



# The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014

Capturing the community's vision for an ideal system of HIV prevention and care for the Houston Area

Executive Summary

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# Introduction

“H-I-V. Alone, these are three simple letters. Put them together and they identify a disease with an impact of extraordinary proportions. What was once a relatively unknown and concentrated disease has evolved into an epidemic reaching all corners of the globe. It knows no national boundary or division of race, ethnicity, age, sex, or socioeconomic status...

Countless individuals, organizations, and communities the world over have responded admirably to the challenge of fighting the HIV epidemic. This document represents the continuing efforts of one local community, the greater Houston, Texas area, to prevent the spread of HIV and care for those who are living with HIV and their families.”

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

When communities receive federal funds for HIV prevention or HIV care, they must also have a comprehensive jurisdictional plan for the use of these funds. For decades, the Houston Area had one plan for HIV prevention and another plan for HIV care. When the time came to begin the 2012 - 2014 cycle of comprehensive jurisdictional HIV planning for the Houston Area, a new direction was taken. Recognizing that HIV prevention and HIV care services are part of a single continuum of care for all people at risk for or infected with HIV, the Houston Area HIV community set out to design a *joint* comprehensive plan for HIV prevention and care, the first of its kind for the Houston Area.

The purpose of the Houston Area plan is four-fold: 1) to describe the *current* system of HIV prevention and care services in the Houston Area, 2) to describe an *ideal* system of HIV prevention and care services for the Houston Area, 3) to outline the specific activities needed to make progress toward an ideal system, and 4) to describe how progress will be measured. The *complete* Houston Area plan describes each of these four topics in great detail. *This document* summarizes the core components of each section of the complete Houston Area plan.

“This document summarizes the core components of the complete Houston Area plan.”

Though a joint plan for HIV prevention and care may thoroughly describe the current HIV system as well as a vision for an *ideal* system, it may not fully convey the spirit and motivation of the individuals and agencies that helped build the current system and were an integral part of the new and compelling image of the future that the plan describes. To fill this gap, six individuals involved in HIV prevention and care in the Houston Area have been profiled to help convey the “face” of the Houston Area’s response to HIV. Their stories are included throughout this document.

Great inroads have been made in addressing the HIV epidemic in the Houston Area and ensuring that all people living with the disease have the opportunity to enjoy long, healthy, and productive lives. This first-ever *joint* HIV prevention and care plan is intended to serve as a roadmap for making an even greater impact over the next three years.

## Vision

The greater Houston Area will become a community with a coordinated system of HIV prevention and care, where new HIV infections are rare, and, when they do occur, where every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high-quality, life-preserving care, free of stigma and discrimination.

## Mission

The mission of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 is 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.

Houston, TX  
May 2012


Dear Friends and Colleagues,


We are pleased to present to you the first-ever *joint* Comprehensive HIV Prevention and Care Services Plan for the Houston Area.


For many years, the Houston Area has conducted jurisdictional strategic planning for HIV prevention activities and HIV care services *separately*. This year, stakeholders from both areas came together to develop a joint response to the needs of prevention and care. As a result, the goals, objectives, strategies, and activities outlined in this plan will improve the entire continuum of HIV services, from education and awareness to life-preserving care and treatment.

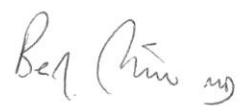
As the co-chairs of the Houston HIV Planning Group and the Houston Area HIV Services Ryan White Planning Council, we want to thank the over 100 individuals and 56 agencies that worked tirelessly to create this important document. We look forward to strengthening these important partnerships as we work together to implement this plan, and, as a result, continue to prevent new HIV infections and improve access to care for all people living with HIV/AIDS in our community.


Sincerely,

  
Cristan Williams  
Community Co-Chair  
*Houston HIV Planning Group*

  
Brenda Chapman  
Governmental Co-Chair

  
Morénike Giwa  
Chair  
*Houston Area HIV Services Ryan White Planning Council*

  
Dr. Ben Barnett  
Vice-Chair

  
Venita Ray  
Secretary

## Contributors

The Houston Area plan is the result of countless hours of participation and effort by members of the community who are committed to improving its system of HIV prevention and care. Individuals who contributed their time and expertise include people at risk for and living with HIV, providers of HIV prevention and care services, providers of other health, public health, and social services in the Houston Area, and other concerned stakeholders and community members. The diversity of the Houston Area community in terms of geography, age, sex, race/ethnicity, sexual orientation, and gender identity is reflected in this list as well. Many volunteered their time while others were compensated by their agencies to provide subject matter expertise or administrative support to the process. They are all listed below:

David Garner, *Co-Chair*  
Tam Kiehnhoff, *Co-Chair*  
Cristan Williams, *Co-Chair*

Sherifat Akorede	Jennifer Hadayia	Rachel Nahan
Gayle Alstot	Rose Haggerty	Darcy Padgett
Roberto Andrade	Camden Hallmark	Smita Pamar
Kristina Arscott	Brenda Harrison	Jonathan Post
Jacquelyn Baldwin	Dwayne Haught	Jesse Ramirez
Ben Barnett	Lisa Marie Hayes	Sylvia A. Rawlings
Melody Barr	King Hiller	Julia Resendez
Diane Beck	Judy Hung	Ann Robison
Jeffrey Benavides	Charles Henley	Pete Rodriquez
David Benson	Linda Hollins	Susan Rokes
Nike Blue	Deundra Johnson	Roslyn Rose
Francis Bueno	J. Hoxi Jones	Ryan Rushing
Katy Caldwell	Heather Keizman	Steve Schurmann
Giovanna Castro	Florida Kweekeh	M. Sandra Scurria
Jeffrey Campbell	John La Fleur	Nicholas Sloop
Brenda Chapman	Anna Langford	Blanca Solorio
Ron Cookston	Michael Lawson	Robert Smith
Amber David	Januari Leo	Cecilia Smith-Ross
Roy Delesbore	Amy Leonard	Daniel W. Snare
Jackie Eaton	Solomon Lopez	Erik Soliz
Pat Eldridge	Ken Malone	Lupita Thornton
Hickmon Friday	Carin Martin	Amana Turner
Joe C. Fuentes, Jr.	Patrick Martin	C. Bruce Turner
Yvette Garvin	Aundrea Matthews	Steven Vargas
Joaquin Garza	Marlene McNeese-Ward	Barbara Walker
Eddie Givens	Dawn Meade	David Watson
Morénike Giwa	Jeffrey Meyer	Ray E. Watts
Rodney Goodie	Osaro Mgbere	Maggie White
Wayne Gosbee	Marcie Mir	Cathy Wiley
Dena Gray	Georgette Monaghan	Lena Williams
Kirby Gray	Scot More	Tori Williams
Pam Green	Charolyn Mosley	Biru Yang

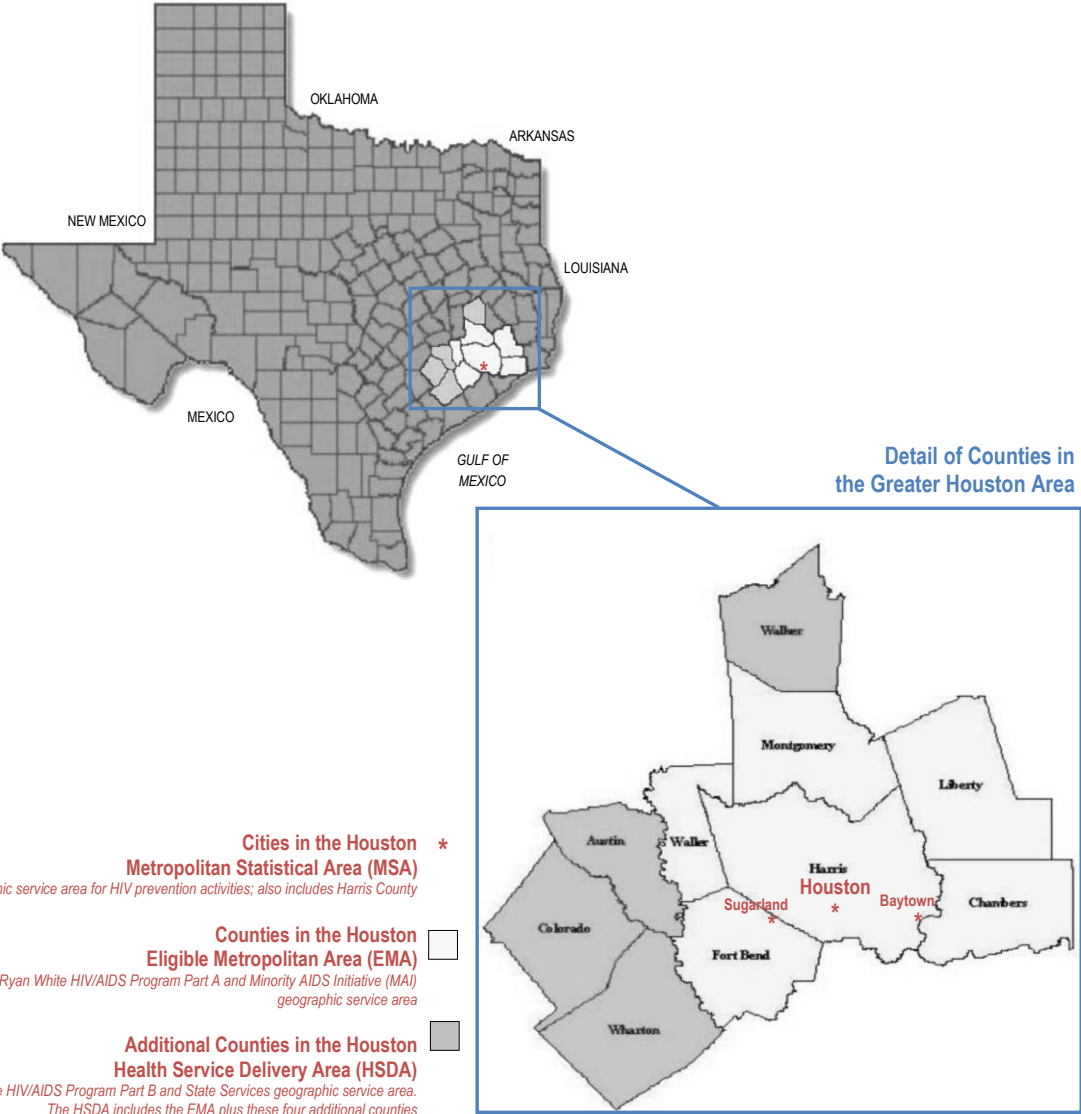
*Client listening session participants from:*  
AIDS Foundation Houston Project LifeRoad  
Harris County Jail

## Agency Participation

The development of the Houston Area plan was informed by the experience and expertise of a diverse cross-section of health, public health, and social service agencies from the greater Houston Area, including those that provide HIV prevention and care services. The list of participating agencies includes representation from all sectors and from several non-traditional partners, some of whom had never before participated in HIV planning in the Houston Area. There are funded and non-funded HIV prevention and care service providers on this list, providers of other health, public health, and social services, Federally Qualified Health Centers (FQHCs) and hospital systems, various task forces and coalitions dedicated to advocating on behalf of people at risk for or living with HIV, and the two local HIV Planning Bodies, under whose leadership this document was developed. They are listed below:

AIDS Clinical Trials Group	Houston Department of Health and Human Services, Bureau of Epidemiology
AIDS Education and Training Center	Houston Enriches Rice Education Project
AIDS Foundation Houston	Houston HIV Planning Group
AIDS Vaccine Project	Houston Regional HIV/AIDS Resource Group, Inc.
African-American State of Emergency Task Force	Houston Independent School District
Area Agency on Aging, Houston-Galveston Area Council	International Maternal Pediatric Adolescent AIDS Clinical Trials Group
Association for the Advancement of Mexican-Americans, Inc.	Latino HIV Task Force
Bee Busy, Inc.	Legacy Community Health Services, Inc.
City of Houston Housing and Community Development, Housing Opportunities for People with AIDS	Living Without Limits Living Large Inc.
Center for AIDS Information and Advocacy	MPACT (the MSM Task Force)
Change Happens!	Montrose Counseling Center
Coalition for the Homeless of Houston/Harris County	Partners for Community Health
Covenant House	Pink Rose-Saving Our Community Kids...Seniors
El Centro De Corazon	Planned Parenthood Gulf Coast, Inc.
Gateway to Care	Positive Playdates
Goodwill – Project Hope	St. Hope Foundation
HIV FOCUS, Gilead Sciences, Inc.	St. John's Church, AIDS Ministry
Harris County Hospital District	St. Luke's Texas Liver Coalition
Harris County Jail	Serving the Incarcerated and Recently Released Partnership
Harris County Medical Society	Texas HIV/AIDS Coalition
Harris County Public Health Services, Family Planning Services	Texas HIV Medication Program
Harris County Public Health Services, Ryan White Grant Administration	Texas HIV Medication Program Advisory Committee
Healthcare for the Homeless	Texas Children's Hospital
Hepatitis C Task Force	Texas Department of State Health Services
Hepatitis Stakeholders Group	Texas Health and Human Services Commission
Houston Area Ryan White Planning Council	Thomas Street Health Center
Houston Area Community Services, Inc.	Transgender Foundation of America
Houston Department of Health and Human Services, Bureau of HIV/STD and Viral Hepatitis Prevention	Transgender Center
	Triangle AIDS Network
	Urban AIDS Ministry
	Youth Task Force
	Vertex Pharmaceuticals
	Walgreens

**Map of the Greater Houston Area and its Geographic Service Designations for HIV Prevention and Care**



**Cities in the Houston Metropolitan Statistical Area (MSA)** \*

*Geographic service area for HIV prevention activities; also includes Harris County*

**Counties in the Houston Eligible Metropolitan Area (EMA)** □

*Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI) geographic service area*

**Additional Counties in the Houston Health Service Delivery Area (HSDA)** ■

*Ryan White HIV/AIDS Program Part B and State Services geographic service area. The HSDA includes the EMA plus these four additional counties*



## The Houston Area Community The fourth largest city in the nation

With a population of almost 2.1 million, the city of Houston is the fourth largest city in the United States and the most racially and ethnically diverse major metropolitan area. It is also the least densely populated major metropolitan area in the country, spanning 600 square miles. Houston is the population center of Harris County, the most populous county in Texas and the third most populous in the nation. Currently, Harris County has close to 4.1 million residents, over half of which live in the city of Houston.

Though Houston and Harris County are its population center, the *greater* Houston Area extends beyond them for the purposes of HIV prevention and care services. In fact, there are three distinct service designations in the greater Houston Area for HIV prevention and care:

- **The Houston Metropolitan Statistical Area (MSA)** that includes Harris County and the cities of Houston, Baytown, and Sugarland, Texas.
- **The Houston Eligible Metropolitan Area (EMA)** that includes the six counties of Chambers, Fort Bend, Harris (including Houston), Liberty, Montgomery, and Waller.
- **The Houston Health Service Delivery Area (HSDA)** that includes the six counties of the Houston EMA plus the four additional counties of Austin, Colorado, Walker, and Wharton.

Together, the Houston MSA, EMA, and HSDA cover 9,415 square miles of southeast Texas or 3.5 percent of the entire state. They are home to more than 4.3 million residents, the vast majority of which (98 percent) reside in Houston and Harris County.

The Houston Area is also home to many important cultural milestones in both Texas and United States history. For example, the site of the original early twentieth-century Texas oil boom is in the greater Houston Area as is the NASA Space Center, the Port of Houston (now the second largest port in the country), and the “world’s largest medical center” comprised of over 50 not-for-profit health care institutions. The diversity of the Houston Area’s residents and culture are further defined by their close proximity to Louisiana, Mexico, and the Gulf Coast Region.

## HIV in the Houston Area The eighth most HIV/AIDS-impacted area

According to the Centers for Disease Control and Prevention (CDC), the Houston Area (specifically, the Metropolitan Statistical Area of Houston-Baytown-Sugarland, Texas) ranks 12<sup>th</sup> highest *in the nation* for rate of AIDS. In 2010, an estimated 1,430 new cases of HIV were diagnosed in the Houston Area, and 21,170 people were estimated to be living with HIV.

Over the past five years, the rate of new HIV infection in the Houston Area has increased as has the rate of people living with HIV/AIDS. Of all racial/ethnic groups in the Houston Area, African Americans have the highest rate of both new HIV infections as well as living HIV/AIDS cases. Men Who Have Sex with Men (MSM) are also diagnosed with HIV in the Houston Area more frequently than other groups. It is further estimated that an additional 5,306 people in the Houston Area are currently HIV positive but are unaware of their status and that an additional 6,287 individuals *are* aware of their HIV positive status but are not in HIV care.

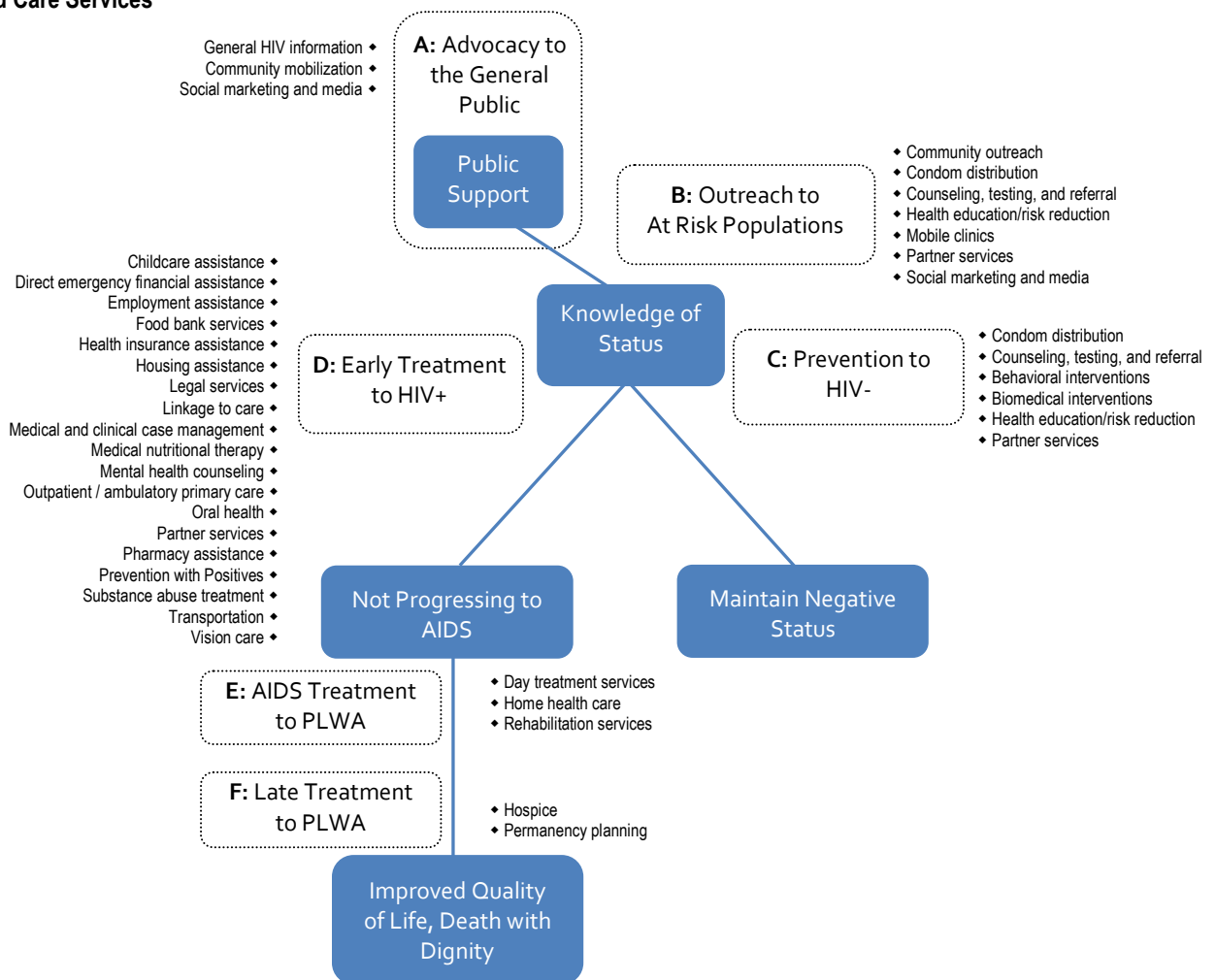
In July 2010, the National HIV/AIDS Strategy released by the White House designated the Houston-Baytown-Sugarland, Texas area as the eighth most HIV/AIDS-impacted local jurisdiction in the country.

# The Houston Area Continuum of HIV Prevention and Care Services

A series of tracks representing the services needed at each stage of HIV disease

A continuum of care is a visual representation of how a community is using or would like to use health resources in order to effectively meet community needs. In the HIV field, a continuum of care is an integrated service network that guides and tracks clients through a comprehensive array of clinical, mental, and social services in order to maximize access and outcomes. The Houston Area continuum of HIV prevention and care has been conceptualized as a “rail system” containing five tracks. Each track represents a stage in the progression of HIV disease – *from having no awareness of the disease all the way to end-of-life* – and then provides examples of the HIV prevention and care services indicated at each stage in order to attain desired health outcomes.

## The Houston Area Continuum of Care for HIV Prevention and Care Services



The Houston Area continuum of care is implemented by a combination of governmental agencies and non-profit organizations that provide direct HIV prevention and care services and/or function as Administrative Agents that contract to direct service providers. Two local HIV Planning Bodies provide the opportunity for extensive collaboration and consultation with the community on effective implementation of the continuum.

# The Current System of HIV Prevention and Care in the Houston Area, Part 1

## HIV Prevention Services

HIV prevention and surveillance activities in Houston and Harris County are funded by the Centers for Disease Control and Prevention (CDC) through cooperative agreements with the Houston Department of Health and Human Services (HDHHS) and the Texas Department of State Health Services (DSHS). The HDHHS is also directly funded by CDC for ECHPP (*Enhanced Comprehensive HIV Prevention Planning*), a demonstration project to accelerate the goals of the National HIV/AIDS Strategy in the Metropolitan Statistical Areas (MSAs) with the highest number of people living with HIV/AIDS. Core HIV prevention services include:

- **HIV Counseling, Testing, and Referral (CTR)** in clinical and non-traditional settings such as Family Planning, Maternity, and STD Clinics, Harris County Jail, Harris County Juvenile Detention Center, and the annual mass testing event, *HIP HOP for HIV Awareness*. Routine opt-out HIV screening takes place in local ERs and Federally-Qualified Health Centers (FQHCs) through the Expanded Testing Initiative (ETI).
- **Disease Intervention (DIS) and Partner Services (PS)** for all reported laboratory evidence of HIV or AIDS. This includes results notification, public health follow-up, and Partner Counseling and Referral Services (PCRS).
- **Health Education and Risk Reduction (HE/RR)** using Effective Behavioral Interventions (EBIs) at the individual, group, and community levels that target high-risk HIV negative individuals as well as people living with HIV/AIDS and their partners.
- **Contracts with Community-Based Organizations (CBOs)** that provide HIV Counseling, Testing, and Referral (CTR), Comprehensive Risk Counseling Services (CRCS) to HIV positive individuals, and Health Education/Risk Reduction (HE/RR) activities.
- **Social Marketing and Media** designed to encourage HIV testing and risk reduction behaviors, correct misperceptions and misinformation about HIV in the community, and reduce stigma and discrimination against people living with HIV/AIDS.
- **Community Mobilization** through the SAFER (Strategic AIDS/HIV Focused Emergency Response) initiative, which uses geographic mapping of HIV and STD diagnoses in order to target HIV prevention to the Houston Area zip codes with the highest HIV/STD rates.
- **Service Linkage** to connect newly-diagnosed HIV positive individuals to Ryan White HIV/AIDS Program-funded primary HIV medical care and other needed services.

The HDHHS also conducts HIV surveillance for Houston and Harris County using eHARS (*Enhanced HIV/AIDS Reporting System*) and collects client-level HIV prevention and testing data using Evaluation Web. Soon, they will fully implement ECLIPS (*Electronic Client-Level Integrated Prevention System*) that will consolidate all HIV prevention data and also interface with HIV care.

### The Houston HIV Planning Group (HPG)

The Houston HIV Planning Group (HPG) (formerly CPG, or Community Planning Group) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The HPG is responsible for prioritizing populations and interventions for Houston Area HIV prevention activities funded by the Centers for Disease Control and Prevention (CDC). The HPG also maintains a variety of community-based Task Forces focused on populations most impacted by HIV. Examples of current Task Forces include: the African American State of Emergency Task Force, the Latino HIV Task Force, MPACT (the MSM Task Force), the Youth Task Force, and the Transgender Task Force.

## Profile #1

# Morénike Giwa

*Morénike Giwa knew early in life about HIV and the stigma it can cause.*

Growing up in a Nigerian family that travelled regularly to the country, she gained a global perspective on life at an early age. Her visits taught her the importance of building bridges between different points of view. Morénike's grandfather was also a missionary and her mother a nurse, reflecting her family's long tradition of caring for others. Each year, Morénike's family would watch a television movie about Ryan White on World AIDS Day.

Morénike was in college before she met a person living with HIV for the first time, someone she still considers a friend today. What she remembers most from that first meeting is how her friend “just wanted to be herself,” not defined by the disease. Morénike knew that fighting stigma against those living with HIV would play a central role in her life as well. She joined a group on campus called UNITY, which worked to bridge multicultural alliances between different racial groups.

After college, Morénike began working with refugees, and she noticed that some of the children were HIV positive. One child in particular was orphaned after a grandmother died of AIDS. The child's grandmother refused to take medications, feeling too stigmatized for being HIV positive. Morénike took steps to gain custody of the child at which point she experienced stigma herself. She says, “this was my first experience with how negatively people perceive you for even being affiliated with HIV.”

Yet Morénike persisted. She advocated for HIV positive children from around the world and adopted a second HIV positive child. She says, “children with HIV have just as much of a right to a family as any other child.”

Today, she lives this belief by running a grassroots effort called Positive Playdates that seeks to connect refugee children living with HIV in the Houston Area. Morénike is also the Chair of the Houston Area Ryan White Planning Council and a member of the AIDS Clinical Trials Group in addition to being a graduate student and mother. Asked about what she wants others to gain from her story, she says she hopes “someone will look at me and see that they can do this, too.”



Photograph by Barb Garvin



*Profile #2*

## Cristan Williams

*After years of searching for a place to belong, Cristan Williams created one for herself and for other transgender people in Houston.*

Cristan was raised in Pasadena, Texas by her mother who, despite bouts of depression and drug use, was an early source of nurturing and support, in contrast to what Cristan saw around her. Cristan lived on the same street as KKK headquarters, and she was acutely aware of their beliefs about gays and lesbians. She saw the anti-gay literature they passed around in her neighborhood and understood their hatred to be a serious threat.

Cristan was in high school when she first tried to come out as transgender. When she told her guidance counselor, she was met with misunderstanding. Her counselor told her to “read the Bible more,” suggested she move to San Francisco, and then removed her from school. But Cristan persevered. She attended community college to earn her GED and entered a twelve step program to overcome a drug addiction that began when she was younger.

Not only did twelve step help Cristan end her drug use, it also helped her find her calling. She started chairing meetings for groups at age 15 and became the area’s representative for statewide meetings. It was also during this time that Cristan first met and cared for someone who was dying of AIDS.

Clean and sober, she took a job at a warehouse to experience what she calls “man school,” a place where she could learn to “live as a man.” She says her time at the warehouse made her feel like an anthropologist, studying how men behave, but also repressing her gender identity. She ultimately decided to transition from male to female. There were still times, however, when Cristan struggled; she was homeless and denied assistance from shelters because of her gender identity. This led her to start organizing. She founded the first transgender homeless program, several transgender social service programs, and a unique space called the Transgender Center.

Today, the Transgender Center is a major resource for transgender people across the county. It provides health information for the transgender community, including information about HIV, as well as educates people about transgender history and helps other transgender individuals, like Cristan, realize they are not alone. Addressing the HIV epidemic in Houston, Cristan says, “is more than just telling someone how to use a condom...it also means helping people improve their overall circumstances, from education to housing.” And having a place to belong.



Photograph by Barb Garvin

## The Current System of HIV Prevention and Care in the Houston Area, Part 2

### HIV Care Services: The Ryan White HIV/AIDS Program

HIV care, treatment, and support services in the Houston Area are funded by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) through the Ryan White HIV/AIDS Program and through funds from the State of Texas called *State Services*, distributed by the Texas Department of State Health Services (DSHS). The overall intent of these funds is to ensure that people living with HIV/AIDS have access to core medical and support services for the effective management of HIV disease. Ryan White HIV/AIDS Program funds are further organized as a series of Parts distributed according to geographic service areas, populations, and purposes:

- **Part A** provides funds to Eligible Metropolitan Areas (EMAs), i.e., geographic regions with more than 2,000 total reported AIDS cases over the most recent five year period, and to Transitional Grant Areas (TGAs), i.e., geographic regions with 1,000 – 1,999 reported AIDS cases over the most recent five year period. The Houston Area is an EMA. Part A also includes the **Minority AIDS Initiative (MAI)** for HIV care services to racial/ethnic minority groups. Both Part A and MAI are administered for the Houston EMA by the Ryan White Grant Administration (RWGA) of Harris County Public Health Services.
- **Part B** provides funds to all 50 states and territories and includes the **AIDS Drug Assistance Program (ADAP)**. In Texas, ADAP is administered statewide by DSHS. DSHS awards remaining Part B funds for the Houston Health Services Delivery Area (HSDA) to the Houston Regional HIV/AIDS Resource Group, Inc. (TRG) for administration locally. The Houston Area's funds from the State of Texas, or **State Services**, are also administered by TRG for the Houston HSDA.
- **Part C** provides funds directly to public and private organizations for Early Intervention Services (EIS) and capacity development and planning activities. In the Houston Area, two entities administer Part C: in Harris County, the Harris County Hospital District provides EIS, and, outside of Harris County, TRG coordinates a Rural Primary Care Network.
- **Part D** provides funds for HIV care, treatment, and support services to women, infants, children, and youth living with HIV. In the Houston Area, Part D is administered by TRG.
- **Part F** provides funds for special initiatives including the AIDS Education and Training Centers (AETC). The Harris County Hospital District is the local performance site for the Houston Area AETC.

RWGA also maintains a client-level HIV care data management system for the Houston HSDA called CPCDMS (*Centralized Patient Care Data Management System*), which consolidates core HIV care data elements from all Ryan White HIV/AIDS Program service-delivery Parts in the Houston HSDA *except* Part D, which is collected by TRG using ARIES (*AIDS Regional Information and Evaluation System*).

### The Houston Area Ryan White Planning Council (RWPC)

The Houston Area Ryan White Planning Council (RWPC) is a 38-person body appointed by the Harris County Judge, who serves as the CEO for the Houston Area Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI). The RWPC is responsible for prioritizing and allocating funds for HIV care, treatment, and support services provided under Part A and MAI as well as for making recommendations regarding services provided under Part B and State Services. The RWPC also makes determinations of how to best meet the needs of people living with HIV/AIDS, providing input on standards of care, quality assurance, and planning.

# Designing an Ideal System of HIV Prevention and Care for the Houston Area

## How the 2012 Houston Area plan was developed

When the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) issued their new guidance for comprehensive jurisdictional HIV planning, they included several areas for local communities to consider in regards to improving and filling gaps in their current continuum of care. The process used to develop the Houston Area's new and first-ever *joint* plan for HIV prevention and care was a reflection of this guidance.

Building on six overarching themes from the guidance – *community involvement, evaluation, prevention and early identification, filling gaps in care and reaching the out-of-care, and coordination of effort* – a unique organizational structure for developing the plan was adopted and then populated with both prevention and care stakeholders. This structure included five topic-specific Workgroups based on the themes from the guidance and a Leadership Team to oversee the process as a whole.

From September 2011 to March 2012, 71 individuals, including representatives of 56 agencies and groups, people living with and at risk for HIV/AIDS, and other concerned community members convened at least monthly to discuss the essential elements of an ideal system of HIV prevention and care for the Houston Area. They identified the following:

- Trends – *in the field, in the epidemic, and in the community as a whole* – that are influencing the current system and must be addressed if progress toward an ideal system is to be made;
- High-impact solutions to address these trends and to serve as the local “best practices;”
- A vision for HIV prevention and care services in the Houston Area;
- Goals, objectives, and other benchmarks by which progress will be measured; and
- Topic-specific strategies and activities for achieving goals and meeting challenges toward the development of an ideal system of HIV prevention and care.

A month-long Public Comment Process was also conducted using surveys, key informant interviews, and focus groups. Lastly, concurrence and approval of the document was sought from both local HIV Planning Bodies. In the end, 111 individuals (at least 27 percent of which were people living with HIV/AIDS) and 61 agencies contributed to the process.

## Ensuring Alignment with National Initiatives and Plans

### How the 2012 Houston Area plan will advance state and national goals

Comprehensive jurisdictional HIV plans for 2012 - 2014 are the first to be developed since the HIV landscape was strategically *re-directed* through the release of the National HIV/AIDS Strategy by the White House in July 2010 and its local acceleration initiative, ECHPP (*Enhanced Comprehensive HIV Prevention Planning*). They are also the first to be developed since the passing of the *Patient Protection and Affordable Care Act of 2010*.

From the beginning of the process, multiple strategies were used to ensure that the Houston Area plan was in alignment with these national initiatives. For example, partners with knowledge of these national initiatives and plans were proactively recruited to participate in the planning process, the documents themselves were used as data sources, and, wherever possible, the goals, objectives, targets, and activities selected for the Houston Area plan were drawn directly from these national initiatives. The Houston Area plan is also aligned with the Centers for Disease Control and Prevention (CDC)'s *High-Impact HIV Prevention*, with *Healthy People 2020*, and with the *Texas Statewide Coordinated Statement of Need*. As a result, the implementation of the Houston Area plan will help to advance statewide and national goals at the local level.

## Overarching Community Concerns

### for the Houston Area *What are the key issues in HIV that must be addressed?*

- Dedicated HIV funding in the Houston Area has not kept pace with need.
- Certain populations and communities in the Houston Area continue to bear the greatest burden of HIV disease.
- Stigma, bias, and discrimination against people at risk for and living with HIV/AIDS persist and can negatively impact access to HIV prevention and care services.
- Continuous HIV care has proven health benefits, yet close to one-third of people living with HIV/AIDS in the Houston Area are out-of-care.
- There is more to be done to integrate HIV prevention and care as well as HIV and other Sexually Transmitted Diseases (STDs), including viral hepatitis.
- Syndemic public health problems, such as substance abuse and mental health concerns, are impacting people living with HIV/AIDS in the Houston Area.
- The general public and many health and human service providers in the Houston Area are no longer engaged in the HIV mission.
- The HIV prevention and care system in the Houston Area is not fully prepared for health care reform.

## Cross Cutting Solutions

### for the Houston Area *What are the key tactics that must be used to address HIV?*

- Changing community norms around HIV through education at both the individual and population levels
- High-impact structural interventions, such as policy, systems, and environmental change
- HIV testing and increasing awareness of HIV status
- Full application of the Engagement in Care Continuum, including early linkage to care, retention in care, and finding and engaging the out-of-care
- Promoting treatment adherence and “prevention with positives”
- Tailoring interventions according to race/ethnicity, risk behavior, and other population or demographic factors
- Advancing the HIV medical home
- Use of health information technology and new media
- Unification of stakeholders and non-traditional partners
- Application of national, state, and regional initiatives and plans at the local level



## Goals

To make progress toward an ideal system of HIV prevention and care for the Houston Area, we must:

1. Mobilize the Greater Houston Area Community Around HIV
2. Prevent New HIV Infections Through Both Prevention and Treatment Strategies
3. Ensure that All People Living With or At Risk for HIV Have Access to Early and Continuous HIV Prevention and Care Services
4. Reduce the Effect of Co-Occurring Conditions that Hinder HIV Prevention Behaviors and Adherence to Care
5. Reduce Disparities in the Houston Area HIV Epidemic and Address the Needs of Vulnerable Populations
6. Achieve a More Coordinated and Expansive HIV System that is Prepared for Health Care System Changes

## Objectives

By 2014, we hope to accomplish the following:

1. Reduce the number of new HIV infections diagnosed in the Houston Area by 25 percent (from 1,029 to 771).
2. Maintain and, if possible, increase the percentage of individuals with a positive HIV test result identified through *targeted* HIV testing who are informed of their HIV+ status (beginning at 92.9 percent with the goal of 100 percent).
3. Increase the proportion of newly-diagnosed individuals linked to clinical HIV care within three months of their HIV diagnosis to 85 percent (from 65.1 percent).
4. Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25 percent (from 36.0 percent to 27.0 percent).
5. Increase the percentage of Ryan White HIV/AIDS Program clients who are in continuous HIV care (at least two visits for HIV medical care in 12 months at least three months apart) to 80 percent (from 78.0 percent).
6. Reduce the proportion of individuals who have tested positive for HIV but who are not in HIV care by 0.8 percent each year (beginning at 30.1 percent) as determined by the Ryan White HIV/AIDS Program Unmet Need Framework.
7. Increase the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load by 10 percent (from 57.0 percent to 62.7 percent).
8. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Mental Health Services and Substance Abuse Services by 27.3 percent and 43.7 percent, respectively (from 117 reports to 85 reports for Mental Health Services; and from 58 reports to 32 reports for Substance Abuse Services).

*Profile #3*

## Amber David

*From a young age, Amber David was fighting for his survival.*

As a child growing up in Baytown, Texas, Amber remembers being taunted by other kids for being gay, and he remembers his grandmother teaching him to defend himself. He was the youngest in a large African American family and often identified with “other lonely kids” that he saw on television, particularly Michael Jackson. As a teen, Amber was a talented dancer, just like his role-model, and won a number of dance competitions. He later joined the school band. Eventually he discovered that, when others respected his creative talents, it would most often lead them to respect him as a person as well.

As a young man, Amber became active in the Montrose neighborhood in Houston. He was a drag queen and worked at a flower shop alongside other gay men. Though his new community staved off the loneliness he had felt as a child, it also introduced him to drugs and alcohol. It was during this period that Amber became infected with HIV. He compares the epidemic at the time to an image from the Bible of “smoke coming down on the firstborn” in Egypt, taking everyone in its path. Amber discovered quickly that HIV was a way “to learn who your friends are and who you can trust.” HIV positive and still an addict, Amber cared for friends and fellow users who were battling the disease.

Today, Amber is a Senior Public Health Investigator with the Houston Department of Health and Human Services, where he helps locate those newly-diagnosed with HIV and link them into medical care. For well over a decade, Amber has coordinated monthly HIV testing at a local Downtown Houston church where he also leads an AIDS Ministry. He speaks before the congregation on national HIV awareness days to keep them informed about the local epidemic. Amber is also the captain of the largest faith-based team at the annual AIDS Walk Houston.

When asked about what he has learned from his experience, Amber tells a story about building a kite with his nephew. When his nephew asked Amber why they did not buy a kite in the store, Amber told him that they needed to know that “we can make one if there are no more to buy.” In a time when there were no formal programs or services for those living with HIV, Amber and his community bound together to help others fight for their survival; they built it themselves.



Photograph by Barb Garvin

## Profile #4

# Tam Kiehnhoff

*Tam Kiehnhoff grew up in the Midwest in a politically progressive Catholic family.*

Her grandmother was a social worker in Chicago who wrote textbooks about her work and became Tam's first role model. Tam went to Catholic school where she was encouraged to become involved in the Civil Rights movement, and she remembers her class sending money to the Freedom Riders in Mississippi. She later attended Webster University in St. Louis, a liberal arts college where she studied psychology and English.

Tam met and married her husband, Tom, while he attended law school in St. Louis and moved to his home state of Colorado where they lived for 15 years and had two sons. Later Tom took the position of Assistant U.S. Attorney, and the family relocated to Beaumont, Texas. Not long after the move to Texas, Tam felt the need

to find other like-minded people who shared her beliefs about social justice, so she started volunteering at the Triangle AIDS Network in Beaumont. Soon after, Triangle AIDS Network received funding from the Ryan White HIV/AIDS Program, and her volunteer position became the job of Medical Case Management Coordinator, which she has held for the past 21 years.

Triangle AIDS Network (TAN) is the only HIV services provider in the "Golden Triangle" Beaumont/Port Arthur/Orange corner of rural Southeast Texas. Although the single point-of-entry system makes it easy for clients to access care at TAN, its smaller community also allows stigma to remain a powerful force. Tam knows that some clients are afraid to seek services. "Some people," she says, "who might come to a larger agency in a city like Houston, may be afraid to come to an agency in Beaumont, because they might see someone who knows them."

As a leader in a major AIDS-service organization in the East Texas region, Tam has also been integrally involved in comprehensive HIV care services planning for many years. She was a Co-Chair of the Leadership Team that oversaw the development of the Comprehensive HIV Prevention and Care Services Plan for 2012. When asked why she remains involved, she says, "planning forces you to look beyond the 'whack a mole' approach to responding to problems by examining the entire system."

Moving forward, Tam sees her activism expanding beyond HIV. She would like to see her son who has brain cancer have the same client-centered system as people living with HIV, and she is equally passionate about the opportunity of national health care reform to expand access to health care for all who need it, a vision that her grandmother would surely support.



Photograph by Barb Garvin

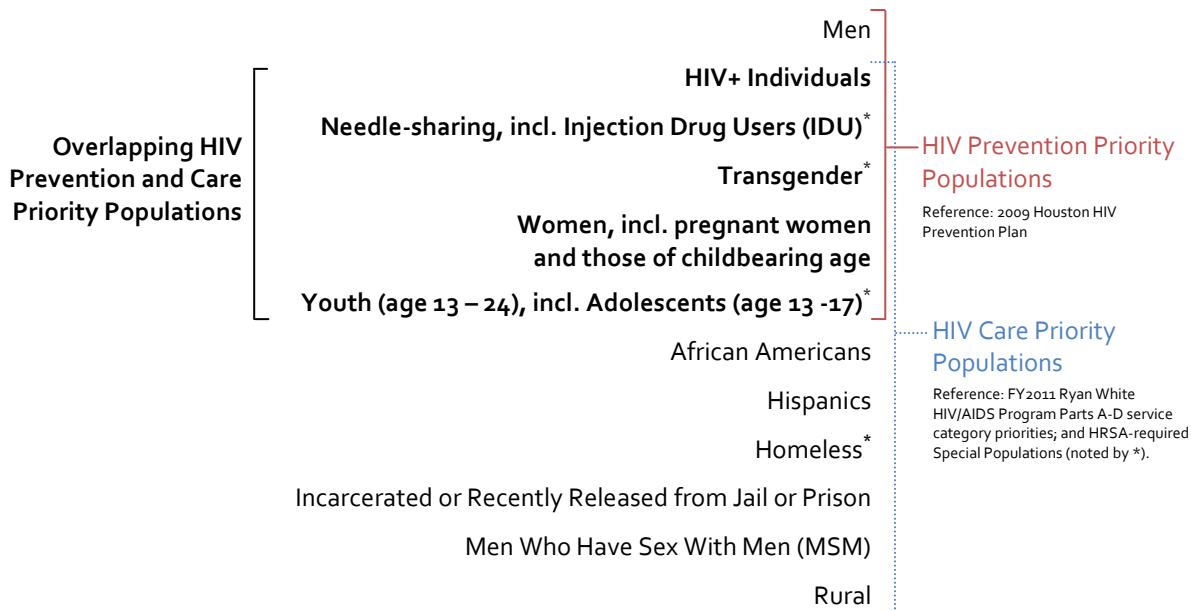
# Priority Populations for the Houston Area Plan

Who will be the primary focus of efforts to improve the HIV prevention and care system?

HIV infection continues to occur disproportionately in certain population groups. As a result, HIV prevention and care services are needed most *by* certain populations and communities. Though a comprehensive jurisdictional plan for HIV prevention and care is intended to describe the entire HIV system for all residents, it must also respond to where the epidemic is occurring and take steps to ensure that the HIV prevention and care service needs of those who are impacted most will be met; in other words, it must identify *priorities* for the system.

The priority populations identified by the Houston Area plan include the population groups already identified through the year-round HIV prevention and care planning activities of the two local HIV Planning Bodies. The list also includes four specific population groups *required* as priorities by the Health Resources and Services Administration (HRSA) due to their unique vulnerabilities to HIV infection and being out-of-care. This combined approach allows for four distinct groups to emerge from a single prioritization list: 1) current priority groups for HIV prevention, 2) current priority groups for HIV care, 3) current priority groups for *both* HIV prevention and care, and 4) new priority groups per federal guidance. The model also allows for existing prioritized service delivery to continue as well as for new service delivery to have clear direction. The intent of this list is that, as the goals, solutions, activities, and efforts outlined in the Houston Area plan are implemented, these populations will receive their greatest focus.

## Priority Populations for the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014



## The Strategies

Specific activities to be conducted from 2012 to 2014 to improve the system of HIV prevention and care in the Houston Area

To address overarching community concerns and make progress on system wide goals and objectives, four strategies consisting of “best practices” in HIV prevention and care have been developed for implementation by 2014. Each includes goals, solutions, activities or efforts, responsible parties, timelines, and benchmarks specific to their topic. The four strategies are:

1. Strategy for Prevention and Early Identification
2. Strategy to Fill Gaps in Care and Reach the Out-Of-Care
3. Strategy to Address the Needs of Special Populations
4. Strategy to Improve Coordination of Effort and Prepare for Health Care System Changes



**GOALS**

1. Reduce New HIV Infections
2. Increase Awareness of HIV
3. Increase Awareness of HIV Status
4. Ensure Early Entry Into Care
5. Maximize Adherence to Antiretroviral Therapy
6. Address the HIV Prevention Needs of High Incidence Communities
7. Reduce Population Risk Factors for HIV Infection
2. Sustain condom distribution for: (a) the general public; and (b) high-risk populations and communities (Houston Department of Health and Human Services; 2012-2014)
3. Expand social marketing and other mass education activities focused on raising HIV awareness and increasing HIV testing (e.g., *HIP HOP for HIV Awareness*, *Testing Makes Us Stronger, Greater Than AIDS*, etc.) (Houston Department of Health and Human Services; 2012-2014)

**SOLUTIONS**

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that normalize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools
2. Expand opportunities for HIV testing for the general public and in high-incidence populations and communities
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals
4. Intensify prevention with positives including treatment adherence, HIV prophylaxis, and behavior change interventions for HIV+ individuals and their partners
5. Expand the HIV prevention knowledge base to include behavioral surveillance and measures of community-wide HIV health
4. Sustain *targeted* HIV testing by community-based organizations to high-risk populations (Houston Department of Health and Human Services; 2012-2014)
5. Expand *non-targeted* routine, opt-out HIV testing in facilities serving high-risk populations (Houston Department of Health and Human Services; 2012-2014)
6. Document and present outcomes of the Expanded Testing Initiative (ETI) to encourage other hospital systems, private medical providers, and Federally Qualified Health Centers (FQHCs) to begin routine HIV testing in their facilities; cost benefit analysis and leveraging public/private collaboration should be emphasized (Houston Department of Health and Human Services; 2012)
7. Intensify combination HIV prevention in high-risk communities (Houston Department of Health and Human Services; 2012-2014)

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**

1. Educate public officials on changing governmental policies that create barriers to HIV prevention information and tools (e.g., repeal the ban on syringe access, adopt comprehensive sexuality education in schools, etc.) (Houston Department of Health and Human Services; 2012-2014)
8. Implement training to Counseling, Testing, and Referral (CTR) providers on integrating HIV testing with testing for other (non-HIV) STDs and Viral Hepatitis (Houston Department of Health and Human Services; 2013)

## ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

### CON'T

9. Implement training to CTR providers about their role in encouraging entry into care beginning at post-test counseling/results notification; and establish linkage to care performance measures for CTR providers (Houston Department of Health and Human Services; 2012)
10. Implement training to Ryan White HIV/AIDS Program funded case managers on Partner Services (Houston Department of Health and Human Services; Ryan White Grant Administration; 2012)
11. Expand Disease Intervention Specialist (DIS) activities to include a readiness for HIV care assessment at the time of DIS interview as a means of assisting with linkage to care efforts (Houston Department of Health and Human Services; 2013)
12. Re-develop the Ryan White HIV/AIDS Program Service Category definition for Case Management (Non-Medical) (i.e., Service Linkage) during the *How to Best Meet the Need* process to improve linkage to care rates (Ryan White Planning Council; 2012)
13. Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter HIV care (Ryan White Planning Council/Office of Support; 2013)
14. Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program (Ryan White Planning Council/Office of Support; 2013)
15. Expand the provision of Partner Services to HIV infected individuals (e.g. identification, notification, counseling and testing, and linkage to care for partners) (Houston Department of Health and Human Services; 2012-2014)
16. Sustain evidence-based behavioral interventions (EBIs)\* for HIV infected individuals and their partners (Houston Department of Health and Human Services; 2012-2014) \*Refer to the 2011 Texas HIV/STD Prevention Plan for a list of approved EBIs for use in the Houston Area.
17. Form a Scientific Advisory Council for the Houston Area that will use scientific expertise to advise on HIV prevention activities and research questions (Houston Department of Health and Human Services; 2012)
18. Support ongoing efforts of local HIV clinical trial networks (Ryan White Planning Council, HIV Planning Group; 2012-2014)
19. Develop community-wide guidelines for the use of Pre-exposure Prophylaxis (PrEP) and for Non-Occupational Post-Exposure Prophylaxis (nPEP) (Houston Department of Health and Human Services; 2013)
20. Launch a Ryan White HIV/AIDS Program clinical quality management initiative focused on retention in care (Ryan White Grant Administration/Clinical Quality Management Committee; The Resource Group; 2012)
21. Establish a mechanism for tracking medication adherence among Ryan White HIV/AIDS Program clients (Ryan White Grant Administration; 2012)
22. Establish a baseline for Houston Area community viral load of individuals in HIV care (Houston Department of Health and Human Services; 2014)

### BENCHMARKS

1. Reduce the number of new HIV infections diagnosed in the Houston Area by 25 percent (from 1,029 to 771)
2. Maintain the number of HIV/STD brochures distributed at 86,389 annually

## BENCHMARKS CON'T

3. Maintain the mean number of calls per day to the local HIV prevention hotline at 6.2
4. Increase the number of persons reached each year with an HIV awareness message via the *HIP HOP for HIV Awareness* Radio One advertising campaign by 3.2 percent (from 1,231,400 to 1,353,438)
5. Maintain the percentage of individuals at *HIP HOP for HIV Awareness* that agree "HIV/AIDS is a major health problem for my peers" at 55.9 percent
6. Maintain the mean score on the *HIP HOP for HIV Awareness* individual HIV/STD knowledge test at 10.9 correct answers (out of 14)
7. Maintain the number of publicly-funded HIV tests at 165,076 annually
8. Increase the positivity rate for *targeted* HIV testing to 2 percent (from 1.7 percent) to demonstrate maximization of HIV testing resources in high risk populations
9. Reduce the positivity rate for *non-targeted* routine, opt-out HIV testing to 1 percent (from 1.2 percent) to demonstrate maximized identification of new positives
10. Maintain and, if possible, increase the percentage of individuals with a positive HIV test result identified through *targeted* HIV testing who are informed of their HIV+ status (from 92.9 percent to the goal of 100 percent)
11. Reduce the percentage of new HIV diagnoses with an AIDS diagnosis within one year by 25 percent (from 36.0 percent to 27.0 percent)
12. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis to 85 percent (from 65.1 percent)
13. Increase the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load by 10 percent (from from 57.0 percent to 62.7 percent)
14. Reduce the number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention by 25 percent (from 33 to 24)
15. Reduce or maintain the rate of STD infection per 100,000 population (Chlamydia = Maintain at 510.0, Gonorrhea = Reduce by 0.6% annually to 146.0; Primary and Secondary Syphilis = Reduce to 6.0)
16. Maintain the number of condoms distributed at 380,000 annually
17. Maintain the number of high-risk individuals receiving information on HIV risk reduction through community outreach at 9,000 annually
18. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV at 3,288 annually



**GOALS**

1. Reduce Unmet Need
2. Ensure Early Entry Into Care
3. Increase Retention in Continuous Care
4. Improve Health Outcomes for People Living with HIV/AIDS (PLWHA)

**SOLUTIONS**

1. Target linkage to care efforts to vulnerable points in the HIV system (e.g., at initial diagnosis, before the first medical visit, after the initial visit, etc.) where individuals are more likely to not seek care or to fall out of care, particularly *newly-diagnosed* PLWHA
2. Intensify retention and engagement activities with *currently in-care* PLWHA, focusing on community education, system enhancements, and health literacy
3. Adopt strategies to re-engage *out-of-care* PLWHA and other "prior positives" to return to care

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**

1. Implement training to Counseling, Testing, and Referral (CTR) providers about their role in encouraging entry into care beginning at post-test counseling/results notification; and establish linkage to care performance measures for CTR providers (Houston Department of Health and Human Services; 2012)
2. Expand Disease Intervention Specialist (DIS) activities to include a readiness for HIV care assessment at the time of DIS interview as a means of assisting with linkage to care efforts (Houston Department of Health and Human Services; 2013)

3. Re-develop the Ryan White HIV/AIDS Program Service Category definition for Case Management (Non-Medical) (i.e., Service Linkage) during the *How to Best Meet the Need* process to improve linkage to care rates (Ryan White Planning Council; 2012)
4. Identify and disseminate a model protocol for a layperson system navigator program to assist newly-diagnosed HIV infected individuals to enter and be retained in HIV care (Ryan White Planning Council/Office of Support; 2013)
5. Develop a toolkit for private medical doctors for how to link newly-diagnosed HIV infected individuals into the Ryan White HIV/AIDS Program (Ryan White Planning Council/Office of Support; 2013)
6. Launch a Ryan White HIV/AIDS Program clinical quality management initiative focused on retention in care (Ryan White Grant Administration Clinical Quality Management Committee; The Resource Group; 2012)
7. Integrate messaging on the importance of retention in care for health outcomes and secondary prevention into evidence-based behavioral interventions (EBIs) targeting HIV infected individuals and their partners (Houston Department of Health and Human Services; 2012-2014)
8. Add to the Ryan White HIV/AIDS Program Standards of Care that funded primary care providers will have in place a client reminder system that reflects client preferences (Ryan White Grant Administration, The Resource Group; 2013)

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)****CON'T**

9. Expand health literacy programming for people living with and/or affected by HIV/AIDS with attention to the impact of the *Patient Protection and Affordable Care Act* (The Resource Group, Ryan White Planning Council/Office of Support Project LEAP; 2012-2014)
10. Re-asses Ryan White HIV/AIDS Program Service Category definitions during the *How to Best Meet the Need* process for ways to address the emotional/social support needs of PLWHA (Ryan White Planning Council; 2012)
11. Sustain required annual training for Ryan White HIV/AIDS Program funded case managers on effective client engagement (e.g., motivational interviewing, rapport development, assessment skills, etc.) (Ryan White Grant Administration, The Resource Group; 2012-2014)
12. Facilitate technical assistance and training to funded AIDS-service organizations in rural counties to aid in the transition into HIV medical homes using annual resource inventories (The Resource Group; 2012-2014)
13. Establish a mechanism for tracking medication adherence among Ryan White HIV/AIDS Program clients (Ryan White Grant Administration; 2012)
14. Launch a re-linkage to care project using data matching algorithms between client-level HIV surveillance (eHARS) and client-level HIV care databases (CPCDMS) (Houston Department of Health and Human Services; 2012-2014)
15. Re-assess the Ryan White HIV/AIDS Program Standards of Care for "lost to care" clients for the purpose of increasing the number of individuals returned to HIV care (Ryan White Grant Administration, The Resource Group; 2012)

16. Establish partnerships with existing community-wide outreach opportunities to locate PLWHA who are out-of-care particularly among Priority Populations, Special Populations, and other high-risk sub-populations (Ryan White Planning Council/Office of Support; 2012-2014)

**BENCHMARKS**

1. Reduce the proportion of individuals who have tested positive for HIV but who are not in care by 0.8 percent each year (using the Ryan White HIV/AIDS Program Unmet Need Framework) beginning at 30.1 percent
2. Reduce the percentage of PLWHA reporting being currently out-of-care (i.e., no evidence of HIV medications, viral load test, or CD4 test in 12 months) by 3.0 percent (from 7.1 percent to 4.1 percent)
3. Prevent the percentage of PLWHA reporting a prior history of being out-of-care from increasing above 26.0 percent
4. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis to 85 percent (from 65.1 percent)
5. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care to 80 percent (from 78.0 percent) (i.e., at least 2 visits for routine HIV medical care in 12 months at least 3 months apart)
6. Prevent the proportion of Ryan White HIV/AIDS Program clients who are retained in care from falling below 75.0 percent (i.e., at least 1 visit for HIV primary care in the 2<sup>nd</sup> half of the year after also having at least 1 visit for HIV primary care in the 1<sup>st</sup> half of the year)
7. Increase the proportion of Ryan White HIV/AIDS Program clients with undetectable viral load by 10 percent (from from 57.0 percent to 62.7 percent)

**DEFINITIONS**

- **Adolescents** aged 13 to 17
- **Homeless** defined as individuals who lack a fixed, regular, and adequate nighttime residence, including those who live in locations not meant for human habitation such as public parks and streets, those who live in or are transitioning from temporary housing or shelters, and those who have persistent housing instability
- **Incarcerated or Recently Released (IRR)** defined as individuals who are currently incarcerated in the jail or prison system or have been released from jail or prison within the past 12 months
- **Injection Drug Users (IDU)** defined as individuals who inject medications or drugs, including illegal drugs, hormones, and cosmetics
- **MSM** or Men who Have Sex with Men, defined as men who engage in male-to-male sexual practices and identify as gay or bisexual, those who engage in male-to-male sexual practices and do not identify as gay or bisexual, and those who engage in gay or bisexual male culture regardless of gender identity (i.e., male-to-female transgender)
- **Transgender** or individuals who cross or transcend culturally-defined categories of gender

Note: Adolescents, homeless, IDU, and transgender are special populations required by the Health Resources and Services Administration (HRSA); IRR and MSM were added by participants following analysis of local epidemiological, needs assessment, and service utilization data. All definitions were developed by participants using various sources.

**GOALS**

1. Prevent New HIV Infections among the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender

2. Reduce Barriers to HIV Prevention and Care for the Special Populations of Adolescents, Homeless, IRR from jail or prison, IDU, MSM, and Transgender
3. Strengthen the Cultural and Linguistic Competence of the HIV Prevention and Care System

**SOLUTIONS**

1. Infuse the HIV prevention and care system with policies, procedures, and other structural solutions that ensure equal treatment of all people living with or at risk for HIV
2. Fill gaps in targeted interventions and services to better meet the HIV prevention and care needs of vulnerable populations
3. Improve data management systems to better reveal information on the HIV epidemiology, risks, outcomes, and needs of historically under-sampled populations

**ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)**

1. Develop and adopt a universal statement about non-discrimination toward Special Populations in the provision of HIV prevention and care services (Ryan White Planning Council, HIV Planning Group; 2012)
2. Establish or maintain formal partnerships between the Houston Area HIV Planning Bodies and agencies or individuals representing Special Populations; and through these partnerships, seek technical assistance and training on how the needs of Special Populations can be advanced (Ryan White Planning Council, HIV Planning Group; 2012-2014)

## ACTIVITIES (RESPONSIBLE PARTY, TIMELINE)

### CON'T

3. Sustain community-based Task Forces and Coalitions focused on Special Populations (e.g., *Serving the Incarcerated and Recently Released Partnership/SIRR*, HIV Planning Group Task Forces, etc.) (HIV Planning Group, The Resource Group; 2012-2014)
4. Sustain training on Special Populations in current capacity-building efforts for frontline HIV prevention and care staff (Ryan White Grant Administration, The Resource Group, Houston Department of Health and Human Services; 2012-2014)
5. Require cultural competence training for frontline HIV prevention and care staff to have: (a) standard minimum training topics; and (b) methods for measuring change in knowledge, skill, and ability (Ryan White Grant Administration, The Resource Group, Houston Department of Health and Human Services; 2012-2014)
6. Ensure data on Special Populations are included in the annual process for determining Ryan White HIV/AIDS Program Part A, B, and State Services funded services, priorities and allocations (i.e., *How to Best Meet the Need and Priorities & Allocations*) (Ryan White Planning Council/Office of Support; 2012-2014)
7. Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part A, B, State Services, and the Minority AIDS Initiative (MAI) (Ryan White Planning Council; 2012-2014)
8. Sustain HIV care services to specific Special Populations through the Ryan White HIV/AIDS Program Part D (The Resource Group, if funded; 2012-2014)
9. Re-assess the Houston Area *Early Identification of Individuals with HIV/AIDS* (EIIHA) Strategy to ensure inclusion of Special Populations and any additional high-risk sub-populations (Ryan White Planning Council Ad Hoc EIIHA Committee; 2012)
10. Sustain HIV prevention services to specific Special Populations through contracted community-based organizations (Houston Department of Health and Human Services; 2012-2014)
11. Explore how to address bias, stigma, and discrimination against Special Populations in social marketing and other mass education activities (e.g., *HIP HOP for HIV Awareness*, School Health Summit), including data collection methods (Houston Department of Health and Human Services, Houston Independent School District; 2012-2014)
12. Alter data collection and reporting methods in current local data collection systems (e.g., Testing 4 Tickets, ECLIPS, CPCDMS, etc.) to provide information on Special Populations, in particular, Homeless, IRR, and Transgender, including standard definitions for data collection and reporting requirements (Ryan White Grant Administration, Houston Department of Health and Human Services; 2013)
13. Develop baselines and targets for each Special Population lacking benchmark data; this may develop into Special Studies on certain populations (Ryan White Planning Council/Office of Support; 2012-2014)

### BENCHMARKS

1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent:
  - Adolescents, from 18 to 13
  - Homeless, from 172 to 132
  - IRR from jail, from 1,097 to 822
  - IRR from prison, from 137 to 102
  - IDU, from 38 to 28
  - MSM, from 563 to 422
  - Transgender, from 7 to 5

**BENCHMARKS CON'T**

2. Increase the proportion of newly-diagnosed individuals within each Special Population linked to HIV clinical care within three months of their HIV diagnosis to at least 85 percent:
  - Adolescents, *baseline to be developed*
  - Homeless, *baseline to be developed*
  - Incarcerated in jail, maintain at 100 percent
  - Recently released from jail, from 62.0 percent to 85 percent
  - IRR from prison, *baseline to be developed*
  - IDU, from 51.1 percent to 85 percent
  - MSM, from 65.2 percent to 85 percent
  - Transgender, *baseline to be developed*
3. Prevent increases in the proportion of individuals within each Special Population who have tested positive for HIV but who are not in care (Ryan White HIV/AIDS Program Unmet Need Framework):
  - Adolescents, *baseline to be developed*
  - Homeless, *baseline to be developed*
  - IRR from jail, *baseline to be developed*
  - IRR from prison, *baseline to be developed*
  - IDU, maintain at 37.6 percent
  - MSM, maintain at 33.7 percent
  - Transgender, *baseline to be developed*
4. Maintain the percentage of frontline HIV prevention and care staff receiving annual cultural competence training at 100 percent

2012-2014

## HOUSTON AREA COMPREHENSIVE HIV PREVENTION AND CARE SERVICES PLAN

### STRATEGY 4: STRATEGY TO IMPROVE COORDINATION OF EFFORT AND PREPARE FOR HEALTH CARE SYSTEM CHANGES

#### GOALS

1. Increase Awareness of HIV among all Greater Houston Area Health and Human Service Providers
2. Increase the Availability of HIV Prevention and Care Services and Providers
3. Reduce Barriers to HIV Prevention and Care
4. Partner to Address Co-Occurring Public Health Problems that Inhibit Access to Care
5. Prepare for State and National-Level Changes in the Health Care System
2. Adopt a process to develop a Houston Area HIV media and marketing plan that encapsulates priority audiences, messages, products, outlets, and outcomes for engaging earned media on HIV prevention and care issues (Ryan White Planning Council, HIV Planning Group; 2013)
3. Explore the feasibility and practicality of developing a clearinghouse of available funding opportunities to support Strategy implementation (Ryan White Planning Council/Office of Support; 2013)
4. Translate the Houston Area HIV/AIDS Resource Guide into a real-time web- and phone-based resource locator with accompanying mobile applications (if feasible) accessible by clients and providers (Ryan White Planning Council/Office of Support; 2013)

#### SOLUTIONS

1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission
2. Intensify technical assistance and training to current *and potential* AIDS-service organizations (ASOs) and providers
3. Maximize the use of media to (re) mobilize the public and providers around HIV
4. Maximize the use of technology to: (a) link people at risk for or living with HIV/AIDS (PLWHA) with resources; and (b) assist providers with real-time referrals for clients to needed HIV prevention and care services
5. Intensify coordination of data systems within the HIV care system; between HIV prevention and care; and between AIDS-service organizations and the broader health care delivery system

#### PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE)

##### For the Entire HIV System

1. Engage broad-based Houston Area coalitions in order to engage new and non-traditional partners in supporting the HIV mission (Ryan White Planning Council, HIV Planning Group; 2013)
1. Facilitate technical assistance and training for Administrative Agents and funded ASOs to prepare for health care system changes (e.g., client pool/eligibility changes, reimbursement procedures, Medicaid/Medicare benefits coverage, Electronic Medical Records, medical home models, quality measures, fiscal diversification and sustainability, etc.) (Ryan White Grant Administration, The Resource Group; 2012-2014)
2. Create an "increased public health insurance coverage scenario" for Ryan White Part A, B, and State Services funding allocations in anticipation of expansions in coverage occurring through health care reform (Ryan White Planning Council; 2014)

**PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE) CON'T**

Within the Ryan White HIV/AIDS Program Con't

3. Facilitate educational opportunities and provide materials for consumers about the impact of the *Patient Protection and Affordable Care Act* on HIV services (Ryan White Planning Council/Office of Support, Ryan White Grant Administration; 2014)

Between HIV Prevention and Care

1. Continue to conduct core comprehensive HIV planning processes jointly between the Ryan White Planning Council and the HIV Planning Group (Ryan White Planning Council, HIV Planning Group; 2012-2014)
2. Fully implement Phase One of the roll-out of collecting client-level HIV prevention data (ECLIPS) and linking to HIV care data (CPCDMS) (Ryan White Grant Administration, Houston Department of Health and Human Services; 2012)
3. Support ongoing regional efforts to operationalize HIV prevention and care integration as outlined by the *Enhanced Comprehensive HIV Prevention Planning (ECHPP)* and *Early Identification of Individuals with HIV/AIDS (EIIHA)* (Houston Department of Health and Human Services, Ryan White Grant Administration; 2012-2014)
4. Support ongoing statewide efforts for increased integration of HIV prevention and care as outlined in the *Texas HIV/STD Prevention Plan*, *Texas Jurisdictional Plan*, and the *Texas Program Collaboration, Service Integration (PCSI) Plan* (Ryan White Planning Council, HIV Planning Group; 2012-2014)

Between ASOs and other Priority Groups

*Other Public Health Care Providers, e.g., Medicare, Medicaid, and Community Health Centers*

1. Make available technical assistance and training for potential new ASOs such as Federally Qualified Health Centers (FQHCs) and Medicaid providers on the core elements of HIV care service delivery (Ryan White

Grant Administration, The Resource Group; 2012-2014)

2. Target potential new ASOs such as FQHCs and Medicaid Managed Care Organizations (MCOs) for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)
3. Work with Ryan White HIV/AIDS Program funded primary care providers to develop implementation plans for federally-compliant Electronic Medical Records platforms for HIV infected clients (Ryan White Grant Administration, The Resource Group; 2014)
4. Explore the feasibility of partnering with Area Agencies on Aging and Aging and Disability Resource Centers (ADRC) to provide public health insurance benefits counseling to newly eligible HIV infected consumers (Ryan White Planning Council/Office of Support; 2014)
5. Support ongoing statewide efforts to improve Medicaid access for people living with HIV as outlined in the *Texas State SHARP Report* (Ryan White Planning Council, HIV Planning Group; 2012-2014)

*Private Providers*

1. Target Houston Area medical professional associations, medical societies, and practice groups for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)
2. Implement plans to conduct a survey of the HIV testing and linkage to care activities of private providers in the Houston Area (Houston Department of Health and Human Services; 2012)

*Substance Abuse*

1. Target local and regional alcohol and drug abuse providers and coalitions for coordination of effort activities (Ryan White Planning Council/Office of Support; 2012-2014)



**PROPOSED COORDINATING EFFORTS (RESPONSIBLE PARTY, TIMELINE) CON'T**

Between ASOs and other Priority Groups Con't  
Substance Abuse Con't

2. Develop a methodology for determining the need for and use of alcohol treatment services vs. drug treatment services among Ryan White HIV/AIDS Program clients (Ryan White Planning Council/Office of Support, Ryan White Grant Administration, The Resource Group; 2012)

*Other Agencies and Non-Traditional Partners*

1. Sustain formal partnerships with the Housing Opportunities for People with AIDS (HOPWA) program and other housing and homelessness prevention coalitions and groups to address housing instability among PLWHA (Ryan White Planning Council; 2012-2014)
2. Partner with the AIDS Education and Training Center (AETC) to target medical and nursing education providers to promote the opportunity of HIV-related training and employment (Ryan White Planning Council/Office of Support; 2012)
3. Target the following sectors and groups for coordination of effort activities:
  - a) Aging (e.g., assisted living, home health care, hospice, etc.)
  - b) Business and Chambers of Commerce
  - c) Community centers
  - d) Chronic disease prevention, screening, and self-management programs
  - e) Mental health (e.g., counseling associations, treatment facilities, etc.)
  - f) Philanthropic organizations
  - g) Primary education, including schools and school districts
  - h) Secondary education, including researchers, instructors, and student groups
  - i) Workforce Solutions and other vocational training and rehabilitation programs (Ryan White Planning Council/Office of Support; 2012-2014)

**BENCHMARKS**

1. Increase the number of non-ASOs serving as members of the Ryan White Planning Council each year (baseline is 10)
2. Increase the number of non-ASOs requesting information about HIV services each year (baseline is 42)
3. Maintain the number of agencies listed in the Houston Area HIV/AIDS Resource Guide at 187
4. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Core Medical Services by 27.2 percent (from 1,397 to 1,017 reports)
5. Reduce the number of reports of barriers to Ryan White HIV/AIDS Program Support Services by 12.7 percent (from 2,151 to 1,878 reports)
6. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Mental Health Services by 27.3 percent (from 117 to 85 reports)
7. Reduce the number of reports of barriers to accessing Ryan White HIV/AIDS Program-funded Substance Abuse Services by 43.7 percent (from 58 to 32 reports)
8. Prevent the percentage of PLWHA reporting housing instability from increasing above 22.2 percent
9. Prevent the percentage of PLWHA reporting seeking no medical care due to inability to pay from increasing above 8 percent
10. Maintain the number of individuals working for ASOs who receive training on health insurance reform at 200 each year
11. Track the percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment (baseline is 16.7 percent)



# Key to Responsible Parties

## **Houston Department of Health and Human Services**

Full agency name: Houston Department of Health and Human Services (HDHHS), Bureau of HIV/STD and Viral Hepatitis Prevention

Funding source(s): Centers for Disease Control and Prevention (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP); and Texas Department of State Health Services (DSHS) HIV/STD Prevention and Care Branch

Purpose of funding: HIV prevention

Jurisdiction: Houston Metropolitan Statistical Area (MSA). Harris County and the cities of Houston, Baytown, and Sugarland, TX

## **Ryan White Grant Administration**

Full agency name: Harris County Public Health Services (HCPHS), Ryan White Grant Administration (RWGA)

Funding source(s): Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Division of Service Systems (DSS)

Purpose of funding: Administrative Agent for Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI)

Jurisdiction: Houston Eligible Metropolitan Area (EMA). Counties of Harris, Ft. Bend, Waller, Montgomery, Liberty, and Chambers

## **The Resource Group**

Full agency name: The Houston Regional HIV/AIDS Resource Group, Inc. (TRG)

Funding source(s): Texas Department of State Health Services (DSHS) HIV/STD Prevention and Care Branch; and Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Division of Community-Based Programs (DCBP)

Purpose of funding: Administrative Agent for Ryan White HIV/AIDS Program Part B, Part C, and Part D, State Services, and Housing Opportunities for People with AIDS (HOPWA)

Jurisdiction: Houston Health Service Delivery Area (HSDA). Counties of Harris, Ft. Bend, Waller, Montgomery, Liberty, Chambers, Wharton, Colorado, Austin, and Walker

## **HIV Planning Group**

The Houston HIV Planning Group (HPG, formerly the Community Planning Group or CPG) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The HPG is responsible for prioritizing populations and interventions for Houston Area HIV prevention activities funded by the Centers for Disease Control and Prevention (CDC).

## **Ryan White Planning Council**

The Houston Area HIV Services Ryan White Planning Council (RWPC) is a 38-person body appointed by the Harris County Judge, who serves as the CEO for the Houston Area Ryan White HIV/AIDS Program Part A and Minority AIDS Initiative (MAI). The RWPC is responsible for prioritizing and allocating funds for HIV care services provided by Part A and MAI and for making recommendations for services provided by Part B and the Texas Department of State Health Services (DSHS).

## **Ryan White Planning Council/Office of Support**

The Ryan White Planning Council/Office of Support (RWPC/OS) supplies the administrative infrastructure for the Ryan White Planning Council. The RWPC/OS is funded through the Ryan White HIV/AIDS Program Part A, and the staff are employees of the Harris County Judge's Office.

Profile #5

## Bruce Turner

*Asked to describe himself, Bruce Turner says he is a hermit...and an activist.*

Growing up “on the poor side” in a rural Pennsylvania community, Bruce often felt alienated from those around him. With two older sisters and a younger brother in the house, he found refuge with his grandfather who gave him a safe place to be himself and, in the process, became Bruce’s childhood role model. Bruce channeled his feelings into reading and attended the University of Akron where he studied English Literature.

College is where Bruce’s activism came alive. He joined nearby Kent State University’s Gay Liberation Front and staged sit-ins of restaurants and bars to protest their poor treatment of gay and lesbian customers. As a graduate student, Bruce occasionally taught the novels of James Baldwin, which tell of the disenfranchisement and liberation experienced by African Americans, in a Black American Literature course, filling in when the main instructor was away. Of his activism at the time, he says “it certainly raised awareness in *some* people’s eyes.”



Photograph by Barb Garvin

By the time Bruce was diagnosed with HIV in 1989, there was a national discourse taking place about the LGBTQ community as well as widespread misinformation and fear about HIV. Bruce can recall a time in Houston when people brought their own glasses to the gay bars because they feared they could be infected with HIV simply from sharing cups. When Bruce’s partner was diagnosed, Bruce felt it was “just a matter of time” before he would have HIV, too. In fact, it was his anger and guilt about the death of his partner that inspired Bruce to become an activist again...this time, for the needs of people living with HIV.

Although Bruce describes himself as a “hermit,” he has come to know almost everyone in the HIV community. He served on the Houston Area Ryan White Planning Council for over eight years, is a graduate of Project LEAP, the Houston Area’s empowerment course for HIV consumers, and even conducted grant reviews for a local Administrative Agent. Recently, Bruce completed his term with the Houston HIV Planning Group and was appointed to the Texas HIV Medication Program Advisory Committee. He also serves on MPACT, the MSM Task Force.

At 63, Bruce sees advocating for seniors living with HIV as the next stage in his activism. For himself, he simple wants to be known as “active, able, aging, and alive.”

Profile #6

## Steven Vargas

*There was a time when Steven Vargas felt like HIV was closing in around him.*

Raised in a “mixed race, mixed religious beliefs, mixed sexual orientation family,” Steven had many role models for tolerance, embracing difference, and what it means to have a healthy relationship. He also attended a local performing arts high school that was both affirming for him as a Latino gay man and inspiring for him in his love of art and music. There, Steven was a first chair horn player and even received a music scholarship to DePaul University but chose instead to enter the workforce. His motto at the time? “Don’t let school get in the way of your education.”

Then, as Steven describes it, HIV started to close in around him. First, friends of his family became infected, then more distant relatives, and then he

learned that both of his parents were HIV positive. Steven’s mother encouraged him to become an activist against the disease, but, after finding out that he was positive as well, he felt that HIV infection was “inevitable.” It was only later, after continuing to hear about HIV spreading into the heterosexual community, that Steven felt compelled to act.

Today, Steven is a Case Manager at the Association for the Advancement of Mexican Americans, Inc. where he spreads life-saving messages about HIV to Houston’s Latino community. He has also served on the Houston Area Ryan White Planning Council, is a member of the Hepatitis C Task Force and the Latino HIV Task Force, and was recently selected as one of only 10 participants in the 2012 Dennis DeLeon Sustainable Leadership Institute.

Despite this, he still wishes there was no longer a need for his work. He says, “I’ve lived to see the turn of a millennium, an openly gay Mayor of Houston, an African American President. I really was not certain I would see these things in my lifetime,” and so he remains hopeful that he will also live to see a cure for HIV. Until that day, Steven says, remembering his own parents, “it falls on us, the children, the current survivors of this epidemic, to pick up the torch, not let the flag hit the ground.”



Photograph by Barb Garvin

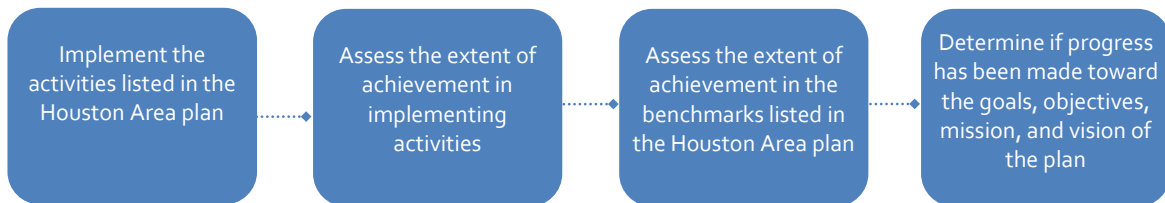


# Plans for the Implementation and Evaluation of the Houston Area Plan

## How progress toward an ideal system of HIV prevention and care will be measured

The Houston Area plan includes over 75 activities designed to improve the system of HIV prevention and care over the next three years. The Houston Area plan also includes close to 50 benchmarks for measuring the impact of these activities. In the short-term, assessing the status of proposed activities will reveal the extent of the community's implementation of the plan from year-to-year. In the long-term, assessing the status of benchmarks will reveal the extent of the community's impact on attaining the goals of the plan, on filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, on improving the local HIV epidemic. A flow chart of this process is illustrated below:

### Flow Chart for Evaluating the Impact of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014



There will be several sources for information about activities and benchmarks throughout implementation. For example, the responsible parties from both HIV prevention and care that are listed in this document generate progress reports, service utilization reports, and reports on outcomes and performance measures on a regular basis. The local HIV Planning Bodies also produce documents about the HIV prevention and care system as a whole: an Epidemiological Profile on HIV/AIDS is developed annually, a community-wide Needs Assessment of People Living with HIV/AIDS is conducted every three years, and Special Studies are initiated throughout the year to fill gaps in data.

The following steps will take place in order to evaluate and monitor the Houston Area plan in light of these various data sources:

1. Convene a community workgroup to oversee the evaluation of the implementation process
2. Develop tools that will help track progress made on activities and benchmarks
3. Conduct periodic reviews of progress reports and other documents produced by responsible parties containing information about activities and benchmarks
4. On an *annual* basis, review benchmark data, assess the direction of benchmarks compared to baseline, provide an explanation of results, and report findings to the community
5. On a *biannual* basis, review data on the status of activities, provide an explanation of results, identify new direction and revise activities if needed, and report findings to the community
6. Update a Houston Area dashboard of goals and objectives

*The goal of the evaluation* of the Houston Area plan is to determine the extent of achievement of goals and objectives

*The goal of monitoring* the Houston Area plan is to determine the extent of achievement of strategies and activities

## Next Steps

### How you can use the Houston Area plan to make a difference in the HIV epidemic

Comprehensive jurisdictional HIV prevention and care plans are roadmaps for the design and delivery of services to meet the needs of individuals at risk for, infected with, or affected by HIV. As the roadmap for the Houston Area, this document describes both the *destination* of an ideal system of HIV prevention and care services for the community as well as the *direction* needed in order to make progress toward this ideal. It outlines global concerns, solutions, and long-term goals and objectives for the Houston Area *as a whole*, and it designates specific activities and efforts for key HIV prevention and care stakeholders in the community. Below are some specific ways that the Houston Area plan can be used by all stakeholders to help make progress toward an ideal system of HIV prevention and care services:

- Use the plan as *a source of information about HIV in the Houston Area*. Orient employees, volunteers, Board members, or individuals new to the area.
- Use the plan as *a reference for information about the structure of HIV prevention and care services* in the Houston Area and what services are currently available.
- Use the plan in *program development* or when determining new target populations or a new HIV prevention or care initiative to undertake.
- Review each strategy in the plan and consider how individuals and agencies can participate in the implementation of activities. *Adopt an activity to complete* and/or participate in implementation with other stakeholders.
- *Align agency-level strategic plans and business plans* with the vision, mission, goals, and objectives of the Houston Area plan.
- Review the plan for ways that individuals and agencies can become involved in local HIV decision-making.
- Use the plan's benchmarks and objectives as a way to *assess HIV health status* in the Houston Area.
- *Become a plan "champion"* by being trained to speak about the plan to interested groups and by promoting the plan to peers, providers, and other networks.
- *Disseminate the plan to others* as a model for collaboration.
- Reference the plan in research proposals and grant-writing.
- Use the plan as documentation for the need to *prioritize HIV in local health policy*.
- Consider charitable giving or other funding decisions that support implementation.

While the goals and action steps of the Houston Area plan are extensive and represent the input of well over 100 subject matter experts and agencies, they are not intended to, *nor could they be*, an exhaustive list of all activities needed to address HIV in the Houston Area. Attaining the vision of an ideal system of HIV prevention and care services will require the continued partnership, collaboration, and coordination of numerous individuals, groups, organizations, and programs.

# The Leadership Team

Houston Area Comprehensive HIV Prevention and Care  
Services Plan for 2012 Through 2014



Photograph by Barb Garvin

Joint Meeting with the Ryan White Planning Council Comprehensive HIV Planning Committee, March 26, 2012, Houston TX. *Top row (L-R):* Nancy Miertschin, Morénike Giwa, Diane Beck, Erik Soliz, Pam Green, David Garner, Jennifer Hadayia, David Benson, Charles Henley, Amber David, Larry Woods, and Cristan Williams. *Middle row (L-R):* Camden Hallmark, Cecilia Smith-Ross, Bruce Turner, Jerry Garza, Jeff Benavides, Maggie White, Jonathan Post, Tori Williams, and Roy Delesbore. *Front row (L-R):* Anna Langford, Frances Bueno, Florida Kweekah, Edith Curry-Moore, Michael Bass, and Steven Vargas

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**Disclaimer:**

This document is a summary of the Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 through 2014 and does not include all federally-required elements for comprehensive jurisdictional HIV prevention and care services planning as defined by the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). The complete Houston Area plan containing all elements can be obtained at the contact information below. The content of this document was developed from September 2011 to April 2012 and reflects the information and data that were available during that time. New information and data on the topics addressed in this document may have become available since the time of publication. Moreover, activities put forth in this document may have been completed or altered during implementation.

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# “Great inroads have been made

in addressing the HIV epidemic and ensuring that all people living with HIV/AIDS have the opportunity to enjoy long, healthy, and productive lives.

We can have an even greater impact if we work together and if we use the Comprehensive HIV Prevention and Care Services Plan as our guide. I look forward to continuing my partnership with the community as we work toward this important goal.”

Ed Emmett  
Harris County Judge

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