

**Houston Area HIV Services Ryan White Planning Council**

**2012 Houston Area Comprehensive HIV Services Plan  
PREVENTION AND EARLY IDENTIFICATION WORKGROUP**

2:00 p.m., Wednesday, October 12, 2011

Meeting Location: 2223 W. Loop South, Room 240  
Houston, Texas 77027

**AGENDA**

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| I. Call to Order   | Amy Leonard and Ken<br>Malone, Co-Chairs               |
| A. Welcome and Introductions   |  |
| B. Moment of Reflection  |  |
| C. Adoption of the Agenda  |  |
| D. Approval of the Minutes   |  |
| II. Update on the Planning Process   | Jennifer Hadayia, Health<br>Planner, Office of Support |
| A. Key Findings from the Evaluation of the 2009<br>Comprehensive Plan                |  |
| III. Review and Discussion of Workgroup Key Questions<br>and Data Collection Results | Jennifer Hadayia, Health<br>Planner, Office of Support |
| IV. Workgroup Process Step 2: <i>Identify Goals and Solutions</i>                    | Jennifer Hadayia, Health                               |
| A. Review of 2009 Comprehensive Plan Goals and National<br>HIV Priorities            |  |
| B. Completion of Logic Model 1: “Goals and Solutions”                                |  |
| V. Next Steps  | Amy Leonard and Ken<br>Malone, Co-Chairs               |
| A. Review Meeting Schedule   |  |
| B. Items for Next Meeting  |  |
| C. Feedback on Process to Date   |  |
| VI. Announcements  |  |
| VII. Adjourn   |  |

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

**2012 Houston Area Comprehensive HIV Services Plan**  
**MEMBERSHIP ROSTER**  
Last Updated 5-Oct-11

**LEADERSHIP TEAM**

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*Next Meeting: October 24, 2011, 2:00 PM Room 416*

**Co-Chairs:**

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

**Members:**

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

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

## **WORKGROUPS**

### **COORDINATION OF EFFORT WORKGROUP**

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*Next Meeting:*            *October 24, 2011, 1:00 PM Room 240*

#### Co-Chairs:

- Pam Green, Memorial Hermann Hospital System
- Bruce Turner, M-PACT

#### Members:

1. Sherifat Akorede, Houston Department of Health and Human Services
2. Gayle Alstot, MD, The Center for AIDS Information and Advocacy
3. Roberto A. Andrade, MD, Thomas Street Health Center; Assistant Professor-Infectious Diseases, Baylor College of Medicine-Houston; and Medical Director, AETC-Houston
4. Ray Andrews, Houston Crackdown
5. Melody Barr, Housing Opportunities for People with AIDS (HOPWA)
6. Ron Cookston, Gateway to Care
7. Carie D. Fletcher, LCDC, CPS, Director of CORE Services, BACODA-Bay Area Council on Drugs & Alcohol, Inc.
8. Lisa Marie Hayes, MBA, Managing Local Ombudsman, Access & Assistance Coordinator, Area Agency on Aging, Houston-Galveston Area Council
9. Monica James, Gateway to Care
10. Tam Kiehnhoff, Triangle AIDS Network
11. Carin Martin, Ryan White Grant Administration
12. Aundrea Matthews, PhD Candidate, Rice University
13. Ryan Rushing, Walgreens
14. M. Sandra Scurria, MD in private practice, Member, Harris County Medical Society

## **EVALUATION WORKGROUP**

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

### Co-Chairs

- Nicholas Sloop, Houston Department of Health and Human Services
- Steven Vargas, Association for the Advancement of Mexican-Americans (AAMA)

### Members:

1. Ben Barnett, MD, Associate Professor of Medicine, University of Texas Health Science Center
2. Hickmon Friday, MPH, MPA, Sr. Health Planner, Houston Department of Health and Human Services
3. Camden Hallmark, Houston Department of Health and Human Services
4. Judy Hung, Ryan White Grant Administration
5. Sam Lopez, Harris County Jail
6. Ken Malone, Harris County Hospital District
7. Aundrea Matthews, PhD Candidate in Religious Studies, Rice University
8. Osaro Mgbere, Houston Department of Health and Human Services
9. Erik Soliz, Senior Health Planner, Houston Department of Health & Human Services, Bureau of HIV/STD & Viral Hepatitis Prevention
10. Bruce Turner, M-PACT
11. Lena Williams, Baylor College of Medicine, Project LEAP

## **GAPS IN CARE AND OUT-OF-CARE WORKGROUP**

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

### Co-Chairs:

- Amber David, Houston Department of Health and Human Services
- David Garner, Houston Ryan White Planning Council

### Members:

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

## **PREVENTION AND EARLY IDENTIFICATION WORKGROUP**

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*Next Meeting: October 12, 2011, 2:00 p.m., Room 240*

### Co-Chairs:

- Amy Leonard, Legacy Community Health Services
- Ken Malone, Harris County Hospital District

### Members:

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

### **SPECIAL POPULATIONS WORKGROUP**

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

#### Co-Chairs:

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

#### Members:

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

## Houston Area HIV Services Ryan White Planning Council

### 2012 Comprehensive HIV Services Plan Prevention and Early Identification Workgroup

2:00 p.m., Wednesday, September 14, 2011

Meeting Location: 2223 West Loop South, Suite 240; Houston, TX 77027

#### Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Ken Malone, co-chair	Sherifat Akorede	Anna Langford, Resource Group
Pam Green, RN	Roy Delesbore	Tori Williams, Office of Support
Michael Lawson	Brenda Harrison	Jen Hadayia, Office of Support
Susan Rokes	Kevin Jackson, excused	Diane Beck, Office of Support
Roslyn Rose	Amy Leonard, excused	
Amana Turner	Nike Lukan	
	Robert Smith	
	Ray Watts, excused	
	Simone Woodage	

**Call to Order:** Malone called the meeting to order at 2:05 p.m., he welcomed everyone and asked for a moment of reflection. He then asked everyone to introduce themselves.

**Adoption of the Agenda:** **Motion #1:** *It was moved and seconded (Walker, Malone) to adopt the agenda. Motion Carried.*

**Workgroup Expectations:** The workgroup reviewed the following documents: Membership Requirements, Voting Rules and Quorum, 2012 Houston Area Comprehensive HIV Services Plan Organizational Structure, 2012 Comprehensive Plan HRSA Guidance Regarding Prevention and Early Identification, Ad Hoc Workgroups Role Description, Milestones Timeline, Ensuring Synergy and Core Planning Binder Table of Contents. See attached.

**Brainstorm Key Questions for Exploration:** The group discussed the following issues:  
*Populations that need special attention* – Such as women who have sex with MSM, homeless, transgender. Many women either do not know their risk or do not disclose it when tested. Many homeless know they are positive but are out of care. Very limited services are available to the recently released who have a felony.

*HIV testing* – How can we make testing more attractive? What would be some good, non-traditional places to do testing (nail salon, bar, etc.)? Does health insurance pay for an HIV test?

*Routine testing* – What are physician attitudes toward routine testing? Are there any studies about testing by private physicians? What is recommended in health reform and Healthy People

2020? Can we identify ‘hot spots’ (zip codes) and target education about routine testing to private doctors in those areas?

*Strengthening the link between prevention and care* – How long does it take from testing to first doctor visit? Need to reduce stigma. PreP/PEP – What is their role in prevention?

**Next Meeting:** October 12<sup>th</sup> at 2:00 p.m.

**Adjourn:** **Motion #2:** *It was moved and seconded (Turner, Lawson) to adjourn the meeting at 3:32 p.m. Motion Carried.*

## **Houston Area HIV Services Ryan White Planning Council**

### **Office of Support**

**2223 West Loop South, Suite 240, Houston, Texas 77027**

**713 572-3724 telephone; 713 572-3740 fax**

[www.rwpchouston.org](http://www.rwpchouston.org)

### **2012 Houston Area Comprehensive HIV Services Plan**

#### **SEPTEMBER UPDATE {Steering Committee}**

#### **OVERALL PARTICIPATION**

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- 65 individuals are participating in the process, including at least 12 consumers.
- 52 agencies and coalitions are involved, including the Ryan White Planning Council, Houston HIV Prevention Community Planning Group (CPG), several CPG Task Forces, Houston Department of Health and Human Services, Ryan White HIV/AIDS Program (Part A, B, C, D, and F), HOPWA, multiple AIDS-service organizations, and non-traditional partners such as the Area Agency on Aging, Gateway to Care, and HISD.

#### **LEADERSHIP TEAM**

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- The Leadership Team met for the first time on September 26, 2011 with 23 members present.
- The focus of the meeting was to orient all members to the 2012 planning structure and to begin the process of developing the vision, mission, and values for the 2012 Comprehensive Plan.
- Attendees reviewed the 2009 Comprehensive Plan mission, vision, values, guiding principles, and goals as well as national HIV/AIDS priorities, including the National HIV/AIDS Strategy and Healthy People 2020. The meeting concluded with a group brainstorming session entitled: "Your Vision of an Ideal HIV System."
- The next Leadership Team meeting is October 24, 2011 at 2:00 PM. Agenda items include: (1) reviewing the results of the evaluation of the 2009 Comprehensive Plan; (2) beginning to draft vision, mission, values, and overarching principles for the 2012 Comprehensive Plan.

#### **WORKGROUPS**

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##### **Coordination of Effort**

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

##### **Evaluation**

- The Workgroup met for the first time on September 6, 2011 with nine members present.
- The focus of the meeting was to review HRSA's expectations for evaluation in the 2012 Comprehensive Plan and to adopt a methodology for evaluating the 2009 Comprehensive Plan.
- The adopted *Methodology for the Evaluation of the 2009 Comprehensive Plan* includes methods for measuring impact/community indicators, outcome/goals, and process/activities.
- Two smaller sub-groups of the Workgroup also met in September to conduct the impact and outcome evaluations. They identified quantitative measures on which to evaluate the 2009 plan, including unmet need trends, HIV/AIDS incidence, viral load, and retention in care metrics.

- The next Workgroup meeting is October 4, 2011 at 1:00 PM. Agenda items include: (1) conducting the process evaluation of the 2009 Comprehensive Plan; (2) reviewing the impact and outcome evaluation results; and (3) identifying recommendations for the evaluation report.

### **Gaps in Care and Out-of-Care**

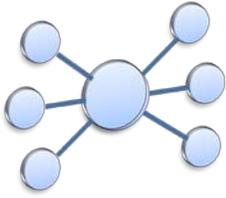
- The Workgroup met for the first time on September 14, 2011 with eight members present.
- The focus of the meeting was to orient all members to the planning process, review HRSA's expectations for addressing gaps and the out-of-care in the 2012 Comprehensive Plan, and brainstorm key issues related to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

### **Prevention and Early Identification**

- The Workgroup met for the first time on September 14, 2011 with six members present
- The focus of the meeting was to orient all members to the planning process, review HRSA's expectations for addressing prevention/early identification in the 2012 Comprehensive Plan, and brainstorm key issues related to this topic. The group identified the following issues to explore:
  1. Needs of "non-Traditional" populations
  2. Increasing HIV testing overall, in the private sector, and routine
  3. Use of PrEP and PEP
  4. Recommendations in other national initiatives
- The next Workgroup meeting is October 12<sup>th</sup> at 2:00 PM. Agenda items include: (1) review of data collection on key issues; and (2) identification of long-term goals and solutions.

### **Special Populations**

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



## 2012 Houston Area Comprehensive HIV Services Plan PREVENTION AND EARLY IDENTIFICATION WORKGROUP

### KEY QUESTIONS FOR EXPLORATION

September 14, 2011

#### Non-Traditional Populations

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- Who are the “non-traditional groups” needing enhanced early identification efforts? I.e., FSMSM
- Where are the non-traditional locations needing enhanced early identification efforts? I.e., by zip code

#### Increasing HIV Testing

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##### *Overall*

- What are effective community-based models, messages, or methods for increasing HIV testing by making it “more attractive”?
- What are the current HIV testing recommendations from the CDC?
- How will the Affordable Care Act impact HIV testing, particularly in the private medical setting?

##### *Private Sector*

- What are recommendations from various professional associations regarding HIV testing? I.e., AMA, ANA, ACOG, etc.
- Why is HIV testing not occurring routinely in the private medical setting? What are private medical professionals’ attitudes and beliefs towards HIV testing?

##### *Routine*

- How can routine HIV testing be increased in Houston? What are the recommendations for routine HIV testing from the CDC?
- What are the outcomes of current routine HIV testing efforts? I.e., positivity rates, etc.

#### PrEP and PEP

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- What are the current guidelines on PrEP and PEP from the CDC/others? (Ken)

#### Other Local and National Initiatives

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- What are the prevention and early identification goals identified in:
  1. Local HIV prevention planning (CPG, ECHPP, EIIHA)
  2. The National HIV/AIDS Strategy
  3. Healthy People 2010



**The 2009  
Comprehensive HIV Services Plan  
for the Houston Area**

*Through December 31, 2011*

*Effective January 1, 2009*

### ***Mission Statement***

We, the Houston Comprehensive Planning Committee, have come together to update the Comprehensive HIV Services Plan for the Houston EMA/HSDA guided by the following mission:

*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.*

### ***Vision Statement***

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.

### ***Shared Values***

The following Shared Values outline the GUIDING PRINCIPLES that planners, service providers, consumers and community leaders agree will guide the development and delivery of HIV Services within the geographic area. The guiding principles are informed by the Health Resources and Services Administration's (HRSA) focus on uninsured, underserved and special needs populations, as defined by the following goals:

- Goal 1: Improve Access to Health Care**
- Goal 2: Improve Health Outcomes**
- Goal 3: Improve the Quality of Health Care**
- Goal 4: Eliminate Health Disparities**
- Goal 5: Improve the Public Health and Health Care Systems**
- Goal 6: Enhance the Ability of the Health Care System to Respond to Public Health Emergencies**
- Goal 7: Achieve Excellence in Management Practices**

## **Section II**

# **WHERE DO WE NEED TO GO?**

## **CHAPTER 7: CONTINUUM OF CARE FOR HIGH QUALITY CORE SERVICES**

### **A Shared 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 infected and affected communities. The realization of this vision is informed by the Houston area Continuum of Care.

### **Operational Definition of Continuum of Care**

The ideal continuum of care represents a comprehensive range of services needed by individuals and families at-risk infected and affected by HIV/AIDS. The Houston Area Continuum of Care model describes an ideal system of care that bridges prevention services with care and treatment, and responds to dynamic community needs in a holistic, coordinated, and timely manner.

The Continuum of Care model is a framework for decision-making, and can be used to inform and guide planning bodies, providers, community leaders and consumers in setting priorities and allocating funds for HIV/AIDS services. The Continuum can also guide the Houston area HIV community toward the following objectives:

1. Reduce redundancy of administrative burden and services in the system while ensuring adequate access to those who live in distant areas.
2. Provide adequate input of services through multiple points of access. Think of this as designing a ticketing facility. For HIV and AIDS services, we need not only direct outlets (testing), but adequate links to emergency rooms, drug treatment, STD clinics, and acute care facilities.
3. Facilitate services while not overburdening the staff and capacity of the system.
4. Ensure continuity of services so that consumers find that they are able to move around the system and will not be stuck at any one station.

### **Elements of the Continuum of Care**

The Houston area Continuum of Care takes into account several factors: 1) the mission and vision statements of the various planning bodies; 2) the goals and objectives of the planning bodies; 3) the services available in the delivery system; 4) the linkages necessary to ensure efficiency and effectiveness; and 5) the coordinating mechanisms that can be utilized to ensure effective linkages are established and maintained.

The Continuum of Care is characterized by a range of elements that inform the development and delivery of services in the Houston area. These elements include:

- Identifying and addressing needs of unserved/underserved populations
- Including prevention and care services
- Providing services in an efficient and effective manner
- Providing services in a seamless manner as a person moves among the different levels of care
- Providing high quality and culturally appropriate services
- Advocating for PLWHA service needs
- Encouraging cooperation in the coordination/delivery of services
- Assuring that the community in need is aware of available prevention and care resources
- Promoting the dissemination of information to all constituencies
- Identifying needs, gaps and barriers
- Planning capacity to meet needs
- Improving the quality of life
- Assuring that the system is free of discrimination based on race, color, creed, gender, religion, sexual orientation, disability, or age
- Assuring that PLWHA, the general public, and providers are included in the process

The Houston area Continuum of Care encourages service linkages as the mechanism for creating a seamless system of services that enables clients to easily navigate within different levels of care. The Continuum model illustrates how services can be linked among the wide range of service providers in Houston.

**Table 9: Continuum of Care Tracks**

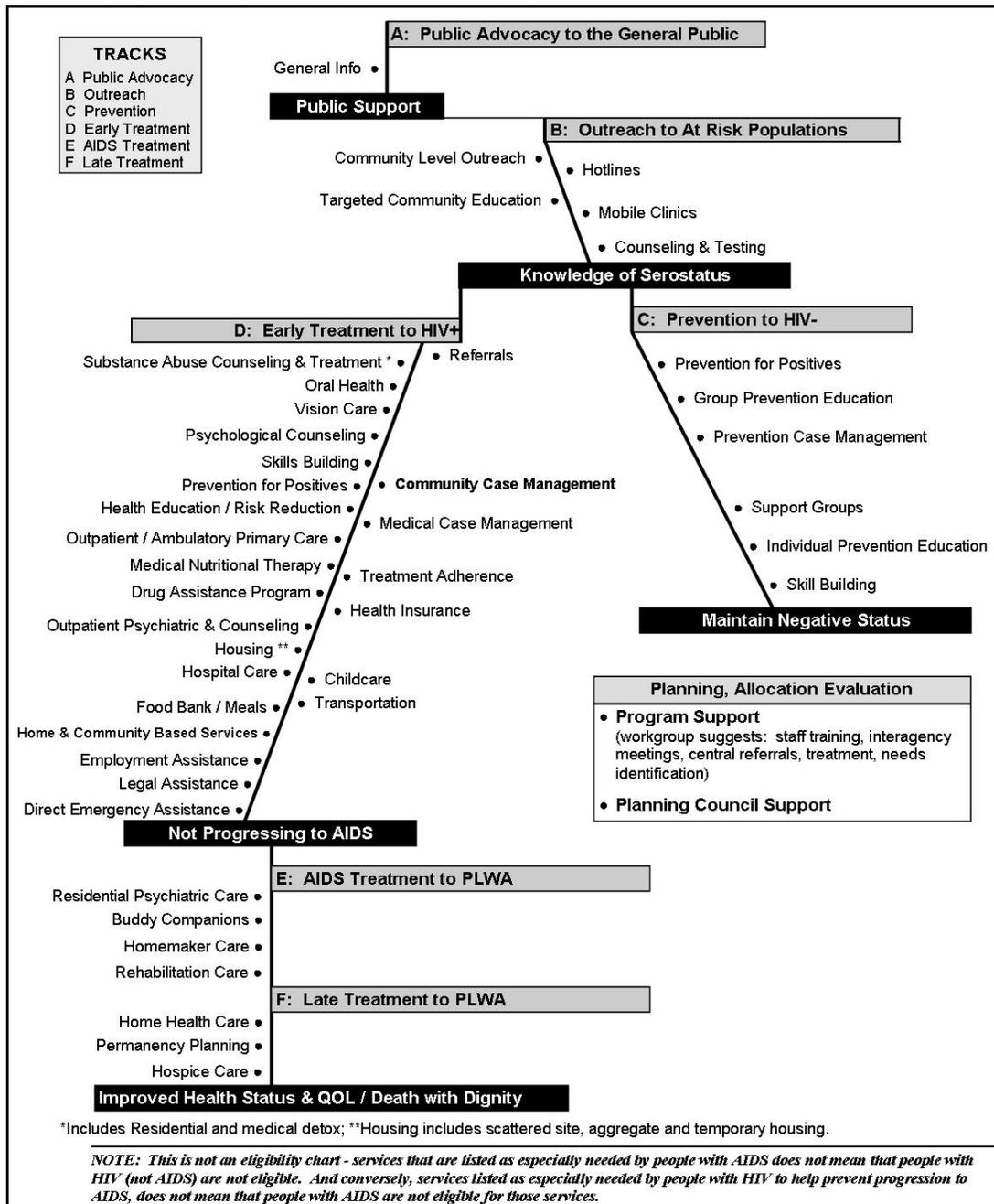
<b>TRACK</b>	<b>START</b>	<b>DESTINATION</b>
A. Public Advocacy to the General Public	No awareness of AIDS	Support for HIV/AIDS services
B. Outreach to at Risk Populations	No awareness of serostatus	Awareness of serostatus
C. Prevention to HIV-	Aware of negative status	Maintenance of negative status
D. Early Treatment to HIV+	Awareness of infection	No progression to AIDS
E. AIDS Treatment to PLWA	AIDS diagnosis	Improved health status and quality of life or death with dignity

The Houston Area Continuum of Care is shown on the following page (Figure 5). The Houston area Continuum of Care is characterized by three main features. First, it has several tracks, each of which is defined by its outcomes. Second, consumers can enter the system at any point on the track. Third, each track runs both ways – consumers can travel up or down each track.

Five attributes can be applied to the Continuum. Referred to as the “5 A’s”, the delivery system is designed to be:

- Available to meet the needs of the PLWHA and their caregivers
- Accessible to all populations infected or affected by HIV/AIDS
- Affordable to all populations infected or affected by HIV/AIDS
- Appropriate for different cultural and socio-economic populations and care needs
- Accountable to the funders and clients for providing contracted services at high quality

Figure 5: Houston Area Continuum of Care



### **Operational Definition of Core Medical Services**

Core Medical Services refer to those services deemed by the Ryan White HIV/AIDS Treatment Modernization Act as most necessary to ensure good medical outcomes for people with HIV / AIDS. The Core Medical Services are defined as:

- outpatient and ambulatory health services;
- pharmaceutical assistance;
- substance abuse outpatient services;
- oral health;
- medical nutritional therapy;
- health insurance premium assistance;
- home health care;
- hospice services;
- mental health services;
- early intervention services; and
- medical case management, including treatment adherence services.

Congress wants to ensure that Ryan White Federal funds are used to pay for essential medical care; thus, areas receiving Ryan White funds under Parts A, B, and C must spend at least 75% of funds on core medical services.

The remaining 25% of funds may be spent on support services. Support services are defined as services that improve access to the core medical services, and directly contribute to achieving positive clinical outcomes for persons with HIV/AIDS. Support services are defined as:

- outreach;
- medical transportation;
- language services;
- respite care for persons caring for individuals with HIV/AIDS; and
- referrals for health care and other support services.

### **A Shared Set of Values**

The Houston area HIV/AIDS community shares a set of values that guide the development and delivery of HIV Services within the geographic area. These values, as informed by HRSA guidelines, address disparities in HIV care, access, and services among affected subpopulations and historically underserved communities; establish and support an HIV care continuum; coordinate resources among other Federal and local programs; and address the needs of those who know their HIV status and are not in care as well as the needs of those who are currently in the care system.

## **Guiding Principles**

The guiding principles for the Houston Area HIV/AIDS Comprehensive Plan are informed by the Ryan White reauthorization principles which are intended to strengthen federal HIV treatment programs. The reauthorization principles include a focus on primary care and treatment, efforts to increase flexibility to target resources and ensuring accountability using sound fiscal management and tools to evaluate program effectiveness

As such, the guiding principles used by the Houston HIV/AIDS community are as follows:

1. Better serve the underserved in response to the HIV epidemic's growing and widespread impact among minority and hard-to-reach populations.
2. Ensure access to effective HIV/AIDS prevention and care services to make a difference in the lives of people infected and affected by HIV and AIDS.
3. Adapt to changes in the health care delivery system and the role of the Ryan White Treatment Modernization Act in filling service gaps.
4. Accurately document service outcomes and demonstrate the effectiveness of treatment, care and prevention strategies.
5. Respond to and advocate for consumer needs.
6. Provide services that are sensitive to the cultural and linguistic needs of specific communities.

## Section III

# HOW WILL WE GET THERE?

## CHAPTER 8: GOALS, OBJECTIVES & ACTION STEPS

In the previous section, we described the ideal Continuum of Care for the Houston area. Here, we present community-defined goals and objectives for transforming our ideal vision into reality.

### CDC & HRSA Goals and Objectives

At the Federal level on the *prevention* side, the CDC recommends that in order to implement a comprehensive HIV prevention program, State, local, and territorial health departments that receive HIV Prevention Cooperative Agreement funds should assure that efforts in their jurisdictions include a compilation of essential components.

### CDC Goals for Prevention

1. HIV prevention community planning;
2. Epidemiologic and behavioral HIV/AIDS surveillance, as well as collection of other health and demographic data relevant to HIV risks, incidence, or prevalence;
3. HIV prevention counseling, testing, referral, and partner counseling and referral services, with strong linkages to medical care, treatment, and other needed services;
4. Health education and risk reduction (HE/RR) activities, including individual-, group-, and community-level interventions;
5. Easy access to diagnosis and treatment of other sexually transmitted diseases;
6. School-based education efforts for youth;
7. Public information programs;
8. Quality assurance and training;
9. Laboratory support;
10. HIV prevention capacity-building activities, including expansion of the public health infrastructure by contracting with non-governmental organizations, especially community-based organizations;
11. Evaluation of major program activities, interventions, and services; and
12. An HIV prevention technical assistance assessment and plan.

On the care side at the Federal level, HRSA has identified the following goals for the effective provision of care to individuals with HIV disease or AIDS and requests that those concerned with HIV/AIDS care focus attention on them.

## **HRSA Goals for Care**

- Goal 1: Improve Access to Health Care
- Goal 2: Improve Health Outcomes
- Goal 3: Improve the Quality of Health Care
- Goal 4: Eliminate Health Disparities
- Goal 5: Improve the Public Health and Health Care Systems
- Goal 6: Enhance the Ability of the Health Care System to Respond to Public Health Emergencies
- Goal 7: Achieve Excellence in Management Practices

## **Houston Area HIV/AIDS Goals, Objectives & Action Steps**

In order to address these mandates, the Comprehensive HIV Services Plan for the Houston Area has adopted the following strategic goals:

- Goal 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.
- Goal 2:** Reduce the impact of stigma on access to and retention in care and break down barriers.
- Goal 3:** Provide education and advocacy to encourage HIV+ individuals to get education, stay in treatment, access treatments and be aware of best practices.
- Goal 4:** Improve coordination and collaboration among non-medical service providers.
- Goal 5:** Eliminate disparities in access to and services for historically underserved populations.
- Goal 6:** Coordinate services with HIV prevention programs including outreach and early intervention services.
- Goal 7:** Coordinate services with substance abuse prevention and treatment programs.
- Goal 8:** Prevent youth from becoming HIV+.
- Goal 9:** Continue to develop new programming tactics whereby training, educational materials and clinical measurements continue to support improved HIV epidemiological data outcomes.
- Goal 10:** Provide goals, objectives, timelines and appropriate allocation of pay/funds to services as determined by clients and community.

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

### National HIV/AIDS Strategy (NHAS)

#### Vision

*“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.”*

#### Goals

- 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

#### Targets (2015)

1. Lower the annual number of new infections by 25%
2. Reduce the HIV transmission rate (# people infected/# of people living with HIV) by 30%
3. Increase from 79% to 90% the percentage of people living with HIV who know their serostatus
4. Increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis from 65% to 85%
5. 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%
6. Increase the number of Ryan White clients with permanent housing from 82% to 86%
7. Increase the proportion of HIV diagnosed gay and bisexual men, Black Americans, and Latinos with undetectable viral load by 20%

### Healthy People 2020 - 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

#### 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 HIV/AIDS Bureau (HAB)

### Vision

*“Optimal HIV/AIDS care and treatment for all”*

### 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

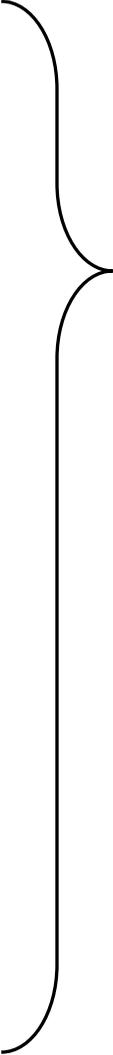
### Objectives (2015)

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

**2012 Houston Area Comprehensive HIV Services Plan**

Logic Model 1: Goals and Solutions

<b>Solutions</b> {Recommended approaches to achieve the goal}
②



<b>Goal</b> {Desired long-term result, outcome, or change}
①

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<b>Benchmarks</b> {How the result will be measured}
③