

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
1310 Prairie Street, Suite 800, Houston, TX 77002  
832 927-7926 telephone; <http://rwpchouston.org>

**Memorandum**

To: Members, Comprehensive HIV Planning Committee

Kenia Gallardo, Co-Chair	Kenneth Jones
Robert Sliepka, Co-Chair	Shital Patel
Jay Bhowmick	Beatriz E.X. Rivera
Johanna Castillo	Evelio Salinas Escamilla
Titan Capri	Jose Serpa-Alvarez
Kathryn Fergus	Imran Shaikh
Glen Hollis	Steven Vargas

Copy: Diane Beck                      David Babb – email only  
Beth Allen                          Janice Burns – email only  
Tiffany Shepherd                  Miyase Koksai-Ayhan  
Marlene McNeese                  Gretchen Hollingsworth – email only  
Sha’Terra Johnson                  Algernon Moorhead  
Mauricia Chatman                  Oscar Perez

From: Tori Williams, Ryan White Office of Support

Date: Tuesday, January 30, 2024

Re: **Meeting Reminder**

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Please note that there will be a hybrid meeting of the Comprehensive HIV Planning Committee. Details are as follows:

**Comprehensive HIV Planning Committee  
Research, Data & Implementation Committee and  
Monitoring, Quality Assurance, & Evaluation Committee Meeting  
2:00 pm, Thursday, February 8, 2024**

Join Zoom Meeting by clicking on this link:  
<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHI6SzRRNG12VndnR21YUT09>  
Meeting ID: 893 3021 9598                  Passcode: 253271  
Or, call 346 248-7799

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

Please contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at 832 927-7926 or by email at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov). Thank you!

# Houston Area HIV Services Ryan White Planning Council

## Combined Meeting of the Comprehensive HIV Planning, Research, Data & Evaluation, 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, *Him/His/They*
  - B. Adoption of the Agenda
  - C. Approval of the MinutesCo-Chairs
  
- 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  
➤ Meet Monthly, focus on a different committee each monthTori Williams, *She/Her/Hers*
  
- 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

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

DECISIONS MADE & TASK ASSIGNMENTS:

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

## Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, November 9 2023

Meeting Location: Bering Church 1440 Harold Street, Houston and Zoom teleconference

### Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Kenia Gallardo, Vice Chair	Steven Vargas, excused	Tori Williams, Office of Support
Johanna Castillo	Allen Murray, excused	Mackenzie Hudson, Office of Support
Evelio Salinas Escamilla	Dawn Jenkins	Diane Beck, Office of Support
Kathryn Fergus	Shital Patel, excused	
Ryan Rose	Paul Richards	
Robert Sliepka	Imran Shaikh	
Carol Suazo	Ashley Barnes	
Dominique Brewster	John Heathcock, excused	
Gina German		
Mary L. Guidry		

**Call to Order:** Kenia Gallardo, Committee Vice Chair, called the meeting to order at 2:02 p.m. and asked for a moment of reflection.

**Adoption of Agenda:** **Motion #1:** *it was moved and seconded (Sliepka, Castillo) to adopt the agenda.*  
**Motion carried.**

**Approval of the Minutes:** **Motion #2:** *it was moved and seconded (Castillo, Sliepka) to approve the October 12, 2023 minutes.* **Motion carried.** Abstentions: Brewster, Rose.

**Public Comment:** None.

**Update on the 2023 Needs Assessment:** Hudson said that Beck is in the process of scheduling survey sites.

#### 2022-2026 Integrated Plan

**General Updates:** Williams said that the initiation of the Integrated Planning body was getting started. The CPG hasn't met regularly since Covid so we have combined their committees with the integrated planning workgroups and many of the members are co-chairs. See attached diagram of committees and workgroups. If anyone is interested in joining or co-chairing any of the workgroups please let her know. There will be a Community Meeting on November 16<sup>th</sup>. Attendees will sign up for the different committees and workgroups and each group will set their meeting schedule and decide if they want to meet virtually or using a hybrid format. In December, there is a plan to bring members of the Ryan White Comprehensive HIV Planning Committee together with the Evaluation Committee from CPG in order to create outcome measures and set benchmarks for each of the goals in the plan.

**SMARTIE Goals:** Hudson said that she worked with Vargas and Mica to revise the remaining two goals to be SMARTIE goals (5A and 5G). See attached. The committee made a few suggested edits to the text.  
**Motion #3:** *it was moved and seconded (Rose, Castillo) to approve the updated goals with the suggested revisions.* **Motion Carried.**

**Announcements:** None.

**Adjournment: Motion:** *it was moved and seconded (Castillo, Rose) to adjourn the meeting at 2:34 p.m.*  
**Motion Carried.**

Submitted by:

Approved by:

\_\_\_\_\_  
 Tori Williams, Office of Support      Date

\_\_\_\_\_  
 Chair of Committee      Date

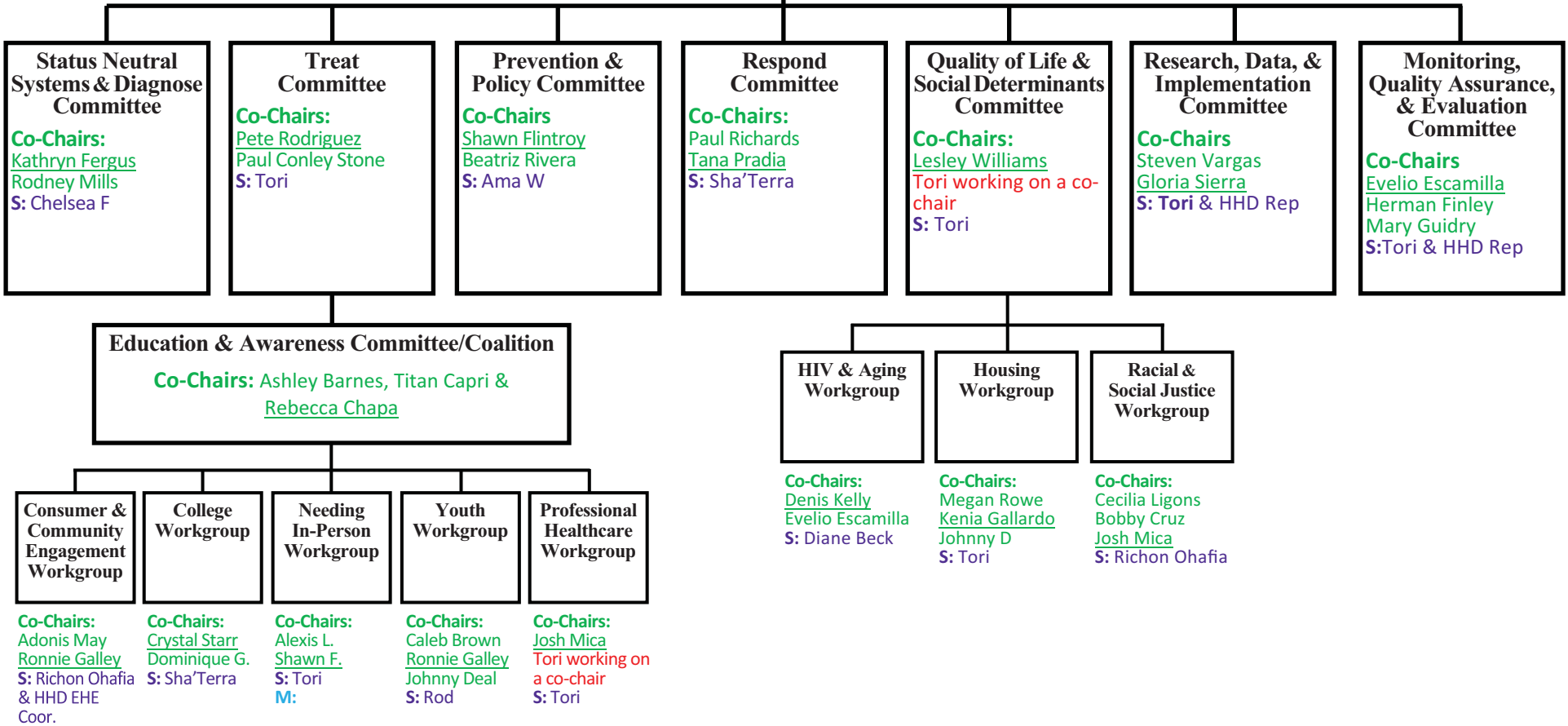
**JA = Just arrived at meeting**  
**LM = Left the meeting**  
**C = Chaired the meeting**

**2023 Voting Record for Meeting Date November 9, 2023**

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: Updated Integrated Plan Goals			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Steven Vargas, Co-Chair	X				X				X			
Allen Murray, Co-Chair	X				X				X			
Johanna Castillo		X				X				X		
Evelio Escamilla ja 2:27 pm	X				X					X		
Kathryn Fergus		X				X				X		
Kenia Gallardo				C				C				C
Dawn Jenkins	X				X				X			
Shital Patel	X				X				X			
Paul Richards	X				X				X			
Ryan Rose		X						X		X		
Imran Shaikh	X				X				X			
Robert Sliepka		X				X				X		
Carol Suazo		X				X				X		
Ashley Barnes	X				X				X			
Dominique Brewster		X						X		X		
Gina German ja 2:07 pm	X				X					X		
Mary L. Guidry		X				X				X		
John Heathcock ja 2:07 pm	X				X				X			

# 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.

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b>Pillar 1: Diagnose</b>						
<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.	
<b>Pillar 2: Treat</b>						
<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

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<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



GOAL & ACTIVITY	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<b>Pillar 3: Prevent</b>						
<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.	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)	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision	By March 2024	1. Increased protective factors against HIV acquisition for incarcerated populations 2. Increase access to more comprehensive medical care & treatment for people aging with HIV	For three (3) years.	1. 2-3 number of meetings 2. Develop pros & cons 3. synthesize info to dev. a consensus decision
<b>Pillar 4: Respond</b>						
All EHE goals.						
<b>Pillar 5: Quality of Life</b>						
<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	Unfettered access to high quality life-extending prevention and care services Domains	Percentage of people who said they needed it but couldn't get it – this would decrease	By focusing on the most needed and least accessible services and the populations	by making services available, accessible, and affordable	For three (3) years.	Needs Assessment data

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
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.	

<b>GOAL &amp; ACTIVITY</b>	<b>Specific</b> Narrow for more long-term planning	<b>Measurable</b> What evidence will prove you are making progress	<b>Attainable</b> Make sure you can reasonably accomplish your goal	<b>Relevant</b> align with your values & long-term objectives	<b>Time-Based</b> Set a realistic end-date	How will the Houston Area Evaluation Team measure the success of the goal?
<p><i>No need to revise the following as SMART goals. HMMP = Houston Medical Monitoring Project.</i></p> <p><b>Goal 5B:</b> 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><b>Goal 5C:</b> 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><b>Goal 5D:</b> 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><b>Goal 5E:</b> 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><b>Goal 5F:</b> 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>