

Houston Area HIV Services Ryan White Planning Council

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

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

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

AGENDA

- I. Call to Order Amy Leonard and Ken
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
Planner, Office of Support
 - A. Participation Update
 - B. Leadership Team Activities
 - C. Milestones Timeline
 - D. Putting it all Together

- III. Completion of DRAFT Workgroup Strategy Part II: *Plan, Activities, and Timelines*
 - A. Review of Updates to Inventories of Local, Regional, State, National, and Global HIV/AIDS Priorities, including Specific Plans for Reference and Priority Populations
 - B. Completion of Logic Model 3: “Action Planning Matrix”
 - 1. Review of Additional Data Collection, If Applicable

- IV. Next Steps Amy Leonard and Ken
Malone, Co-Chairs
 - A. Review Meeting Schedule
January 11, 2011
 - B. Items for Next Meeting
*Review of First Draft of Workgroup Strategy and Action Plan
Ideas for Public Comment Process*

- V. Announcements

- VI. Adjourn

Houston Area HIV Services Ryan White Planning Council

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan PREVENTION AND EARLY IDENTIFICATION WORKGROUP

2:00 p.m., Wednesday, November 9, 2011

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

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Amy Leonard, co-chair	Sherifat Akorede, excused	Diane Beck, Office of Support
Morenike Giwa	Jacquelyn Baldwin	Jen Hadayia, Office of Support
Wayne Gosbee	Roy Delesbore	Anna Langford, Resource Group
Pam Green	Brenda Harrison	Erik Soliz, HDHHS
Smita Pamar	Michael Lawson, excused	
Jonathan Post	Kevin Jackson	
Susan Rokes	Nike Lukan	
Roslyn Rose	Ken Malone	
Ray Watts	Robert Smith, excused	
Maggie White	Amana Turner, excused	
	Simone Woodage	

Call to Order: On behalf of the co-chairs, Green called the meeting to order at 2:11 p.m.; she welcomed everyone and asked for a moment of reflection. She then asked everyone to introduce themselves.

Adoption of the Agenda: *Motion: It was moved and seconded (Giwa, Rose) to adopt the agenda. Motion Carried.*

Approval of the Minutes: *Motion: It was moved and seconded (White, Post) to approve the October 12, 2011 meeting minutes. Motion Carried.* Abstentions: Giwa, Gosbee, Rose.

Update on the Planning Process: Hadayia reviewed the October update, noting that the Leadership Team adopted a Vision Statement for the 2012 Comprehensive Plan. See attached.

Workgroup Strategy Part I: Goals and Solutions: Hadayia reviewed the Draft Prevention and Early Identify Strategy dated November 2, 2011. See attached. She noted changes made to the draft as a result of feedback from the Evaluation Workgroup.

Review of Additional Data: Hadayia reviewed additional data collected since the last meeting: *Evaluation of Opt-out HIV Screening in Houston/Harris County; Scaling-up HIV Testing among African American & Hispanic MSM: The MSM Testing Initiative; S.A.F.E.R. Initiative-Sunnyside/South Park;* and the executive summary from the *Texas HIV/STD Prevention Plan 2011*. See attached. Hadayia noted that opt-out testing in the Houston area has higher positivity

rates than what is being shown nationally. Watts noted that routine testing is offered in high risk areas.

Workgroup Strategy Part II: Plan, Activities, and Timelines: Hadayia noted that the Inventory of Local, Regional, and State HIV/AIDS Priorities and the Inventory of Population Priorities were updated to reflect the new *Texas HIV/STD Prevention Plan*. See attached. The workgroup brainstormed activities for each solution:

Solution 1: Structural Interventions – the workgroup discussed community mobilization; media promotion of testing services; increased condom distribution and information about the types of condoms available to the general public; nPEP/PrEP standards of care/suggested guidelines for high risk populations; funding advocacy/philanthropic sources for high incidence populations.

Solution 2: HIV Testing – the workgroup discussed the use of the media to publicize early testing initiative findings including protocols and billing process to other hospital systems; promoting routine HIV testing to the general public and reach out to Federally Qualified Health Centers; educating primary care doctors about routine testing for high risk populations; social networking; routine HIV testing for those unaware of their status and targeted Counseling, Testing, and Referral to partners of PLWHA and high risk users of nPEP; partner education and support groups; elicitation of partners and partners with co-morbidities.

Solution 3: Linkage to Care – the workgroup discussed review of the service linkage definition; creating a resource list of studies for the newly diagnosed; maintaining a ‘real-time’ resource list; embedding pre-service linkage workers with Counseling, Testing, and Referral/outreach staff, assessment of readiness for first primary care visit; assessing provider processes for entry into care; non-traditional methods to link to care; mentor programs; and social networks models.

Solution 4: Prevention with Positives – the workgroup discussed application of new science (HDHHS Scientific Advisory Board); matching national protocols and opportunities locally; educating the public regarding the availability and use of nPEP; assessment of PLWHA behaviors and behavioral interventions for PLWHA and their partners; evaluation of current evidence-based behavioral interventions and tailoring them for specific populations.

Solution 5: Prevention Knowledge Base – the workgroup discussed behavioral surveillance; creation of a communitywide health data clearinghouse; training of peer educators regarding new science; community viral load; and transgender data collection.

The workgroup also discussed supportive activities to other plans and initiatives such as marketing/communication and use of media outlets.

Hadayia will summarize the results and distribute them to workgroup members for their review prior to the next meeting.

Next Meeting: The next meeting is scheduled for December 14, 2011 at 2:00 p.m.

Adjournment: The meeting was adjourned at 3:50 p.m.

Houston Area HIV Services Ryan White Planning Council
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2012 Houston Area Comprehensive HIV Prevention & Care Services Plan
NOVEMBER UPDATE

OVERALL

- 76 individuals have now been involved in the process as well as six staff from the Office of Support, The Resource Group, and the Houston Department of Health and Human Services (HDHHS).
- At least 18 PLWHA have been participating, which represents 24% of total participants.
- 59 agencies, offices, organizations, and coalitions are now represented including the community planning bodies and affiliated task forces.
- The timeline for the planning process has been updated. Notable milestones include:
 1. Completion of all Workgroup strategies by the end of January 2012;
 2. Gathering public comment on the direction of the plan in February 2012;
 3. Completion of a full draft of the plan by the end of February 2012; and
 4. Review by the planning bodies beginning in March 2012.
- All planning materials, including meeting packets and data collection, are available on the RWPC website at www.rwpc-houston.org. Click Calendar; and then click the meeting day.

LEADERSHIP TEAM

- The Leadership Team met on November 28, 2011. The focus of the meeting was to adopt a mission statement and guiding principles for the plan. To begin, the Team discussed and adopted a new title for the plan: **The 2012 Houston Area Comprehensive HIV Prevention and Care Services Plan**.
- Next, the Leadership Team adopted a **Mission Statement** for the plan as follows:

To work in partnership with the community to provide an effective system of HIV prevention and care services that best meets the needs of populations infected with, affected by, or at risk for HIV.
- The Leadership Team then discussed and adopted a set of 10 **Guiding Principles** for the plan that describe the values that were used throughout the planning process as well as the expectations for the final document. See attached.
- The Leadership Team also discussed adopting **Priority Populations** for the plan as a whole.
- The next Leadership Team meeting is December 19, 2011 at 2:00 PM. Attendees will discuss Priority Populations as well as determine overarching Goals for the plan.

EVALUATION

- The Evaluation Workgroup met on November 1, 2011 with 14 members and staff.
- The final report on the evaluation of the 2009 Comprehensive HIV Services Plan was adopted with minor text changes, and copies are available on the RWPC website.
- The main focus of the meeting was on benchmarking for the 2012 plan. Members utilized a “Benchmarking and Alignment Tool” to identify data sources, baselines, and targets for measuring Workgroup goals. Benchmarks were also reviewed for alignment with other local and national initiatives, including the National HIV/AIDS Strategy, *Healthy People 2020*, and ECHPP.
- Also through the process, the Workgroup has started to identify data collection goals for the plan.
- The next Workgroup meeting is December 6, 2011 at 1:00 PM.

WORKGROUPS

The focus of Workgroup meetings for November was to: (1) review revised drafts of proposed goals, solutions, and benchmarks; and (2) begin to identify specific activities to accomplish goals. At the December monthly meetings, Workgroups will fine-tune activities into specific three-year plans.

Coordination of Effort (COE)

- The COE Workgroup met on November 28, 2011 with 12 members and staff.
- The focus of the meeting was to identify long-term solutions to improve coordination of effort *within* AIDS-service organizations (ASO) and *between* ASOs and other priority sectors and groups.
- The following solutions were identified:
 1. Launch a coordinated program of training and technical assistance to various health care providers (i.e., train non-ASOs about HIV, train ASOs about health care reform, etc.)
 2. Proactively seek new/non-traditional partners to engage in responding to HIV
 3. Use media to mobilize the public and link PLWHA to resources (i.e., a social marketing campaign and/or social media pages)
 4. Use technology to link providers to HIV prevention and care services (i.e., dedicated HIV search engine/website, Blue Book smart phone app, etc.)
 5. Intensify efforts to coordinate data systems between HIV prevention and care
- The next Workgroup meeting is December 19, 2011 at 12:30 PM.

Gaps in Care and Out-of-Care (G&O)

- The G&O Workgroup met on November 18, 2011 with 12 members and staff.
- Initial activities identified to achieve G&O goals included the following:
 1. Establish an *early* linkage to care service definition, protocol, or model that embeds linkage to care earlier in the identification of the newly-diagnosed (i.e., at the outreach, post-test counseling, or disease investigation stage (DIS)).
 2. Programs for the newly-diagnosed to better navigate the HIV system, such as “Next Step” or client navigators/peer mentors
 3. Client reminder systems (i.e., ticklers for re-eligibility, being out-of-care, appointment schedules, etc.)
 4. Health literacy training for PLWHA and those at risk for HIV
 5. Financial support for mental health services, clinical case management, and support groups
 6. Programs for re-linkage to care
 7. Behavioral interventions (EBI) that emphasize engagement in care and/or integration of prevention with positives, retention, and re-engagement messages into current EBIs
- The next workgroup meeting is December 16, 2011 12:00 PM.

Prevention and Early Identification (P&EI)

- The P&EI Workgroup met on November 9, 2011 with 14 members and staff.
- Initial activities identified to achieve P&EI goals include the following:
 1. Activities to raise awareness about HIV among elected officials and local charities
 2. Continued support for condom distribution
 3. Development of community-wide guidelines or protocols for the use of PrEP and nPEP
 4. Publication of the outcomes of the Expanded Testing Initiatives (ETI) to other hospital systems and private providers (i.e., a white paper)
 5. A real-time resource list of all available services/programs and clinical trials
 6. Non-traditional methods to link individuals to care (i.e., text messages, smart phone app)
 7. Activities that embed linkage to care earlier in the HIV system (i.e., at the outreach, post-test counseling, or DIS stage), including greater emphasis on assessment of non-HIV-

related health and mental health needs

8. Use of social networks to increase HIV testing and early linkage to care
 9. Behavioral interventions (EBI) for PLWHA and their partners
 10. Creation of a clearinghouse for prevention research and clinical trials protocols
- The next workgroup meeting is December 14, 2011 2:00 PM.

Special Populations (SP)

- The SP Workgroup met on November 16, 2011 with 13 members present.
- Initial activities identified to achieve SP goals include the following:
 1. Training on each special population for Service Linkage Workers, case managers, etc.
 2. Universal statements about non-discrimination; and about serving the homeless, the recently released, and the un-documented
 3. Altering agency forms to be more inclusive of gender identity, country of origin, etc.
 4. Community-wide educational efforts to reduce social stigma
 5. Financial support for transportation, housing assistance, and linguistic services
 6. Adjusting current databases to collect data on special populations, in particular, transgender, in anticipation of national HIV surveillance system changes
 7. Adaptation and/or replication of behavioral interventions (EBI) to special populations
- The group also discussed the Leadership Team's request to consider the addition of young MSM to the Workgroup focus. After discussion and a review of data, the Workgroup adopted a motion to add MSM (regardless of age). The focus of the SP Workgroup is now: adolescents (aged 13 – 17), homeless, IDU, incarcerated or recently released, all MSM, and transgender.
- The next workgroup meeting is December 14, 2011 at 10:00 AM.

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Prevention and Early Identification (P&EI) Strategy

Part 1: Goals & Solutions

Summarized per the following:

1. 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 Prevention & Care Services Plan

INVENTORY OF NATIONAL AND GLOBAL HIV/AIDS PRIORITIES

National HIV/AIDS Strategy (NHAS)
<p>Vision</p> <p><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</p> <p><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

<p>use of antiretroviral therapy (ART); maximize adherence to ART and retention in care; reduce transmission risk behaviors; and provide partner services</p> <p>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</p> <p>C1: Target resources and activities to reduce HIV-related disparities (through Goals A and B)</p> <p>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)</p> <p>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)</p> <p>C4: Ensure the cultural and linguistic appropriateness of DHAP activities and materials to increase their impact</p> <p>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</p> <p>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</p> <p>D3: Maximize the effectiveness of DHAP human and financial resources to achieve DHAP's strategic goals and objectives</p> <p>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</p>
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UNAIDS World AIDS Day Report 2011	
Vision	
<i>“Zero new infections. Zero discrimination. Zero AIDS-related deaths.”</i>	
Investment Framework Aims	
<ul style="list-style-type: none"> • Maximizing the benefits of the HIV response • Using country-specific epidemiology to ensure rational resource allocation • Encouraging countries to implement the most effective programs based on local context • Increasing efficiency in HIV prevention, treatment, care and support. • 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 	
Basic Program Activities	
<ol style="list-style-type: none"> 1. Focused interventions for key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs) 2. Elimination of new HIV infections among children 3. Behavior change programs 4. Condom promotion and distribution 5. Treatment, care and support for people living with HIV 6. Voluntary medical male circumcision in countries with high HIV prevalence and low rates of circumcision 	
Social Enablers	Program Enablers
<ul style="list-style-type: none"> • Political commitment and advocacy • Laws, legal policies and practices • Community mobilization • Stigma reduction • Mass media • Local responses to change risk environment 	<ul style="list-style-type: none"> • Community centered design and delivery • Program communication • Management and incentives • Procurement and distribution • Research and innovation

2012 Houston Area Comprehensive HIV Prevention & Care 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 Prevention & Care Services Plan

INVENTORY OF PRIORITY POPULATIONS – LOCAL, REGIONAL, STATE, NATIONAL, AND GLOBAL GUIDANCE

2012 Comprehensive Plan "Special populations"	2009 Comprehensive Plan (Goal 5 and 8)	2011 Texas Epi Profile "High prevalence subpops"	2011 Houston Area Epi Profile	2009 Texas Plan for HIV Service Delivery	RW/A "Emerging Populations," RW/B-D & EIIHA
<ul style="list-style-type: none"> • Adolescents • Homeless • IDU • Transgender <p><i>*HRSA-required per 2012 guidance issued March 2011</i></p>	<ul style="list-style-type: none"> • Recently released • Youth (18+) • Women • Substance users 	<ul style="list-style-type: none"> • Black males age 25 and over • Black females age 25 to 54 • White males age 45 to 54 • Hispanic males age 45 to 54 <p><i>*Defined as sub-populations in the Houston EMA with more than 1% living with HIV</i></p>	<ul style="list-style-type: none"> • MSMOC/WMSM • Women • Youth (13-24) • African Americans • Hispanics • Rural 	<ul style="list-style-type: none"> • Mental health • Substance users • Hispanics 	<ul style="list-style-type: none"> • African Americans • Hispanics • MSM • Women, infants, and children • Youth (13-24) • Rural • African American MSM • African American IDU • Hispanic MSM
2011 Texas HIV/STD Prevention Plan	2009 Houston HIV Prevention Plan	CDC High-Impact Prevention "Persons at greatest risk"	National HIV/AIDS Strategy "High risk populations"	Healthy People 2020	UNAIDS World Aids Report 2011
<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) • Plus "Emerging populations" 	<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 Native 	<ul style="list-style-type: none"> • Adolescents • Adolescent MSM • Heterosexuals • MSM • IDU • Perinatal/ pregnant women • Substance users 	<ul style="list-style-type: none"> • Sex workers and their clients • MSM • IDU

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution
{Recommended approach to achieve stated goals and targets}
<div style="font-size: 2em; font-weight: bold; border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">1</div> <p style="text-align: center;">Adopt high-impact structural interventions that normalize HIV risk reduction behaviors in the general public and in specific high-incidence populations</p>

General Public				
Activity	Output (#)	Timeframe (By when)	Responsible Parties (Name of entity)	Priority (rank by #)
Community mobilization <ul style="list-style-type: none"> Educate influential community members and policy-makers about HIV (e.g., elected officials, charities, boards, etc.) 				
Social marketing <ul style="list-style-type: none"> Launch an HIV testing social marketing campaign for the general public 				
Condom distribution <ul style="list-style-type: none"> Maintain mass condom distribution efforts for the general public 				
Comprehensive sexuality education <ul style="list-style-type: none"> Support implementation of evidence-based HIV prevention curricula for the school-based setting 				
Syringe access <ul style="list-style-type: none"> Advocate for policy change to allow for sterile syringe access 				
High-Incidence Populations				
Activity	Output (#)	Timeframe (By when)	Responsible Parties (Name of entity)	Priority (rank by #)
Promotion of PrEP and nPEP <ul style="list-style-type: none"> Develop a community Standard of Care for PrEP and nPEP for high-risk individuals 				
Condom distribution <ul style="list-style-type: none"> Maintain condom distribution for high-incidence populations 				

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution {Recommended approach to achieve stated goals and targets}
<p>②</p> <p>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</p>

Activity	Output (#)	Timeframe (By when)	Responsible Parties	Priority
Targeted HIV Testing <ul style="list-style-type: none"> Undertaken efforts to scale-up targeted HIV testing 				
<ul style="list-style-type: none"> Prioritize HIV Counseling, Testing, and Referral (CTR) to partners of HIV+ individuals 				
<ul style="list-style-type: none"> Educate private medical doctors about high-risk HIV screening for adolescents and adults under health insurance reform 				
<ul style="list-style-type: none"> Apply social networks testing models in high-risk populations 				
Routine HIV Testing <ul style="list-style-type: none"> Undertaken efforts to scale-up routine HIV testing 				
<ul style="list-style-type: none"> Document and publicize outcomes of the Expanded Testing Initiative (ETI) to other hospital systems, private medical providers, and FQHCs 				
Integrated HIV/STD Testing <ul style="list-style-type: none"> Develop a universal statement on the integration of HIV, STD, and Hepatitis testing and screening 				

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution {Recommended approach to achieve stated goals and targets}
<p>③</p> <p>Enhance the linkage to care system so it is increasingly seamless, timely, culturally-responsive, and freely flowing between HIV prevention, surveillance, and care</p>

Activity	Output (#)	Timeframe (By when)	Responsible Parties	Priority
<p>Early Linkage to Care (pSLW)</p> <ul style="list-style-type: none"> Re-asses the Ryan White Part A/B Community-based Non-Medical Case Management Service Definition (Service Linkage Worker) 				
<ul style="list-style-type: none"> Embed linkage to care/referrals into outreach, CTR, and disease investigation 				
<p>HIV/AIDS Resource Guide</p> <ul style="list-style-type: none"> Create a real-time web-based HIV/AIDS resource locator for the newly-diagnosed 				
<ul style="list-style-type: none"> Create a real-time resource list for clinical trials and other research studies 				
<p>Linkage to care technology</p> <ul style="list-style-type: none"> Explore the feasibility of utilizing non-traditional methods for linking PLWHA to care (e.g., cyber-methods, text messages, etc.) 				
<p>Peer mentoring and navigation</p> <ul style="list-style-type: none"> Launch a community-wide peer mentor/patient navigation program to assist the newly-diagnosed into care 				
<ul style="list-style-type: none"> Apply a social networks model to linkage to care efforts within peer groups 				

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution {Recommended approach to achieve stated goals and targets}
<p>④</p> <p>Intensify Prevention with Positives including appropriate applications of new research on HIV prophylaxis and expansions of behavioral interventions for PLWHA and their partners</p>

Activity	Output (#)	Timeframe (By when)	Responsible Parties	Priority
Behavioral interventions for PLWHA <ul style="list-style-type: none"> Support evidence-based interventions (EBI) for PLWHA and their partners focused on secondary prevention 				
<ul style="list-style-type: none"> Integrate “treatment as prevention” messages into CTR and current EBIs 				
<ul style="list-style-type: none"> Launch a system-wide “treatment as prevention” educational effort for HIV+ individuals 				
<ul style="list-style-type: none"> Conduct a behavioral risk assessment of PLWHA and their partners 				

2012 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix

Solution {Recommended approach to achieve stated goals and targets}
<p>⑤</p> <p>Expand the prevention knowledge base including behavioral surveillance and measures of community-wide HIV health</p>

Activity	Output (#)	Timeframe (By when)	Responsible Parties	Priority
Research translation <ul style="list-style-type: none"> Support the creation of a Scientific Advisory Board to translate new HIV prevention science into local practice 				
Data clearinghouse <ul style="list-style-type: none"> Develop a web-based clearinghouse for HIV prevention research 				
Community-level HIV health measures <ul style="list-style-type: none"> Establish a baseline for community viral load 				

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.