

Houston Area HIV Services Ryan White Planning Council

Combined Meeting of the Comprehensive HIV Planning, Research, Data & Implementation, and the Monitoring, Quality Assurance and Evaluation Committees 2:00 pm, Thursday, February 8, 2024

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598 Passcode: 253271 To join via telephone call: (346) 248-7799

In-person location: Bering Church, 1440 Harold Street, Houston, TX 77006. Please park and enter the building from behind the church on Hawthorne Street.

AGENDA

- I. Call to Order
 - A. Welcoming Remarks and Moment of Reflection Kenia Gallardo, *She/Her/Hers*, and Robert Siepka, *He/Him/They*
 - B. Adoption of the Agenda Co-Chairs
 - C. Approval of the Minutes

- II. Public Comment and Announcements
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization.)

- III. Welcome Members of the EHE/Integrated HIV Prevention & Care Planning Committees
 - A. Introductions All
 - B. Logistics Tori Williams, *She/Her/Hers*
 - Meet Monthly, focus on a different committee each month

- IV. Brief Description of the EHE/Integrated Plan Tori Williams

- V. Roles, Responsibilities & Overall Process Tori Williams
 - A. Co-Chairs, Staff & Leadership Team
 - B. Members of Data and Evaluation Committees
 - C. Process for 2024:
 - Review the goals
 - Create inventory of resources related to the goals
 - Justify editing or giving goals away
 - Educate, educate, educate (data, speakers & more)
 - After much education, take action/make recommendations
 - D. Document progress for Leadership Team at each meeting (see below)

(Over)

VI. Review Goals

VII. Assign Tasks & Set Date for Next Meeting

VIII. Adjourn

SUMMARY OF MEETING (over if more space is needed): NEXT MEETING DATE: _____

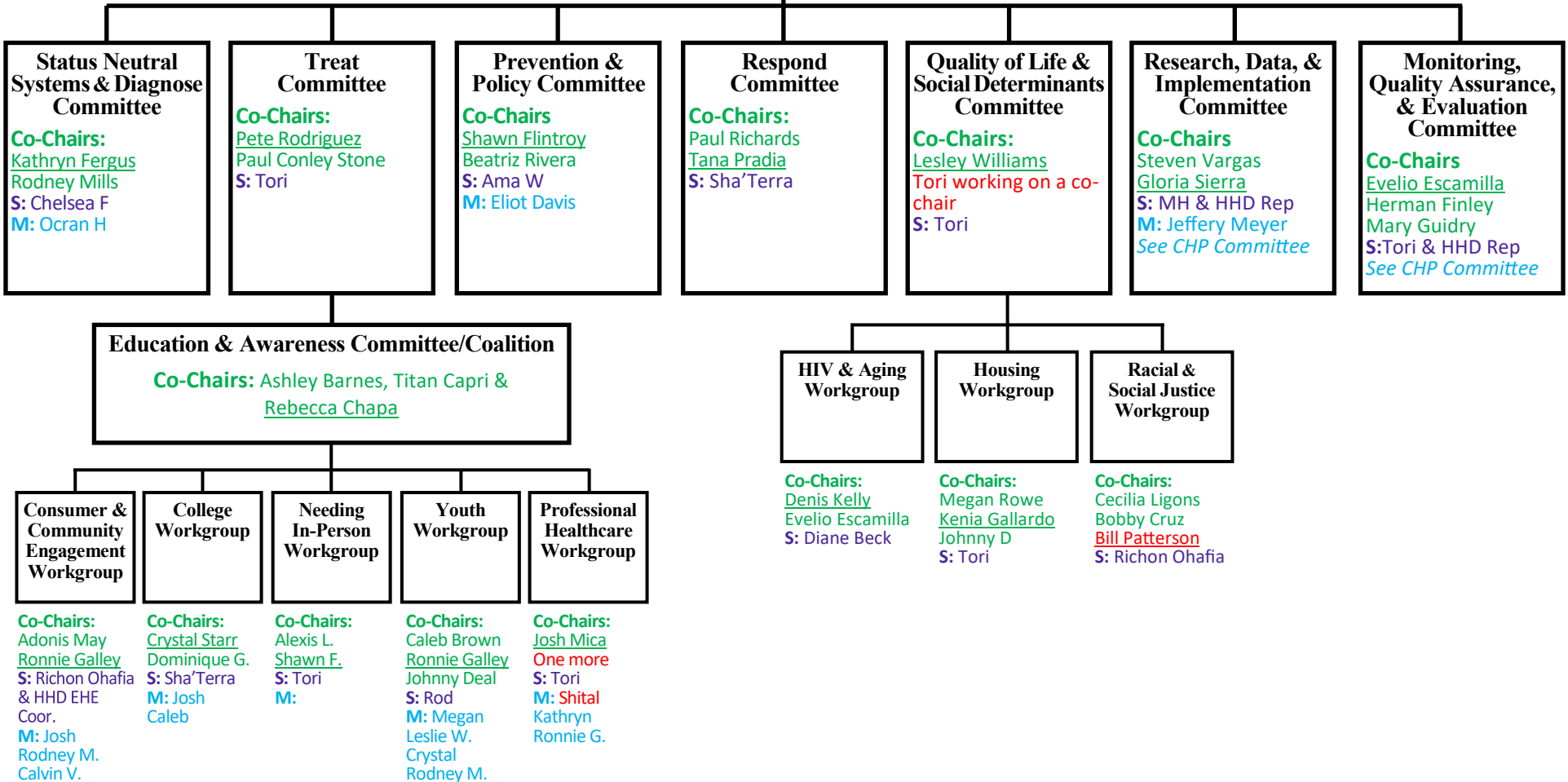
DECISIONS MADE & TASK ASSIGNMENTS:

Submitted by: _____

Date: _____

Leadership Team

Co-Chairs: Ronnie Galley (RWPC), Lesley Williams (RW Pt B) and Shawn Flintroy (CPG)



EVALUATION ACTIVITIES

SMART goals for 2022 Integrated HIV Prevention and Care Plan – Updated 01-30-24

The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal. For example, you might set a goal to “get better” at typing. However, upon evaluating this goal using the SMART method, you see that your goal is quite vague. By restating your goal in quantifiable terms, such as “be able to type more words per minute,” you have a SMART goal that can be obtained. The characteristics of this goal can then be further detailed to reflect the remaining traits of the SMART goal process.

GOAL & ACTIVITY	Specific Narrow for more long-term planning	Measurable What evidence will prove you are making progress	Attainable Make sure you can reasonably accomplish your goal	Relevant align with your values & long-term objectives	Time-Based Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
Pillar 1: Diagnose						
<u>Goal 1B</u> : Using the status neutral approach, develop X number of Rapid Start programs in order to increase the capacity of the public health healthcare delivery systems and healthcare workforce in order to improve HIV-related health outcomes of the individuals being tested.	Ensure all Ryan White-funded medical care and treatment programs have Rapid Start		By using lessons learned during pilot phase and funding similar efforts	And prioritizing populations that least benefitted, accessed	Within three (3) years.	
Pillar 2: Treat						
<u>Goal 1C</u> : Establish a Houston Area HIV Education Council by reaching out to colleges, consumers, in-person educators, youth, and professional healthcare workers in partnership with AETCs, the RW program, CPG, and city and county health departments to increase consumer input and participation into science-based health education and Houston Area HIV linkage to prevention and care services.	Establish a Houston Area HIV Education Council	By reaching out to college, consumers, needing in-person educators, youth, and professional healthcare workers	In partnership with AETCs, RW and CPG	Increase consumer input and participation into science-based comprehensive sexual health education	Within three (3) years.	Development of a curriculum and pre- and post- tests

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<u>Goal 2B:</u> Increase access to services that replace or provide identification documents so that lack of identification as a barrier will decrease regardless of immigration or legal status by working with identification providers including CBOs, NGOs, and government agencies.	Increase access to services that replace or provide identification documents.	Lack of identification as a barrier will decrease	By working with identification Providers inc. CBOs, NGOs and governmental agencies	Regardless of immigration or legal status	For three (3) years.	Increased number of IDs dispensed ID will not be listed as a main barrier to care in our Needs Assessments
<u>Goal 2C:</u> Create a case manager job description and fund the position so that fewer people with a history of sexual offense will be lost to care by working with street outreach workers, harm reduction teams and others experienced working with people with a history of sexual offense by prioritizing this historically underserved population.	Create a CM job description and fund the position	Less lost to care for people with a history of sex offenses; linkages to care & support svcs	By working with street outreach workers, Harm Reduction teams and others experienced working with people with a history of sexual offense	By prioritizing an historically underserved population	For three (3) years	A caseload develops, linkage to care
<u>Goal 2D:</u> Gather information from RW-funded pharmacists, case managers, executive directors, and Coalition for the Homeless to create ease of access via phone provision for historically underserved communities and to mitigate challenges towards maintaining care. Have meetings to develop pros and cons and to synthesize information to develop a consensus decision by September 2024.	1. Gather information from RW-funded pharmacists, Case Managers, EDs 2. Invite Coalition for the Homeless (info on Houston Community Voicemail) – find out what replaced this service as Coalition for the Homeless is no longer providing direct client services	1. Have meetings 2. Develop pros & cons 3. Synthesize info to dev. a consensus decision	By September 2024	Create ease of access via phone provision for historically underserved communities, mitigate challenges towards maintaining care	For three (3) years	1. Had meetings? 2. Develop pros & cons 3. synthesize info to dev. a consensus decision

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Pillar 3: Prevent						
<p><u>Goal 3C:</u> Gather data from SIRR members, people returning from incarceration, subject matter experts, pharmacists, and case managers related to policies both for and against condom distribution in jails and prisons and synthesize information into a consensus decision. Also, gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV is Not A Crime) related to making Texas a Medicaid expansion state to increase access to more comprehensive medical care and treatment for people aging with HIV and create a consensus decision.</p>	<p>1. Condom Distribution: Gather information from SIRR members, returning from incarceration programs, SME input, pharmacists, Case Managers 2. Medicaid Expansion: gather information from Texas Strike Force, HIV advocacy groups, HINAC (HIV IS Not A Crime)</p>	<p>1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision</p>	<p>By March 2024</p>	<p>1. Increased protective factors against HIV acquisition for incarcerated populations 2. Increase access to more comprehensive medical care & treatment for people aging with HIV</p>	<p>For three (3) years.</p>	<p>1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision</p>
Pillar 4: Respond						
<p>All EHE goals.</p>						
Pillar 5: Quality of Life						
<p><u>Goal 5A:</u> Improve Quality of Life for persons living with HIV by promoting unfettered access to high quality life-extending prevention and care services through the identification of the top 3 services people needed but couldn't</p>	<p>Unfettered access to high quality life-extending prevention and care services Domains</p>	<p>Percentage of people who said they needed it but couldn't get it – this would decrease</p>	<p>By focusing on the most needed and least accessible services and the populations</p>	<p>by making services available, accessible, and affordable</p>	<p>For three (3) years.</p>	<p>Needs Assessment data</p>

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access it as well as the top 3 barriers. We will identify the number of people in need of service and who couldn't access it. This will decrease by focusing on the most needed and least accessible services and the populations benefitting least from these services by making services available, accessible and affordable for three years.	1) Top 3 services needed but couldn't get it and top 3 barriers to each service ***Needs assessment and utilization reports		benefitting least from these services			
<p><u>Goal 5G:</u> For 3 years, continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.</p> <p>Continued on next page</p>	Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to:	1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV	By continuing the work we have been doing by continuing to host QOL workgroups	Manifesting meaningful involvement of PLWH	For three (3) years.	

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<p><i>No need to revise the following as SMART goals. HMMP = Houston Medical Monitoring Project.</i></p> <p><u>Goal 5B</u>: Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. <i>Activity: See HMMP.</i></p>						<i>See HMMP data.</i>
<p><u>Goal 5C</u>: Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. <i>Activity: See HMMP.</i></p>						<i>See HMMP data.</i>
<p><u>Goal 5D</u>: Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. <i>Activity: See HMMP.</i></p>						<i>See HMMP data.</i>
<p><u>Goal 5E</u>: Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. <i>Activity: See HMMP.</i></p>						<i>See HMMP data.</i>
<p><u>Goal 5F</u>: Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. <i>Activity: See HMMP.</i></p>						<i>See HMMP data.</i>