

Houston Area HIV Services Ryan White Planning Council

**Houston Area Comprehensive HIV Services Plan
Leadership Team**

3:00 p.m., Thursday, October 29, 2015

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

AGENDA

- | | |
|---|---|
| I. Call to Order | Nancy Miertschin,
Ted Artiaga, and
Nike Blue, Co-Chairs |
| A. Welcome | |
| B. Moment of Reflection | |
| C. Adoption of the Agenda | |
| D. Introductions | |
| E. Review, Edit, and Adoption of Membership
Requirements, Voting Rules, and Quorum | Tori Williams, Manager
Office of Support |
| II. Orientation: 2017-2021 Comprehensive Planning Process | Amber Alvarez, Health
Planner, Office of Support |
| A. Refresher on Organizational Structure | |
| B. Overview of Integrated Plan Guidance – New
Requirements | |
| C. Review of Comprehensive Plan Development
Timeline | |
| D. Discussion of Leadership Team Expectations
and Process | |
| III. Next Steps | Nancy Miertschin,
Ted Artiaga, and
Nike Blue, Co-Chairs |
| A. Set Meeting Schedule | |
| B. What to Expect at the Next Meeting | |
| C. Questions or Concerns | |
| IV. Announcements | |
| V. Adjourn | |

The Needs Assessment Group will meet directly following this meeting. Please feel free to stay if you are interested in participating on the Needs Assessment Group.

2012 Comprehensive HIV/AIDS Service Plan

Leadership Team

Membership Requirements, Voting Rules and Quorum

(Approved by the Leadership Team 09-27-11)

Quorum for the Leadership Team is defined as:

- *1 representative from 3 of the 5 workgroups (see below*).*
- *7 additional Team members (including a Leadership Team co-chair).*
- *Of these 10, at least 2 must be PWAs (not including a chair).*
- *Of these 10, there must be a representative of:*
 - *Part A: 1 member of the Houston Ryan White Planning Council*
 - *Part B: 1 representative of a funded agency, volunteer or staff member*
 - *Community Planning Group (CPG): 1 member or staff member*

Voting Rules are as follows:

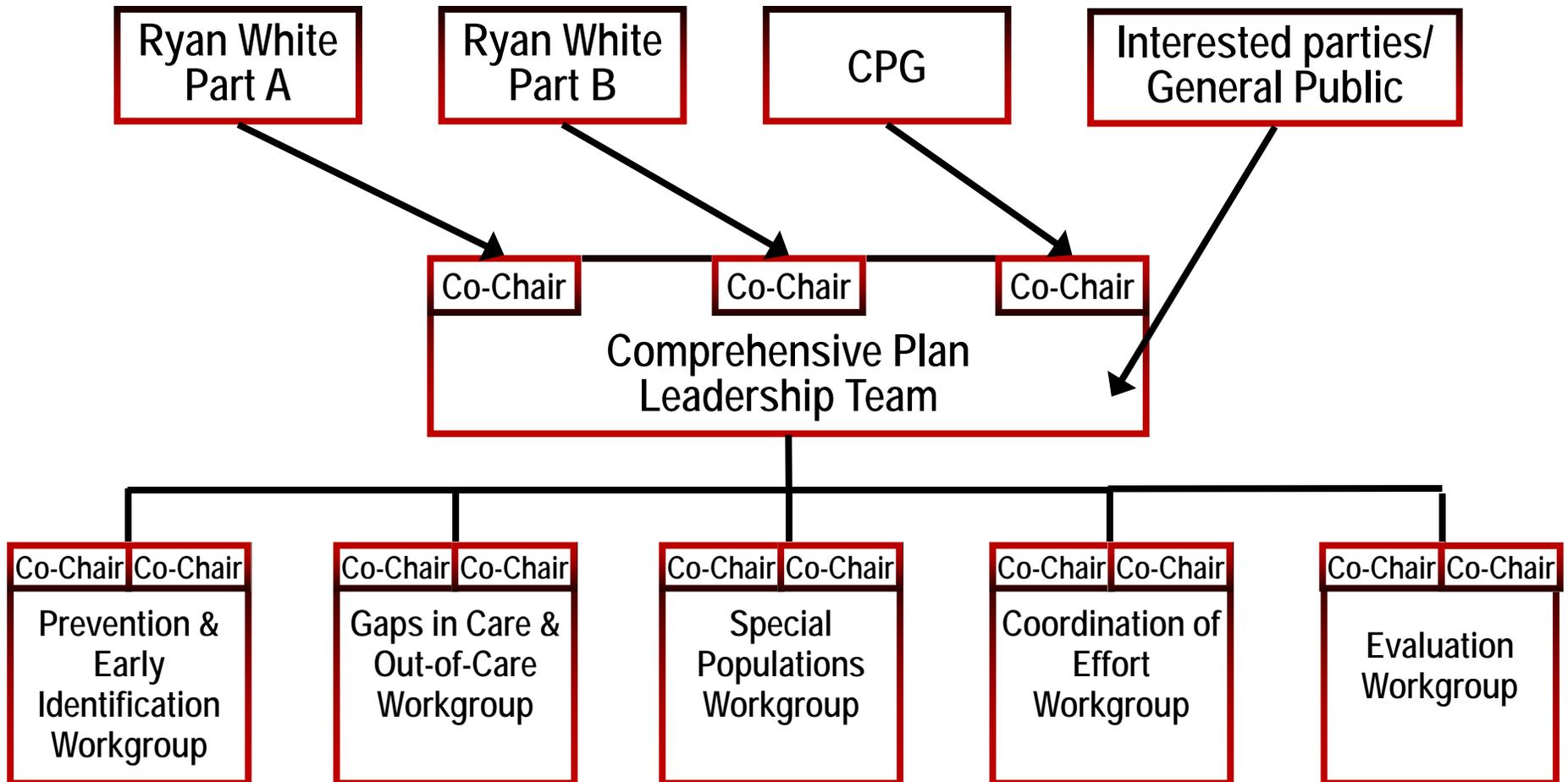
- *No voting at a member's first meeting (with the exception of the first meeting).*
- *Each agency gets one vote. This is based upon employment and applies even if a member of the Team is not representing the agency where they are employed.*
- *No more than 2 unexcused absences.*

Members must email Diane Beck (diane.beck@hctx.net) or call the Office of Support (713-572-3724) at least one day in advance, except in an emergency. If a member does not email or call in, they are unexcused.

*The 2012 Comprehensive HIV Services Plan Workgroups are:

- Evaluation
- Coordination of Effort
- Gaps in Care and Out-of-Care
- Prevention and Early Identification
- Special Populations

Comprehensive Planning Structure



Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021

Division of HIV/AIDS Prevention

**National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention**

HIV/AIDS Bureau

Health Resources and Services Administration

June 2015



Centers for Disease Control and Prevention and Health Resources and Services Administration

2017 - 2021 Integrated HIV Prevention and Care Plan, Including the Statewide Coordinated Statement of Need

Executive Summary

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) developed this guidance to support the submission of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), a legislative requirementⁱ for Ryan White HIV/AIDS Program (RWHAP) Part A and B Grantees. This guidance will help to accelerate progress toward reaching the goals of the National HIV/AIDS Strategyⁱⁱ which include preventing new HIV infections, increasing access to care and improving health outcomes, and reducing HIV-related health disparities. This guidance is set forth for health departments and HIV planning groups funded by the CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan. CDC's and HRSA's Integrated HIV Prevention and Care Plan Guidance is based on collaborative planning which addresses local needs and which is flexible in addressing challenges that vary from one community to another. This new format will allow jurisdictions to submit one Integrated HIV Prevention and Care Plan, to both CDC and HRSA.

This guidance builds upon CDC and HRSA's efforts to further reduce reporting burden and duplicated efforts experienced by grantees; streamline the work of health department staff and HIV planning groups; and promote collaboration and coordination in the use of data; all of which inform HIV prevention and care program planning, resource allocation, evaluation, and continuous quality improvement efforts to meet the HIV prevention and care needs in jurisdictions. The Integrated HIV Prevention and Care Plan should also reflect the community's vision and values regarding how best to deliver HIV prevention and care services.

This guidance is written in four sections that provide a framework for HIV prevention and care to grantees: (1) prevention and care needs assessment process and results; (2) integrated HIV prevention and care plan; (3) monitoring and improvement and (4) submission and review process. The Integrated HIV Prevention and Care Plan must cover calendar years 2017 – 2021, and serve as a jurisdictional HIV/AIDS Strategy. HIV planning bodies should use this living document as a roadmap to guide its HIV prevention and care planning throughout the year. Updates to the Integrated HIV Prevention and Care Plan can be developed at the jurisdictional level and submitted annually, if necessary, to reflect local needs and changes in the health care delivery system.

Introduction

The context of HIV prevention and care in the United States has evolved due to changes in the health care delivery system, chiefly the implementation of the Affordable Care Act (ACA)ⁱⁱⁱ, and recent advances in biomedical, behavioral, and structural strategies to prevent and control HIV in the US. The National HIV/AIDS Strategyⁱ and the White House HIV/AIDS Care Continuum Initiative^{iv} have bolstered further integration of HIV prevention and care efforts and fostered new approaches to addressing barriers to HIV testing and care and treatment. Federal agencies, state and local health departments, community-based organizations, health care providers, and people living with HIV (PLWH) continue to use the goals of the National HIV/AIDS Strategy and the HIV Care Continuum to measure progress toward the goals of preventing HIV, diagnosing people who do not know their HIV status, linking PLWH to care and treatment, retaining PLWH in care and treatment, prescribing HIV medication treatment to PLWH, and achieving viral suppression.

To better support the integration of HIV prevention and care service delivery, CDC and HRSA developed this guidance with a new format to support the submission of an Integrated HIV Prevention and Care Plan, including HIV prevention and care planning activities for jurisdictions, as well as the Statewide Coordinated Statement of Need (SCSN), a legislative requirement^v for Ryan White HIV/AIDS Program (RWHAP) Part A and B grantees. In order to reduce the burden of planning and reporting, CDC and HRSA created this guidance that will contribute to the following goals: aligning of submission dates, reducing reporting burden, leveraging resources for HIV prevention and care, utilizing integrated epidemiologic profiles, and submitting a multiyear plan that will cover a period of 5 years.

Background: CDC Jurisdictional HIV Prevention Plan, HRSA SCSN, and HRSA Comprehensive Plans

Since 1993, health departments funded by CDC, through the Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments Funding Opportunity Announcement, are required to have an HIV prevention planning process that includes the establishment of an HIV prevention planning group (HPG) and the development of a jurisdictional HIV prevention plan. The Division of State HIV/AIDS Programs (DSHAP) within HRSA's HIV/AIDS Bureau (HAB) requires Ryan White HIV/AIDS Program Part B Grantees to convene a planning advisory group and to submit a Statewide Coordinated Statement of Need (SCSN) which includes the participation of a variety of stakeholders and requires the participation of all of the RWHAP Part Programs funded in the jurisdiction. HAB's Division of Metropolitan HIV/AIDS Ryan White Programs Part A Grantees are legislatively required to participate in the development of the SCSN. The purpose of the SCSN is to provide a collaborative mechanism to identify and address the most significant HIV needs of PLWH and to maximize coordination, integration, and effective linkages across all Ryan White HIV/AIDS Program Parts. Both RWHAP Part A and B Grantees are also required to submit a comprehensive plan.

Moving Forward: CDC and HRSA Expectations for an Integrated HIV Prevention and Care Plan

All CDC/DHAP and HRSA/HAB funded jurisdictions (the 50 states, RWHAP Part A-funded Eligible Metropolitan Areas and Transitional Grant Areas, directly-funded CDC HIV prevention cities, Puerto Rico, the United States Virgin Islands, and the United States Affiliated Pacific Island jurisdictions) are required to have a planning process that includes the development of a Comprehensive Plan and the establishment of either an HIV Planning Group, Planning Council, or Advisory Group, hereafter, referred to as “planning body.” HIV planning contributes to HIV prevention and care and treatment service delivery through developing strategic collaboration among stakeholders. HIV planning entails broadening the group of partners and stakeholders which include other Federal, state, and local HIV/AIDS programs and organizations, engaged in prevention planning, improving the scientific basis of program decisions, targeting resources to those communities at highest risk for HIV transmission and acquisition, and addressing disparities in health outcomes along the HIV Care Continuum. Please refer to the most recent HIV Planning Guidance (HPG)^{vi} and the Ryan White HIV/AIDS Program Part A^{vii} and Part B^{viii} Manuals for more details about HIV planning processes.

The Integrated HIV Prevention and Care Plan is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions and outlines the strategies to address them. It is the intent of this Guidance to help stimulate the development of integrated plans that will reduce the burden of historically independent plan submissions and increase efficiencies in the use of planning resources, as well as contribute to resultant improvements in program effectiveness and health outcomes for the HIV at-risk and infected populations. The Integrated HIV Prevention and Care Plan, including the SCSN, also articulates the existing and needed collaboration among PLWH, service providers, funded program implementers, and other stakeholders. While there is not a standard template for the Integrated HIV Prevention and Care Plan, the plan submitted must include all of the components outlined in the guidance. Jurisdictions may utilize or reference existing content from program implementation plans, state or city plans, or other planning documents, if that content addresses the guidance requirements.

- One Integrated HIV Prevention and Care Plan may be submitted on behalf of several jurisdictions (e.g., the State, the Part A jurisdictions in that State, CDC directly funded cities in that State), but each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated HIV Prevention and Care Plan.
- The Integrated HIV Prevention and Care Plan should include information on who is responsible for developing the Integrated HIV Prevention and Care Plan within the jurisdictions (i.e., RWHAP Part A planning councils, RWHAP Part B advisory groups, and CDC HIV planning bodies).
- The Integrated HIV Prevention and Care Plan should define and provide the goal(s) (i.e., coordination in planning of HIV prevention and care services) which allows jurisdictions to articulate their roadmap on how they will address the prevention, care, and treatment needs in their service areas and accomplish the goals of the National HIV/AIDS Strategy and the principles and the intent of the HIV Care Continuum.

The Integrated HIV Prevention and Care Plan is required to align with the goals of the National HIV/AIDS Strategy (NHAS) and to use the principles and the intent of the HIV Care Continuum to inform the needs assessment process and the service delivery implementation. Jurisdictions funded by both CDC DHAP and HRSA HAB should submit a single Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need; however, jurisdictions may submit separate plans to both the CDC and HRSA if local structural factors are such that a single submission is not feasible. For jurisdictions with directly-funded state and city health departments, the city Integrated HIV Prevention and Care Plan should complement the state Integrated HIV Prevention and Care Plan, including the SCSN and effectively depict and address the HIV epidemic within the jurisdiction.

All funded entities must submit an Integrated HIV Prevention and Care plan responsive to the guidance. It is ideal and preferable that an Integrated HIV Prevention and Care Plan be submitted to CDC and HRSA, however, CDC and HRSA acknowledge there is no one-size-fits-all model for integrated HIV planning, and therefore, the initial result in the process may be the submission of separate plans which are responsive to the guidance.^{ix} CDC and HRSA strongly encourage collaboration between HIV prevention and care to respond to all components of the guidance.

State and/or local jurisdictions (municipalities) have the option to submit a(n):

- Integrated state/city prevention and care plan to CDC and HRSA;
- Integrated state-only prevention and care plan to CDC and HRSA;
- Integrated city-only prevention and care plan to CDC and HRSA;
- City-only prevention plan to CDC; or a
- City-only care plan to HRSA.

The Integrated HIV Prevention and Care Plan is a vehicle to develop a coordinated approach to addressing the HIV epidemic at the state and local levels. The progress on achieving the objectives presented in the Integrated HIV Prevention and Care Plan will be reported on a periodic basis through CDC and HRSA's existing reporting requirements (i.e., annual application, annual progress reports, and implementation plans).

Comprehensive Plan and Needs Assessment Group Activities Timeline
October 2015 – September 2016

Updated 10-22-15

	Oct 2015	Nov 2015	Dec 2015	Jan 2015	Feb 2016	Mar 2016
Comprehensive Plan (CP) Activities	<ul style="list-style-type: none"> CP Leadership Team convenes; adopts membership, voting rules & quorum requirements; orientation to 2017-2021 comprehensive planning process, sets meeting schedule; ad-hoc Strategy WG co-chair assignments made 	<ul style="list-style-type: none"> CP Leadership Team reviews recommendations, identifies broad mission/vision, guiding principles, & goals PEI, Gaps, SP & COE WGs convene 	<ul style="list-style-type: none"> PEI, Gaps, SP & COE WGs convene 	<ul style="list-style-type: none"> No meeting – RWPC Orientation 	<ul style="list-style-type: none"> Eval WG conducts for Y4 evaluation PEI, Gaps, SP & COE WGs convene 	<ul style="list-style-type: none"> PEI, Gaps, SP & COE WGs convene CP Leadership convenes for CP mid-development update Committee approves Y4 Evaluation Report
Needs Assessment (NA) Activities	<ul style="list-style-type: none"> NAG meets to design NA process 	<ul style="list-style-type: none"> Survey WG creates survey tool Epi WG convenes to create sampling plan NAG approves survey tool and sampling plan NA data collection and entry begins 	<ul style="list-style-type: none"> Analysis WG convenes to adoption of principles for data analysis NAG approves Epi Profile NA data collection and entry continues 	<ul style="list-style-type: none"> NA data collection and entry continues 	<ul style="list-style-type: none"> NA data collection and entry continues 	<ul style="list-style-type: none"> NA data collection and entry continues
	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
Comprehensive Plan (CP) Activities	<ul style="list-style-type: none"> PEI, Gaps, SP & COE WGs convene Council approves Y4 Evaluation Report 	<ul style="list-style-type: none"> PEI, Gaps, SP & COE WGs convene Eval WG convenes to develop evaluation and monitoring process for next CP 	<ul style="list-style-type: none"> PEI, Gaps, SP & COE WGs convene CP Leadership Team reviews first draft of CP sections (except NA section) Community review of first draft of new CP (except NA section) 	<ul style="list-style-type: none"> Community review of CP final draft CP Leadership Team reviews/approves final draft of CP Gather CP concurrence from community partners 	<ul style="list-style-type: none"> Special Committee Meeting: Committee approves CP Council approves CP Early submission of CP? 	<ul style="list-style-type: none"> Deadline for CP submission to HRSA and CDC Eval WG convenes for Y5 mid evaluation
Needs Assessment (NA) Activities	<ul style="list-style-type: none"> NA data collection and entry ends Analysis WG convenes to review preliminary findings NA data cleaning and NA data analysis 	<ul style="list-style-type: none"> NA data analysis; write brief report NAG reviews/approves NA report 	<ul style="list-style-type: none"> Committee approve NA report 	<ul style="list-style-type: none"> Council approves NA report 	No activities	No activities

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

2017-2021 Houston Area Comprehensive HIV Services Plan
ROLE DESCRIPTION

Role: **Leadership Team**
Timeframe: **October 2015 – September 2016**

Background

Jurisdictions funded by the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) to provide HIV-related prevention and care services must have an Integrated HIV Prevention and Care Plan (*Comprehensive Plan*) in place for their area. The current Houston Area plan expires December 2016, and an updated five-year plan must be submitted to CDC and HRSA by September 2016. To achieve this goal, Houston’s two HIV planning bodies, the Ryan White HIV/AIDS Program grantees, and other community stakeholders will come together through a series of ad hoc Workgroups to design solutions and plans for various topics related to HIV prevention and care services, including prevention and early identification, addressing gaps in care and the out-of-care, the needs of special priority populations, coordination of effort across programs, and evaluation and monitoring of the implementation of the Plan.

The development of a Comprehensive Plan creates a unique opportunity for all individuals and groups concerned about HIV/AIDS in the Houston area. It allows for service providers, stakeholders, consumers of HIV services, and concerned community members to help determine HIV prevention and care service priorities as well as help steer the activities of the region’s prevention program, Ryan White HIV/AIDS Programs, and planning bodies. Once complete, the Plan will serve as guidance for Houston area decision-makers, funders, and service providers as they design and provide HIV services in the future.

Role of the Leadership Team

The Leadership Team is the “steering committee” of the comprehensive planning process. Its primary role is to advise and guide the process by providing ongoing feedback and direction on structure, timeline, and outputs. The Leadership Team also helps identify Workgroup membership and reviews the comprehensive plan at all stages. In addition, the Leadership Team provides the “big picture” perspective on HIV prevention and care services in the Houston area and, as such, reviews and reaffirms the mission, vision, values, overarching principles, and systems-level HIV care goals.

Leadership Team membership will represent an array of agencies, including the Ryan White HIV/AIDS Programs, Administrative Agents, Planning Bodies, and key community stakeholders, institutions, groups, and coalitions. Consumers of Ryan White services will also serve as Leadership Team members. Additionally, the co-chairs of each focus area working group will serve on the Leadership Team to provide linkages to Workgroup activities.

The Leadership Team will be jointly chaired by a representative from each of the two Houston area Administrative Agents (Ryan White Parts A and B) and from HIV prevention community planning.

Expectations of Leadership Team Members

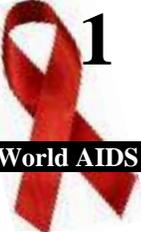
- Attend Leadership Team meetings.
- Help identify individuals to serve on focus area Workgroups (e.g. Prevention/Early Identification, Gaps in Care/Out of Care, Special Populations, Coordination of Effort, and Evaluation).
- Review and provide feedback on work produced by the Workgroups.
- Provide direction on overall planning issues and concerns.
- Review Mission, Vision, Values, Guiding Principles, and Goals.
- Participate in the design of the community vetting and public input process for the plan (e.g., community meetings, etc.).
- Review and provide feedback on draft sections of the plan.
- Facilitate review of and concurrence with the plan by agency leadership prior to submission.
- Participate in additional planning Workgroups, if time allows.

In addition to the above activities, Leadership Team Co-Chairs will:

- Facilitate meetings in accordance with Robert's Rules of Order and Open Meeting Law.
- As needed, serve as spokespeople for the Leadership Team and the comprehensive planning process.
- Assist in the selection and appointment of Co-Chairs for the five Workgroups.
- As needed, fill gaps in the assignments of other Leadership Team members.

<p>UPDATED: 10/19/15</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724</p> <p>Unless otherwise noted, meetings are held at: 2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1	2	3	4	5 12 noon Steering Committee Room #240	6	7
	8	9 11:00 am Project LEAP Advisory Committee Room #240	10 9:30 am Commissioner's Court-World AIDS Day Proclamation	11	12 12:00 pm Planning Council Room #532 1:30 pm Waiting List Workgroup Room #532	13	14
	15	16	17 11:00 am Operations Room #240	18	19 11:00 am Joint Meeting & Quality Improvement Room #416	20	21
	22	23	24	25	26 Thanksgiving Day Office closed	27 Office closed	28
	29	30					

**November
2015**

<p>UPDATED: 08/06/15</p> <p>All meetings subject to change. Please call in advance to confirm: 713 572-3724</p> <p>Unless otherwise noted, meetings are held at: 2223 W. Loop South, Suite 240 Houston, TX 77027</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			 1 World AIDS Day	2	3 12 noon Steering Committee Room #240	4	5
	6	7	8	9	10 12:00 pm Planning Council Room #532 2:00 pm Comp HIV Planning Room #532	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24 Christmas Eve Office closed	25 Christmas Day Office closed	26
	27	28	29	30	31		

**December
2015**