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

Addendum - Updated Strategies
August 2013

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Contributors

Participants in the Houston Area Comprehensive HIV Plan Evaluation Process, Years 1 & 2

The following individuals participated in bi-annual meetings of the Evaluation Workgroup for the Houston Area Plan during years one and two of plan implementation. This document summarizes the technical adjustments that were made by these individuals based on their analysis of evaluation and monitoring data.

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Meeting participants represent the following agencies, organizations, coalitions, and planning bodies:

AIDS Foundation Houston
African American State of Emergency Task Force
Association for the Advancement of Mexican-Americans, Inc.
Change Happens
Harris Health System
Houston Area Ryan White Planning Council
Houston Department of Health and Human Services, Bureau of Epidemiology and Bureau of HIV/STD & Viral Hepatitis Prevention
Houston HIV Prevention Community Planning Group (CPG)
Houston Regional HIV/AIDS Resource Group, Inc.
Latino HIV/AIDS Task Force
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Others *The following individuals provided data, analysis, and other information for use in the evaluation process.*

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Background

The Houston Area Comprehensive HIV Prevention and Care Services Plan for 2012 – 2014 was unveiled to the public on July 2, 2012, following a ten-month planning process that involved 111 individuals and 61 agencies. The final plan included four strategies comprised of 75 specific activities to be conducted over the next three years in order to make progress toward an ideal system of HIV prevention and care in the Houston Area. Sixty (60) benchmarks were included for use in measuring change over time. The Houston Area Plan also included a three-year *Evaluation and Monitoring Plan*, which outlines how the plan's activities and benchmarks would be assessed from year to year.

In accordance with the *Evaluation and Monitoring Plan*, an Evaluation Workgroup of Houston Area HIV prevention and care stakeholders, community members, consumers, and subject matter experts has convened at mid-year and year-end since the plan was released. Their charge is to determine the extent of the community's implementation of the Houston Area Plan from year to year as well as the extent of the plan's impact on attaining stated goals, filling gaps in the HIV prevention and care system in the Houston Area, and, ultimately, on alleviating the local HIV epidemic. During the evaluation process, the workgroup also identifies areas for technical adjustments to the plan's strategies, such as eliminating duplication between activities, identifying activities that require more time for completion, making additions to the Responsible Parties assigned to specific activities, and other aspects of the strategies that have shifted since their original development.

This document compiles the four strategies of the Houston Area Plan indicating the various technical adjustments made through the evaluation and monitoring process to date. All alterations to activities have been approved by the Evaluation Workgroup of the Houston Area Plan.

Key to Strategy Changes

Red = Revisions
~~**Blue**~~ = Deletions
Green = Technical changes only

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 Prevention Community Planning Group

The Houston HIV Prevention Community Planning Group (CPG) is a volunteer body of up to 35 members selected to represent the demographics of the Houston Area HIV epidemic. The CPG 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.

STRATEGY 1: STRATEGY FOR PREVENTION AND EARLY IDENTIFICATION

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

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

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)
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)
4. Sustain *targeted* HIV testing by community-based organizations to high-risk populations (Houston Department of Health and Human Services; 2012-2014)
5. 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)
6. Expand *non-targeted* routine, opt-out HIV testing in facilities serving high-risk populations and continue to document and promote the benefits of the ETI (Houston Department of Health and Human Services; 2012-2014)
7. Intensify combination HIV prevention in high-risk communities (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, *Community* 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 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~~ Provide educational opportunities and materials for people living with and/or affected by HIV/AIDS with attention to the impact of the *Patient Protection and Affordable Care Act* (Ryan White Grant Administration, The Resource Group, Ryan White Planning Council/Office of Support; 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 ASOs 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 2nd half of the year after also having at least 1 visit for HIV primary care in the 1st half of the year)
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

STRATEGY 3: STRATEGY TO ADDRESS THE NEEDS OF SPECIAL POPULATIONS

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~~ policies on non-discrimination toward Special Populations in the provision of HIV prevention and care services (Ryan White Planning Council, *Community* Planning Group; ~~2013~~ 2012 - 2014)
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.) (*Community* 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 (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

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

SOLUTIONS

1. Launch proactive efforts to unify stake-holders 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 enlist new and non-traditional partners in supporting the HIV mission (Ryan White Planning Council, *Community* Planning Group; 2013)
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, *Community* 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)

Within the Ryan White HIV/AIDS Program

1. Facilitate technical assistance and training for Administrative Agents ~~and funded ASOs to prepare for health care system changes~~, funded ASOs, and potential new ASOs such as FQHCs and Medicaid providers to prepare for health care system changes *(e.g., Medicaid/Medicare eligibility and processes, expanding client pools, EMR and quality measures, fiscal diversification and sustainability, core elements of HIV care and transitioning to medical homes, 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 in anticipation of health care reform (Ryan White Planning Council; ~~2014~~ 2013)

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~~ Provide educational opportunities and materials to people living with and/or affected by HIV/AIDS regarding the impact of the *Patient Protection and Affordable Care Act* on HIV services (Ryan White Planning Council/Office of Support, The Resource Group, Ryan White Grant Administration; ~~2014~~ 2012 - 2014)

Between HIV Prevention and Care

1. Continue to conduct core comprehensive HIV planning processes jointly between the Ryan White Planning Council and the *Community* Planning Group (Ryan White Planning Council, *Community* 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, *Community* Planning Group; ~~2012-2014~~ As requested)

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)~~

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

Between ASOs and other Priority Groups Con't

Private Providers Con't

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)~~

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~~ 2013)

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~~ 2012 - 2014)
3. Target the following sectors and groups for coordination of effort activities:
   a) Aging (e.g., assisted living, home health care, hospice, etc.)
   b) Alcohol and drug abuse providers and coalitions at the local and regional levels
   c) Business and Chambers of Commerce
   d) Community centers
   e) Chronic disease prevention, screening, and self-management programs
   f) Medical professional associations, medical societies, and practice groups
   g) Mental health (e.g., counseling associations, treatment facilities, etc.)
   h) New AIDS-service providers such as FQHCs and Medicaid Managed Care Organizations (MCOs)
   i) Philanthropic organizations
   j) Primary education, including schools and school districts
   k) Secondary education, including researchers, instructors, and student groups
   l) 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)

BENCHMARKS CON'T

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 Prevent the percentage of PLWHA reporting seeking no medical care due to inability to pay from increasing above 8 percent
9. Maintain the number of individuals working for ASOs who receive training on health insurance reform at 200 each year
10. Track the percentage of Ryan White HIV/AIDS Program clients with Medicaid enrollment (baseline is 16.7 percent)

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