jurisdictional HIV prevention plan and the establishment of an HIV prevention planning group (formerly HIV Community Planning Group)...The jurisdictional HIV prevention plan **should align with the goals of NHAS.** ”

- The plan should include:
 - Description of existing resources and utilization for prevention and care
 - Need (e.g., resources, infrastructure, and service delivery)
 - Gaps to be addressed and rationale for selection
 - Prevention activities and strategies to be implemented
 - Scalability of activities
 - Responsible agencies and groups to carry out activities
 - Relevant timelines

What is the Comprehensive Plan?



A three-year plan that:

- Serves as a roadmap for the development of a comprehensive and responsive system of HIV care
- Reflects the community's vision and values regarding how best to deliver HIV/AIDS services
- Addresses new legislative and programmatic initiatives including:
 - The National HIV/AIDS Strategy
 - Healthy People 2020
 - Affordable Care Act
- Is compatible with existing state and local service plans including:
 - Statewide Coordinated Statement of Need
 - ECHPP
- Includes extensive consultation and collaboration with the community and consumers

Why a Comprehensive Plan?

“[R]esources are limited and need is severe. This heightens the responsibility of...planning councils to use sound information and a rational decision-making process when deciding which services and other program categories are priorities[.]”

HRSA HIV/AIDS Bureau

“Prevention planning will entail increasing community involvement in prevention planning, improving the scientific basis of program decisions, and targeting resources to those communities at highest risk for HIV transmission and acquisition.”

CDC Division of HIV/AIDS Prevention

“Unless we take bold actions, we face a new era of rising infections, greater challenges in serving people living with HIV, and higher health care costs.”

National HIV/AIDS Strategy

Why a Joint Comprehensive Plan?

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- National trends and the vision of the National HIV/AIDS Strategy
- Our local area's history of conducting joint planning, i.e., Epi Profiles and Needs Assessment
- HIV prevention and care are often serving the same population groups and communities
- HIV prevention and care are part of the same system
- Opportunity for increased community ownership, responsibility, and “buy-in” to address the HIV epidemic
- Opportunity for new partners and to strengthen community relationships
- More and diverse sets of knowledge, skills, and abilities will lead to a more comprehensive and representative plan

The Process of Developing a Joint Prevention and Care Plan

- Core Staff
- Leadership Team
 - Vision, mission, guiding principles
 - System-wide issues, solutions, goals
 - Oversight of process
 - Agency review
- Evaluation Workgroup
 - Evaluation of 2009 Comprehensive Plan
 - Benchmarking and alignment
 - Evaluation and Monitoring Plan (Section IV)
 - Data collection goals
- Subject Matter Workgroups
 - Prevention and Early Identification
 - Gaps and Out-of-Care
 - Special Populations (HRSA-defined)
 - Coordination of Effort
- Planning Tools
 - Inventories of local, regional, state, and national initiatives
 - Inventory of priority populations
 - Group process and logic models
 - Data collection
- Concurrence
 - Public comment
 - PPG (formerly CPG)
 - RWPC

The Structure of the Joint Plan

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- Section I: Where are we now?
 - Epidemiology
 - Current system of prevention and care
 - Resource inventories
 - Needs, gaps, and barriers
 - Evaluation of the 2009 plan
- Section II: Where do we need to go?
 - Vision, mission, and guiding principles
 - Global issues, solutions, and goals
 - Strategies for:
 - Prevention and Early Identification
 - Filling Gaps and Reaching the Out-of-Care
 - Special Populations (HRSA-defined)
 - Coordination of Effort
 - Benchmarking
- Section III: How will we get there?
 - SMART activities
 - Discussion of alignment with other initiatives
- Section IV: How will we monitor our progress?
 - Evaluation and monitoring plan
 - Data collection goals
- Other components:
 - “Setting the Stage”
 - Executive Map
 - Plan Development Process including an Engagement Plan
 - Case Studies, Profiles, and Quotes
 - How to Use the Plan
 - Communication Plan
 - Implementation Plan

“A goal without a plan is just a wish.”

Larry Elder

“The Sage from South Central”

Radio talk show host, KABC, Los Angeles

Upcoming Opportunities

Leadership Team

4th Mondays at 2:00 pm

Evaluation Workgroup

1st Tuesdays at 1:00 pm

Prevention and Early Identification Workgroup

2nd Wednesday at 2:00 pm

Special Populations Workgroup

The Wednesdays after RWPC
at 10:00 am

Gaps and Out-of-Care Workgroup

3rd Fridays at 12:00 pm

Coordination of Effort Workgroup

4th Mondays at 12:30 pm

PPG and RWPC Meetings

Monthly Updates

Public Comment Process

February 2012

Online

www.rwpcHouston.org

Click Calendar

