NATIONAL
2018
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Teachable Moments for Planning Councils/ Planning Bodies: Providing Low-Cost/ High-Benefit Mini-Training

Milton L. Butler, *Co-Chair, St. Louis Regional HIV Health Services Planning Council*

Victoria "Tori" Williams, MSW, *Director of Support, Houston Ryan White Planning Council*

Emily Gantz McKay, MA, *President, EGM Consulting, LLC*

This workshop was developed as part of the Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project

Workshop Purposes

- Present and demonstrate strategies for building RWHAP planning council/planning body (PC/PB) capacity through taking advantage of "mini-training" opportunities as part of ongoing activities
- Provide examples of practical, innovative, interactive, low-cost strategies that can help current and potential PC/PB members build knowledge and skills needed for active engagement in HIV community planning and sound, data-based decision making
- Demonstrate how mini-training can help overcome training barriers around scheduling and participation

Learning Outcomes

1. To identify at least 5 opportunities for mini-training of planning council/planning body or committee members that arise as part of existing planning activities
2. To describe at least 3 characteristics of effective mini-training activities
3. To describe the steps in planning and implementing mini-training opportunities in your planning council/planning body

HRSA/HAB Expectations for PC/PB Training

- Each RWHAP PC/PB is expected to provide members:
  - Orientation when they join the PC/PB
  - "Ongoing, annual membership training" – which must be addressed in the annual letter of assurance (planning council) or concurrence (planning body) that accompanies the annual application *[2019 Part A NOFO, p 17]*
- PLWH/Consumer members of RWHAP planning bodies should receive orientation and training *[Part B Manual, p 78]*

Why Training Matters

- Ryan White HIV/AIDS Program (RWHAP) is complex – many components and requirements
- PC/PBs play a unique role as diverse HIV community planning bodies – but their value depends on member knowledge and engagement
- RWHAP Part A planning councils decide how millions of dollars in Part A and Part A Minority AIDS Initiative (MAI) funds are used:
  - What services receive funding and how much
  - Needed service models and targeting of funds to particular PLWH subpopulations or locations (through directives)
- Other planning bodies recommend funding and service models

Need for Training: Understanding a Complex Program

- A complicated system of HIV care – including RWHAP-funded and other services
- 28 “fundable” medical and support service categories
- Planning for diverse subpopulations of people living with HIV (PLWH) that need different services and models of care
- Hugely increased amounts and types of data for decision making
- Growing focus on performance measures and clinical outcomes
- Numerous federal, state, and local requirements to follow

Special Challenges for Consumers and Other "New Community Planners"

- Some PC/PB members do planning as part of their job
- Others have no prior experience in HIV community planning
- New planners often have different and greater training needs
- RWHAP PC/PBs typically have strict annual calendars and deadlines
- New members face special challenges during their first planning cycle
  - "Learning the program" often takes more than a year – but members are expected to help make decisions immediately
  - Veteran members may dominate the process
  - Experienced members may not feel the same need for training

Importance of Multiple Mini-Training Opportunities and Strategies

- People learn in different ways
- Long training sessions may try to cover too much – with low retention
- People learn best through multiple exposures to the same information
- Learning happens best when the information is used immediately
- Scheduling special training sessions can be difficult – it's easier to do training at or around scheduled meetings
- Providing training to potential PC/PB members makes them better prepared once appointed

Training Challenges

Please share with the group:

What challenges does your RWHAP program face in providing orientation and training for your planning council or other planning body?

Consumer Training Challenges, Needs, and Strategies:

Milton L. Butler, Co-Chair, *St. Louis Regional HIV Health Services Planning Council*

Consumers Need Training on Many Topics

- The local “system of HIV care”
- Different types of data – and how information is collected
- How specific data or findings can be used to improve services
- How to advocate on behalf of all PLWH, not just your own needs
- What processes are by the planning council to make decisions
- How to present your views to the planning council and be listened to – and stay firm in the face of opposition

Approaches to Mini-Training for Consumers

- **When data are presented,** take a few extra minutes to:
  - Highlight important information and discuss what it means in terms of service needs
  - Point out differences in outcomes for certain groups and ask why that might be happening and what could be done to improve outcomes for a particular group
- **When an important topic is brought to the planning council or planning body:**
  - Spend a few minutes before the meeting discussing the issue, why it is important, and what questions consumers may want to ask
  - Spend a few minutes after the meeting discussing what happened

Examples of Consumer Mini-Training in St. Louis

- **During the epidemiologic profile presentation**: discussion of what the trends mean in terms of service needs
  - Example: Look at the number of people who are out of care or unaware of their status – what does that mean in terms of service needs?
- **Before the Planning Council meeting:** review of the agenda and background on major issues for discussion and decision making
- **After the Planning Council meeting:** review of what happened and what those decisions will mean for PLWH and services
- **At Consumer Advocacy Committee (CAC) meetings:**
  - Example: Review of each question in the consumer survey, along with training on why the information is needed and what can be done with it

An Example: Learning to Use Data for Decision Making

- Annual data presentation included findings on what services clients felt would help them continue in HIV medical care
- Teachable Moment:
  - Importance of looking at findings for populations of interest
  - For African American MSM aged 24-34 and 35-49, rental assistance was #2 or #3 – need was for one more month of rental assistance per year
  - Link made between this finding and the TGA's Minority AIDS Initiative (MAI) program
- Use of this finding led to additional funds being moved into Rental Assistance using Carryover Funds and requirements changed to allow one more month of assistance

Populations of Interest Data: Services that would Help Clients Continue HIV Medical Care [Selected Groups]

	All Clients N = 643	African American MSM 24-34 N = 70	African American MSM 35-49 N =38	Hispanics N = 24	Transgender Women N = 12	50 & Older N = 203
1	Case Mgmt	Case Mgmt	Case Mgmt	Case Mgmt	Transpor-tation	Case Mgmt
2	Dental Services	**Rental Assistance**	Utility Assistance	Dental Services	Case Mgmt	Dental Services
3	ADAP Medication Coverage	Dental Services	**Rental Assistance**	Utility Asst/ Doctor Visits/Labs	Dental Servs/ Groceries/Hot Meals	ADAP Medi-cation Coverage

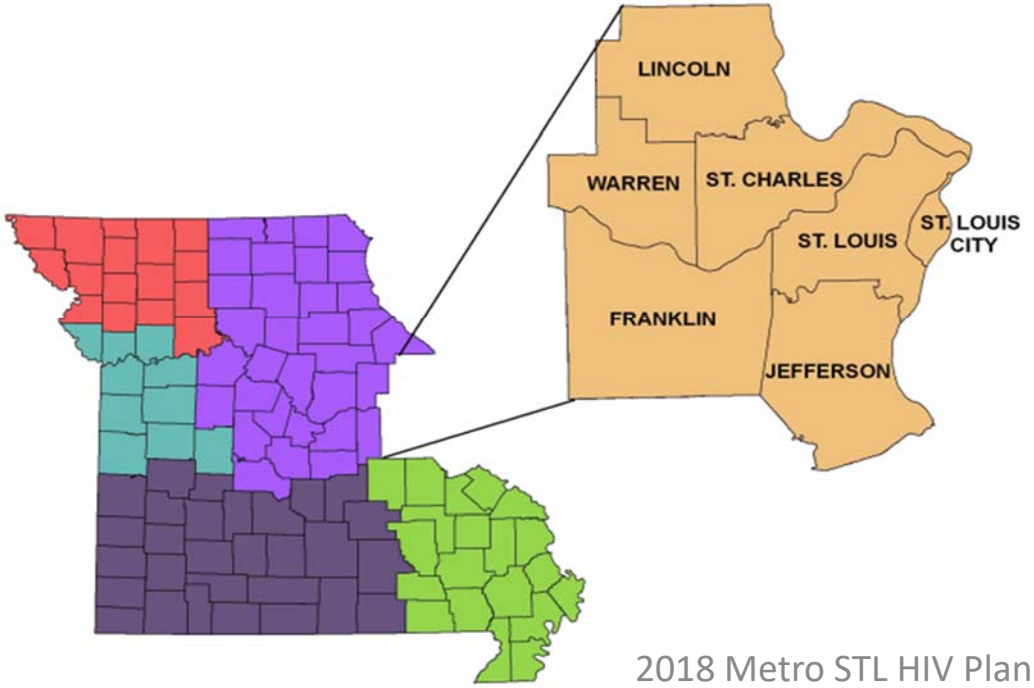
Plan for Use of Requested MAI Carryover Funds

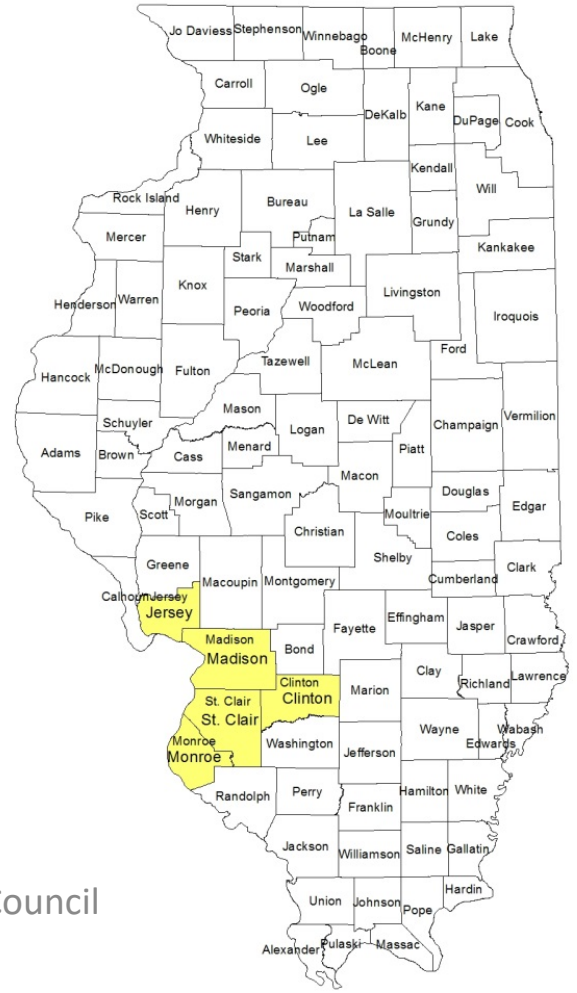
Service Prioriti-zation	Planned Service Category	Carryover Amount Requested	Notes	One Time Planned Expense?
5	Housing	$25,000	**Provide an additional month of rental assistance for MAI clients in MAI emergency housing** [$500 (avg. per month) x 50 clients = $25,000]	Yes
13	Early Interv. Services (EIS)	$27,508	To fund EIS in FY 2018 at the same funding level as FY 2017	Yes
13	Early Interv. Services (EIS)	$16,603	To fund Needs Assessment lost-to-care survey to be administered by DIS workers	Yes

Another Example: Understanding Unmet Need Data

- The following 3 slides were used to present and discuss unmet need with the Consumer Advocacy Committee
- Mini-training helped consumers to:
  - Understand this information
  - Think about action needed to reduce unmet need
  - Consider what they can do as planning council members

St. Louis Transitional Grant Area





2018 Metro STL HIV Planning Council
Needs Assessment Summary

Estimate and Assessment of Unmet Need

Estimate of unmet need: The estimated number of people in a specific geographic area who know they are living with HIV but are not receiving regular HIV-related primary medical care.

Assessment of unmet need: Information about people who know they are living with HIV, but are not receiving regular HIV-related primary medical care.

Aware
But Not
In Care

Source: 2018 Metro STL HIV Planning Council Needs Assessment Summary

Estimate of Unmet Need

MO STL TGA 2017 Estimate:

Persons in the MO STL TGA who did not have evidence of HIV medical care (CD4 or Viral Load) in 2017.

The MO STL TGA Unmet Need Estimate:

31.1% or 1,939 PLWHA

What does this mean?

In 2017, of the 6,230 PLWHA living in the MO STL TGA, 31.1% (1,939) of PLWHA did not have evidence of care.

IL Region 4 2016 Estimate:

Persons in the IL Region 4 who did not have an HIV lab result and not enrolled in Ryan White/ADAP or Medicaid in 2016.

The IL Region 4 Unmet Need Estimate:

44% or 581 PLWHA

What does this mean?

In 2016, of the 1,324 PLWHA living in IL Region 4, 44% (581) of PLWHA did not have evidence of care.

Assessment of Unmet Need

Information about the percent of people **who know they are living with HIV**, but are not receiving regular HIV-related primary medical care, in the **Missouri counties of the St. Louis TGA**

Race/Ethnicity	%
Black/Afr Am Male	29.9%
Black/Afr Am Female	26.2%
White Male	34.6%
White Female	26.5%
Hispanic	39.8%
Other/Unknown	25.2%

Sex	%
Male	32.1%
Female	26.5%
Age	**%**
0-12	37.5%
13-24	31.8%
25-44	30.1%
45-64	31.3%
64+	34.6%

Risk	%
MSM	31.3%
IDU	31.8%
MSM+IDU	35.8%
Heterosexual	28.1%
Pediatric Exposure	47.3%
Other	43.5%
Not Reported	31.7%

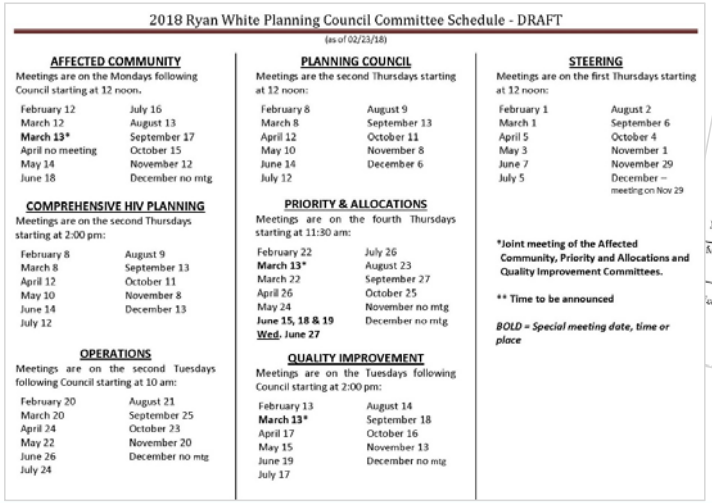
Participant Sharing

Please share other consumer mini-training examples and strategies your program has used successfully

Experiences and Examples from Houston:
Victoria "Tori" Williams
Director of Support, Houston Ryan White Planning Council

Tools for Identifying Mini-Training Opportunities

- 12 month meeting calendar
- Timeline of critical Council activities
- 12 month staff work plan



2018 Ryan White Planning Council Committee Schedule - DRAFT

(as of 02/23/18)

AFFECTED COMMUNITY

Meetings are on the Mondays following Council starting at 12 noon.

February 12	July 16
March 12	August 13
March 13*	September 17
April no meeting	October 15
May 14	November 12
June 18	December no mtg

COMPREHENSIVE HIV PLANNING

Meetings are on the second Thursdays starting at 2:00 pm:

February 8	August 9
March 8	September 13
April 12	October 11
May 10	November 8
June 14	December 13
July 12	

OPERATIONS

Meetings are on the second Tuesdays following Council starting at 10 am:

February 20	August 21
March 20	September 25
April 24	October 23
May 22	November 20
June 26	December no mtg
July 24	

PLANNING COUNCIL

Meetings are the second Thursdays starting at 12 noon:

February 8	August 9
March 8	September 13
April 12	October 11
May 10	November 8
June 14	December 6
July 12	

PRIORITY & ALLOCATIONS

Meetings are on the fourth Thursdays starting at 11:30 am:

February 22	July 26
March 13*	August 23
March 22	September 27
April 26	October 25
May 24	November no mtg
June 15, 18 & 19	December no mtg
Wed. June 27	

QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 13	August 14
March 13*	September 18
April 17	October 16
May 15	November 13
June 19	December no mtg
July 17	

STEERING

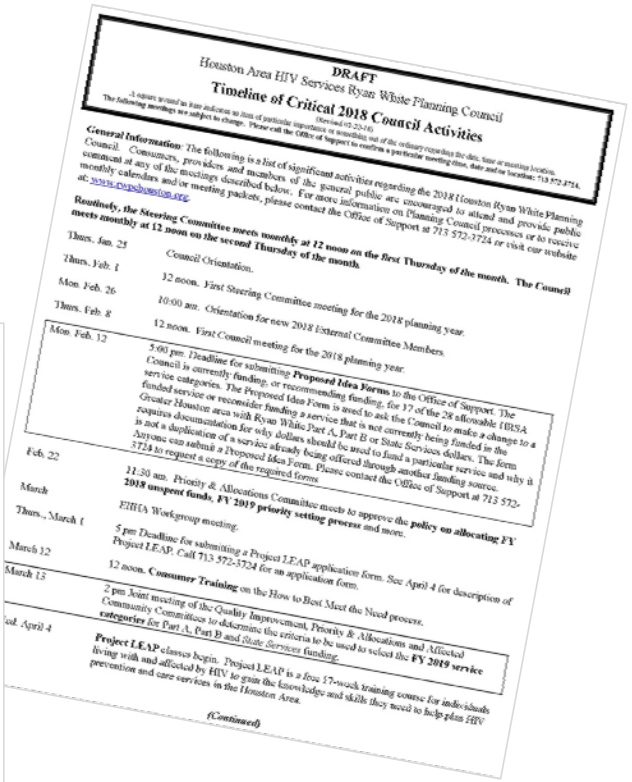
Meetings are on the first Thursdays starting at 12 noon:

February 1	August 2
March 1	September 6
April 5	October 4
May 3	November 1
June 7	November 29
July 5	December – meeting on Nov 29

***Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.**

****** Time to be announced**

BOLD = Special meeting date, time or place



DRAFT

Houston Area HIV Services Ryan White Planning Council

Timeline of Critical 2018 Council Activities

(Revised 02-23-18)

The following meetings are subject to change. Please call the Office of Support to confirm a particular meeting time, date and/or location: 713.572.3724.

General Information: The following is a list of significant activities regarding the 2018 Houston Ryan White Planning Council. Consumers, providers and members of the general public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 713.572.3724 or visit our website at: www.rwphouston.org.

Routinely, the Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.

Thurs. Jan. 25 — Council Orientation.

Thurs. Feb. 1 — 12 noon. First Steering Committee meeting for the 2018 planning year.

Mon. Feb. 26 — 10:00 am. Orientation for new 2018 External Committee Members.

Thurs. Feb. 8 — 12 noon. First Council meeting for the 2018 planning year.

Mon. Feb. 12 — 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. The Council is currently funding, or recommending funding, for 37 of the 28 allowable HRSA service categories. The Proposed Idea Form is used to ask the Council to make a change to a funded service or reconsider funding a service that is not currently being funded in the Greater Houston area with Ryan White Part A, Part B or State Services dollars. The form requires documentation for why dollars should be used to fund a particular service and why it is not a duplication of a service already being offered through another funding source. Anyone can submit a Proposed Idea Form. Please contact the Office of Support at 713 572-3724 to request a copy of the required forms.

Feb. 22 — 11:30 am. Priority & Allocations Committee meets to approve the **policy on allocating FY 2018 unspent funds, FY 2019 priority setting process** and more.

March — EHHA Workgroup meeting.

Thurs., March 1 — 5 pm Deadline for submitting a Project LEAP application form. See April 4 for description of Project LEAP. Call 713 572-3724 for an application form.

March 12 — 12 noon. **Consumer Training** on the How to Best Meet the Need process.

March 13 — 2 pm Joint meeting of the Quality Improvement, Priority & Allocations and Allocated Community Committees to determine the criteria to be used to select the **FY 2019 service categories** for Part A, Part B and State Services funding.

[illegible] April 4 — **Project LEAP** classes begin. Project LEAP is a free 17-week training course for individuals living with and affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area.

(Continued)

November & December

- Schedule training before each critical activity
- Build teachable moments into existing meeting agendas

January

Council Orientation

ORIENTATION 2018

January 25, 2018 ~ 8:00 a.m.

Third Coast Restaurant
Houston, Texas

7:45 a.m. **New Council Members Check-In**
- Photographs
- Optional breakfast

8:00 a.m. **Welcoming Remarks**
- Opening Remarks, Housekeeping & Review Agenda
  Cecilia Oshingbade, Chair, Ryan White Planning Council
- Introductions

8:20 a.m. **General Overview of AIDS Funding**
Tori Williams, Director, Office of Support

8:25 a.m. **Council Bylaws, Policies & Procedures**
- Committee Structure
  Tori Williams, Director, Office of Support
- How to Use the Notebooks
  Iris Torrente, Member, Operations Committee
- Meeting Packets & Agendas
  Denis Kelly, Member, Operations Committee
- Bylaws & Policies
  Alternating Members, Operations Committee
- Attendance
  Tori Williams, Director, Office of Support

9:25 a.m. **Formal Relationships**
Cecilia Oshingbade, Facilitator
- Tori Williams, Liaison for County Judge Ed Emmett, Chief Elected Official
- Cecilia Oshingbade, Chair Ryan White Planning Council
- Tori Williams, Director, Office of Support for the Ryan White Planning Council
- Carin Martin, Manager Ryan White Grant Administration Harris County Public Health
- Sha'Terra Johnson-Fairley, Health Planner Houston Regional HIV/AIDS Resource Group

a.m. **Robert's Rules of Order**
Tori Williams, Director, Office of Support

m. **Returning Council Members Arrive**

10:00 a.m. **Introduction of Officers & Committee Co-Chairs and Committee Orientation**
Cecilia Oshingbade, Facilitator

10:30 a.m. **Message From the Chief Executive Officer**
The Honorable Ed Emmett, County Judge

11:00 a.m. **Break**

11:30 a.m. **Timeline of Critical Council Activities**
Tori Williams, Director, Office of Support

11:45 a.m. **Recognize the Mentors**
Cecilia Oshingbade, Chair, Ryan White Planning Council

11:50 a.m. **Honor Those Who Have Gone Before Us**
Cecilia Oshingbade, Chair, Ryan White Planning Council

12:00 p.m. **Lunch**
- Icebreaker game - Guess Who
  Carol Suaco, Facilitator and Skeet Boyle, Timekeeper

1:45 p.m. **Confidentiality**
Bob Hergenroeder, Operations and Prevention Director, Montrose Center

2:15 p.m. **Dance the Hokey Pokey**
Denis Kelly, Facilitator

2:20 a.m. **Break**

2:30 p.m. **PrEP and PEP**
Amy Leonard, Vice President of Public Health, Legacy Community Health

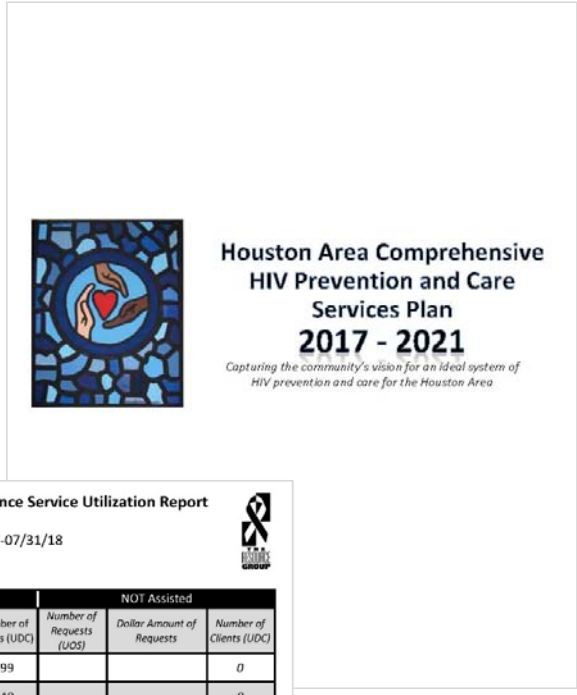
3:00 p.m. **Molecular HIV Surveillance: Cluster Response and Community Engagement**
Camden Hallmark, Analyst, Houston Health Department

3:30 p.m. **Closing Remarks**
Cecilia Oshingbade, Chair, Ryan White Planning Council

February

Orient each committee

- Review work products
- How to read and understand committee reports



Houston Area Comprehensive HIV Prevention and Care Services Plan

2017 - 2021

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

Houston Ryan White Health Insurance Assistance Service Utilization Report

Period Reported: 09/01/2017-07/31/18

Revised: 9/10/2018

	Assisted			NOT Assisted		
Request by Type	Number of Requests (UOS)		Number of Clients (UDC)	Number of Requests (UOS)	Dollar Amount of Requests	Number of Clients (UDC)
Medical Co-Payment	1614	$154,579.84	599			0
Medical Deductible	199	$71,394.62	140			0
Medical Premium	6237	$2,448,389.45	881			0
Pharmacy Co-Payment	5404	$744,137.90	1409			0
APTC Tax Liability	0	$0.00	0			0
Out of Network Out of Pocket	0	$0.00	0			0
ACA Premium Subsidy Repayment	7	$2,930.12	14	NA	NA	NA
Totals:	13461	$3,415,571.69	3043	0	$0.00	

Comments: This report represents services provided under all grants.

February *(cont.)*

- **Nuts and Bolts**

March

Affected Community Committee

Hosts 30 minute training during their March meeting

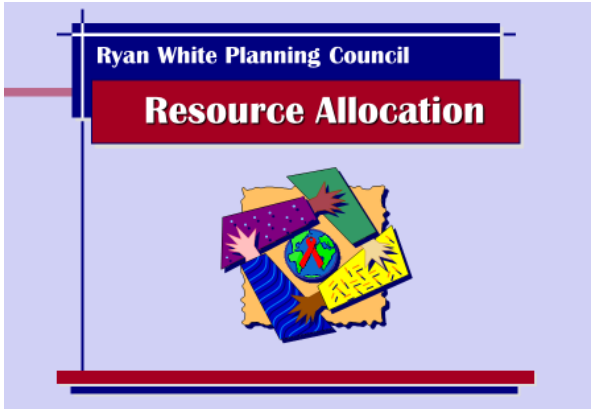
- Friends are welcome to attend
- Learn about the process
- Review materials used in the process

April *(cont.)*

Council

Hosts a Training for:

- How To Best Meet the Need (HTBMN)
- Priority Setting and Allocations



April *(cont. 2)*

"How to Best Meet The Need" Workshop Training

Tools Used in the FY 2019 Decision-Making Process

Houston Area HIV Services Ryan White Planning Council
1:30 pm – 4:00 pm, Thursday, April 12, 2018
2223 W. Loop South, Room 532, Houston, TX 77027

April *(cont. 3)*

2016 Epidemiologic Overview

Describes HIV disease trends in the Houston Area

From the 2017-2021 Comprehensive Plan

- **Socio-demographics of the Houston Area Population (Page 8)**
  What are the socio-demographic characteristics of the general population in the Houston Area? (E.g., population data, social determinants, community indicators)
- **Demographic and Socioeconomic Characteristics of People Living with HIV Diagnosis (PLWH) in the Houston Area (Page 11)**
  What is the current scope of the HIV epidemic in the Houston Area? (E.g. current new diagnoses and prevalence)
- **HIV Burden in the Houston Area (Page 19)**
  How has the HIV epidemic changed in the Houston Area over time, and which areas and groups are most impacted? (E.g., prevalence, new diagnoses, and mortality over time, prevalence by zip code, progression to Stage 3 HIV, and mortality)
- **Indicators of Risk for HIV Infection in the Houston Area (Page 25)**
  Which groups in the Houston Area are at higher risk for acquiring new HIV infection? (E.g., sexual risk behaviors, higher risk among MSM, IDU, and heterosexuals, testing, comorbidity and co-infection)

April *(cont. 4)*

HIV Care Continuum

Describes engagement in care in the Houston Area from diagnosis to viral suppression

- **Also called the Treatment Cascade, Spectrum of Engagement, or the Gardner Cascade**
- **Provides "big picture" view of engagement in HIV care at all stages within a given timespan (usually 12 months)**
  - **All individuals living with HIV**
    - Those aware of their status
    - Those who are unaware of the status (greater likelihood of HIV transmission)
  - **All individuals who have received a positive diagnosis**
  - **All individuals with met need for HIV medical care**
  - **All individuals retained in HIV care in a HIV medical care**
  - **All individuals prescribed (and, presumably taking) HIV medications**
  - **All individuals with viral load suppression (lower likelihood of HIV transmission)**
- **Helpful for identifying system-wide gaps in service linkage and retention in care "at a glance"**

April *(cont. 5)*

"Okay, but how will any of this help us determine How to Best Meet the Need?"

Based on today's presentation, which of the decision-making tools could you use to answer each question?

"What proportion of consumers using Medical Case Management have undetectable viral loads?"
Performance Measure Reports

"What kinds of barriers do consumers experience when trying to get Transportation services?"
Needs Assessment and Special Studies

"What are the emerging epidemiologic trends in HIV disease in the Houston EMA?"
Epidemiological Overview

"How many consumers received bus passes in 2016?"
Service Utilization Reports

"How much funding is currently allocated for Primary Care/OAMC?"
Financial Reports

"What are the Houston Area's priorities over the next five years?"
2017-2021 Comprehensive Plan

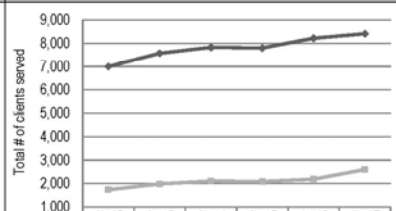
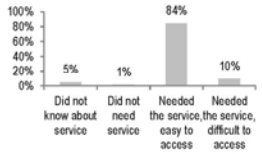
"Which subpopulations have greater proportions of individuals who are out-of-care?"
Unmet Need Framework

"How many people living with HIV in the Houston EMA were retained in care in 2015?"
Continuum of Care

April *(cont. 6)*

FY2018 Service Category Information Summary – Part A, MAI, Part B, SS

Last Updated: 4/23/18

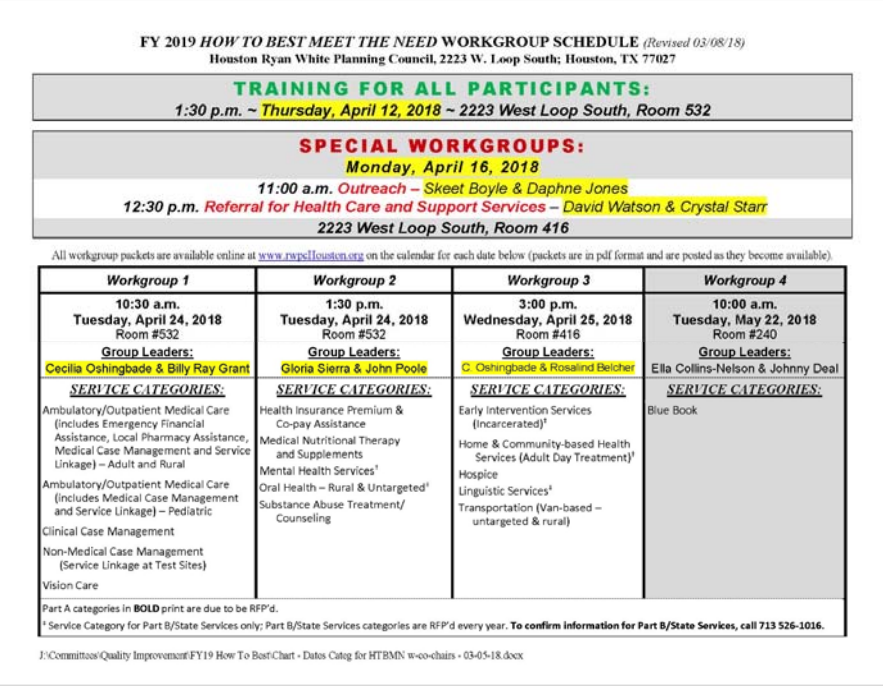
Service	Allocation	Client Utilization	Outcomes	Needs Assessment Data	National, State, and Local Priorities
Ambulatory Outpatient Medical Care (Adult and Pediatric) incl. Vision Care)	Part A: FY98: $2,084,928 FY99: $1,231,605 FY00: $1,891,325 FY01: $1,679,294 FY02: $1,941,561 FY03: $1,966,899 FY04: $1,687,404 FY05: $2,319,440 FY06: $3,161,000 FY07: $3,161,000 Part A/MAI/B: FY08: $9,214,688 FY09: $9,454,433 FY10: $9,510,270 FY11: $9,964,057 FY12: $9,941,410 FY13: $11,043,672 FY14: $10,656,734 Part A/MAI: FY15: $11,181,410 FY16: $11,757,561 FY17: $11,853,686 FY18: $11,432,200 Source: FY 2018 Allocations - Level Funding Scenario Based - Approved 07/13/17	 Source: RWGA and The Resource Group, 4/23/18	Primary Care[a]: • Following Primary Care, 75% of clients were in continuous HIV care (i.e., two or more primary care visits at least three months apart).[a] • 18% of primary care clients had CD-4 < 200 within 90 days of enrollment in primary care.[a] • 71% of primary care clients were virally suppressed.[a] • There was 3 percentage point variability between race/ethnicity categories for ART prescription and 5 percentage point variability for viral suppression.[b] Vision Care: • 13 diagnoses were reported for HIV-related ocular disorders, all of which were managed appropriately.[c] • 95% of client records reviewed contained documentation of new prescription for lenses at the agency with the year.[c] • Overall performance rates of vision care providers have remained high.[c] Source: [a] RWGA FY 2016 Highlights from Performance Measures [b] RWGA Primary Care Chart Review FY 2016 (December 2017) [c] RWGA Vision Care Chart Review FY 2016 (December 2017)	Needs Assessment Rankings: Primary Care was surveyed as "*HIV medical care visits or clinic appointments with a doctor, nurse, or physician assistant (i.e., outpatient primary HIV medical care)*" in the 2016 Needs Assessment. Results as defined are below:  • 94% of respondents reported a need for Primary Care, placing this service as the highest ranked need surveyed. • The most common barrier reported for Primary Care was administrative issues (19% of all reported barriers to this service). • Females, other/multiracial and white PLWH, and PLWH age 50+ reported the least difficulty accessing Primary Care. • Out of care, rural, transgender, recently released, and unstably housed PLWH reported more difficulty accessing Primary Care than the sample as a whole. Source: 2016 Houston Area HIV Needs Assessment	This service aligns with the following goals: National HIV/AIDS Strategy (NHAS) Updated for 2020 (2015) • Increase the percentage of persons with diagnosed HIV who are retained in HIV medical care to at least 90%. • Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 80%. HIV Care Continuum • Increase the percentage of those aware of their HIV+ status retained in HIV care • Increase the percentage of those aware of their HIV+ status with a suppressed viral load The Texas HIV Plan (2017-2021): • Increase continuous participation in systems of care and treatment • Increase viral suppression Comprehensive HIV Plan (2017-2021): • Increase the percentage of RW clients in continuous HIV care to ≥ 90% • Increase the percentage of PLWH who are retained in care to ≥ 90%. • Maintain / increase the proportion of RW clients who are virally suppressed to ≥ 90% • Increase the percentage of PLWH who are virally suppressed ≥80% The following Special Population is also specifically addressed by this service: • Youth (age 13 – 24) END Plan (2017-2021) • Foster 90% retention in care • Support 90% of diagnosed PLWH in Houston/Harris County to achieve viral suppression

	CY12	CY13	CY14	CY15	CY16	CY17
PCare	7,000	7,570	7,830	7,799	8,224	8,416
Vision	1,734	1,984	2,108	2,087	2,186	2,598

April *(cont. 7)*

Train the HTBMN Workgroup Facilitators

- All HTBMN Workgroups have 2 co-chairs
- One is always a consumer
- Special training for the workgroup co-chairs



FY 2019 *HOW TO BEST MEET THE NEED* WORKGROUP SCHEDULE *(Revised 03/08/18)*
Houston Ryan White Planning Council, 2223 W. Loop South; Houston, TX 77027

TRAINING FOR ALL PARTICIPANTS:
1:30 p.m. ~ Thursday, April 12, 2018 ~ 2223 West Loop South, Room 532

SPECIAL WORKGROUPS:
Monday, April 16, 2018
11:00 a.m. Outreach – Skeet Boyle & Daphne Jones
12:30 p.m. Referral for Health Care and Support Services – David Watson & Crystal Starr
2223 West Loop South, Room 416

All workgroup packets are available online at www.rwpcHouston.org on the calendar for each date below (packets are in pdf format and are posted as they become available).

Workgroup 1	*Workgroup 2*	*Workgroup 3*	*Workgroup 4*
10:30 a.m. **Tuesday, April 24, 2018** Room #532	**1:30 p.m.** **Tuesday, April 24, 2018** Room #532	**3:00 p.m.** **Wednesday, April 25, 2018** Room #416	**10:00 a.m.** **Tuesday, May 22, 2018** Room #240
Group Leaders: Cecilia Oshingbade & Billy Ray Grant	**Group Leaders:** Gloria Sierra & John Poole	**Group Leaders:** C. Oshingbade & Rosalind Belcher	**Group Leaders:** Ella Collins-Nelson & Johnny Deal
SERVICE CATEGORIES:	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***	***SERVICE CATEGORIES:***
Ambulatory/Outpatient Medical Care (includes Emergency Financial Assistance, Local Pharmacy Assistance, Medical Case Management and Service Linkage) – Adult and Rural	Health Insurance Premium & Co-pay Assistance	Early Intervention Services (Incarcerated)[1]	Blue Book
Ambulatory/Outpatient Medical Care (includes Medical Case Management and Service Linkage) – Pediatric	Medical Nutritional Therapy and Supplements	Home & Community-based Health Services (Adult Day Treatment)[1]	
Clinical Case Management	Mental Health Services[1]	Hospice	
Non-Medical Case Management (Service Linkage at Test Sites)	Oral Health – Rural & Untargeted[1]	Linguistic Services[1]	
Vision Care	Substance Abuse Treatment/ Counseling	Transportation (Van-based – untargeted & rural)	

Part A categories in **BOLD** print are due to be RFP'd.
[1] Service Category for Part B/State Services only; Part B/State Services categories are RFP'd every year. **To confirm information for Part B/State Services, call 713 526-1016.**

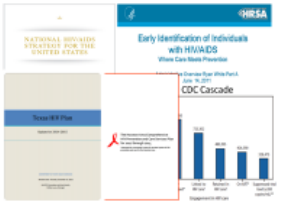
J:\Committees\Quality Improvement\FY19 How To Best\Chart - Dates Categ for HTBMN w-co-chairs - 03-05-18.docx

April and May

How to Best Meet the Need Workgroup Meetings

- Review data about each service category before it is discussed

For Each Service Category



National, State, and Local Priorities for Care

Needs Assessment Data – *Voice of the Consumer*

Specific Service Categories

Primary Care

	2014	2016	Change
Ranking of Need:	87% need #1 of all services	94% need #1 of all services	%: ↑ Rank: ---
Accessibility:	85% accessible #1 of all services (*tied with Day Treatment*)	90% accessible #3 of all services	%: ↑ Rank: ↓
Barriers Reported:	1. Wait time—14% 2. Did not know where to go—12% 3. Lack of transportation—10% 4. Inconvenient appointments—9% 5. Fear of HIV status disclosure—7%	1. Administrative - 19% 2. Interactions with Staff - 14% 3. Transportation - 14% 4. Wait - 14% 5. Education and Awareness - 10%	

HIV in the Houston Area

Q. Which groups does HIV disproportionately affect in the Houston Area?

A. Using the total 2016 Houston EMA HIV diagnosis rate (21.9 per 100,000 population) as a benchmark, the following populations experience disproportionately higher rates of new HIV diagnoses:

- 163% higher rate among Black/African Americans individuals
- 156% higher rate among individuals age 25-34
- 58% higher rate among males (sex at birth)
- 30% higher rate among individuals age 13-24
- 23% higher rate among individuals age 35-44
- 11% higher rate among individuals age 45-54

While there has been no change in ***which*** groups experience disproportionately higher new diagnoses since 2011, the ***extent of disproportionality*** within each population group ***has*** changed in the Houston EMA. The following groups experienced the greatest increase in extent of disproportionality between 2011 and 2016:

- 81 percentage point increase among individuals age 25-34
- 11 percentage point increase among Hispanic individuals

Unmet Need--*Who is Out-of-Care?*

Q. **What is unmet need?**

A. Unmet need is when a person diagnosed with HIV is not in HIV medical care. To be out-of-care, a person has had none of the following in a 12 month period: (1) an HIV medical visit, (2) an HIV monitoring test (either a CD4 or viral load), or (3) a prescription for HIV medication.

Q. **How many PLWHA are out-of-care in the Houston EMA?**

A. In 2016, there were 6,537 people are out of care in the EMA, or 24% of all diagnosed PLWH.

Q. ***Who* is out-of-care in the Houston EMA?**

A. The highest proportions of people out of care in 2016 were:

- 25% of male (sex at birth) diagnosed PLWH
- 28% of other race/ethnicity diagnosed PLWH
- 26% of Hispanic diagnosed PLWH
- 25% of Black/African American diagnosed PLWH
- 26% of diagnosed PLWH age 35-44
- 26% of diagnosed PLWH age 55 and over
- 28% of diagnosed PLWH with an injection drug use risk factor
- 27% of people diagnosed with HIV between 2006 and 2010

Specific Service Categories

Local Pharmacy Assistance Program (LPAP)

	2014	2016	Change
Ranking of Need:	69% need #4 of all services	74% need #3 of all services	%: ↑ Rank: ↑
Accessibility:	84% accessible #3 of all services	89% accessible #4 of all services	%: ↑ Rank: ↓
Barriers Reported:	1. Lack of transportation—13% 2. Did not know where to go—13% 3. Lack of health insurance—10% 4. Inconvenient appointments—9% 5. Did not know how to get service—9%	1. Health Insurance Coverage - 24% 2. Administrative - 12% 3. Education and Awareness - 9% 4. Eligibility - 9% 5. Financial - 9%	

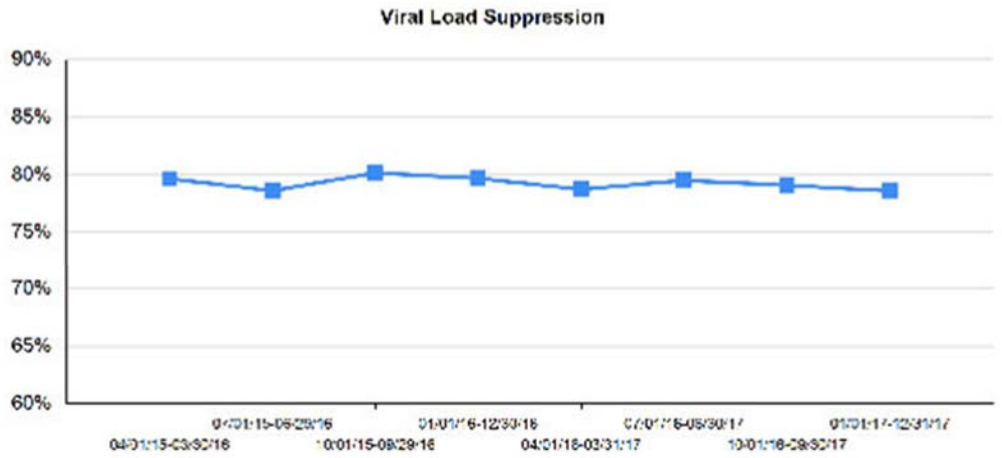
Medical Case Mgmt.

CALENDAR YEAR	Total Number of Clients Served	Number in Harris County	Number Outside of Harris County	Average Allocation per Unduplicated Client Served
2016	4,962	4,277	685	$348
2017	5,046	4,384	662	$342

	M	F	AA non	W non	Other non	H/L
2016	74%	26%	57%	16%	2%	25%
2017	72%	28%	56%	14%	2%	28%

Performance Measures
Viral Load Suppression Performance

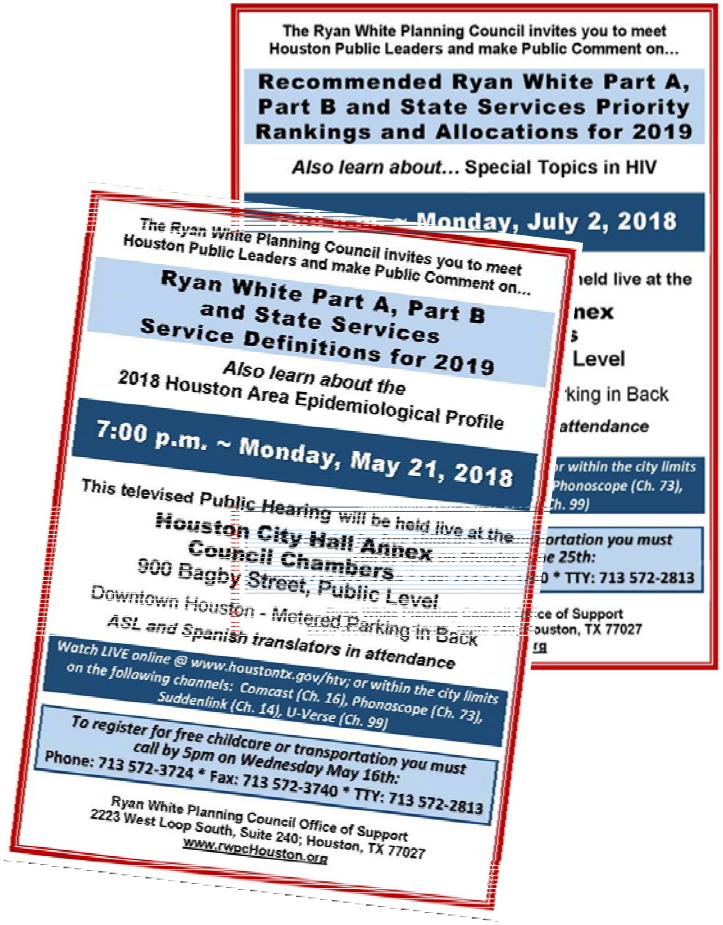
VL Suppression : Percentage of clients who have been enrolled in care at least six months and have had 2 or more medical visits, who have a viral load of <200 copies/ml



May and June

Televised Public Hearings

- Hosted by Affected Community Committee
- Co-Chaired by Consumers
- Educational presentation (20 – 30 minutes)
- Results of the HTBMN and Priority & Allocations Processes



August

Affected Community Committee

- Training on Standards of Care and Performance Measure Review

General Standard 3.2: "Agency has Policy and Procedure regarding client Confidentiality [...] Providers must implement mechanisms to ensure protection of clients' confidentiality in all processes throughout the agency."

"Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!"

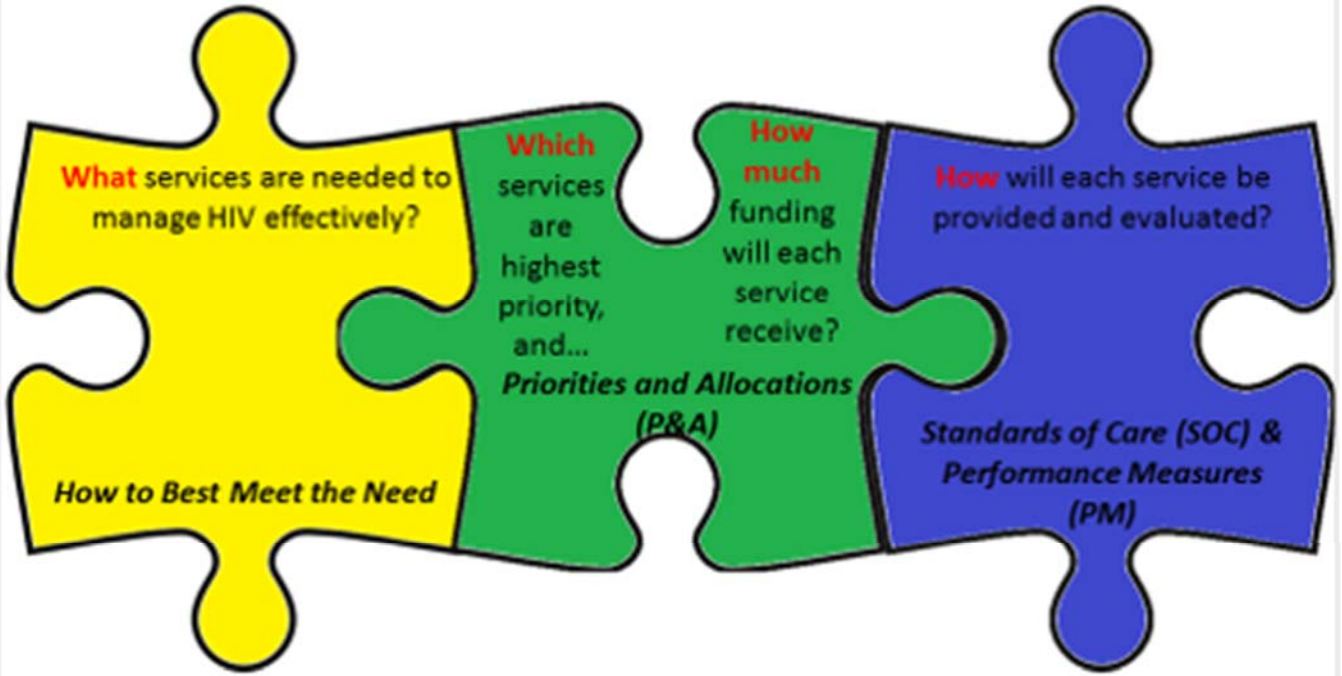
All our nurses now have degrees....unfortunately nurse Ptbright's is in the expressive arts!

Primary Medical Care 1.1: "Medical care for HIV infected persons shall be provided by MD, NP, CNS or PA licensed in the State of Texas and has at least two years paid experience in HIV/AIDS care including fellowship."

Oral Health 2.8: "Oral hygiene instructions (OHI) should be provided annually to each client."

To help emphasize good oral hygiene in kids, Dr. Romford installed a dental floss zipline in his office.

Components of the Process



Houston Has Standards!

If you were planning on buying a car, what are some basic features you would expect to "come standard" with a good quality car?

- A working engine
- Steering wheel
- Brakes
- Seatbelts
- Air conditioner – A must-have in Houston!

Just as you would expect basic features to "come standard" when buying a car, you can also expect basic levels of quality to "come standard" with HIV care services in Houston. We call these Standards of Care (SOC).

September

Consumer-Only Workgroup Meeting

You are invited to a *consumer-only* workgroup to discuss

Standards of Care and Performance Measures

for Ryan White funded HIV services

Examples of services to be discussed:

- ✓ *Primary Medical Care*
- ✓ *Case Management*
- ✓ *Dental Care*
- ✓ *Local Pharmacy Assistance*
- ✓ *Professional Counseling*
- ✓ *Transportation*
- ✓ *Medical Nutritional Therapy & Supplements*

Standards of Care are the minimal acceptable levels of quality in service delivery based upon accepted industry guidelines and practices. Houston area standards relate to issues such as staff training and supervision, client rights and confidentiality, timeliness of service delivery, allowable activities, the minimum services each client should receive, and more.

Monday, September 17, 2018
12:00 p.m. – Consumer Workgroup

Harris County Annex 83
2223 West Loop South, Room 416
Houston, Texas 77027

Performance Measures indicate to what extent a service has achieved its desired outcomes. Examples of Houston area performance measures include: health status (such as viral load and CD4 increases and decreases), quality of life, cost-effectiveness, adherence to treatment and more.

To review the current Standards of Care and Performance Measures, please go to:
http://rwpchouston.org/Publications/SOCandPM.htm

For more information contact:
Tori Williams
Ryan White Planning Council Office of Support
713 572-3724 or victoria.williams@cjo.hctx.net

FOR THOSE NEEDING TRANSLATION SERVICES: If you need an ASL or Spanish interpreter, please call to request an interpreter at least two days in advance: 713 572-2813 (TTY) or 832 927-7926 (Main)

July – November

Affected Community Committee

- Designs and hosts classes for Houston's HIV Community

Understanding the HIV Care System

FREE classes to help you get the most from HIV services in the Houston area!

Learn about PrEP and how to get good health care, how to get assistance paying for medications and health insurance costs and how a case manager can help you find housing and other services you may need - all presented in short, easy to understand sessions

Saturday, November 4, 2017

9:30 am	Registration & Light Breakfast
10:30 am-12:00 pm	Six classes to choose from
12:00 pm	Networking Lunch

Montrose Center
401 Branard Street
1st Floor, Room 106
Houston, TX 77006

Please RSVP!

FOR MORE INFORMATION:

Ryan White Planning Council
Office of Support
713 572-3724
www.rwpcHouston.org

If you need an ASL interpreter, please call at least two days in advance: 713 572-2813 (TTY)
Si necesita un intérprete, por favor llame al 713 572-3724 por lo menos 48 horas antes.

Every Month

Training at all Council Meetings

Training Topics for 2018 Ryan White Planning Council Meetings (updated: 06/04/18)
DRAFT

Shading = may be room on agenda for a second speaker

Month	Topic	Speaker
January 25 2018	Council Orientation	See Orientation agenda
February 8	Open Meetings Act Requirements	Venita Ray, Legacy Community Health
March 8	2018 HIV Comprehensive Plan: Council Activities How To Best Meet the Need Training & Process	Amber Harbolt, Health Planner, Office of Support Denis Kelly & Gloria Sierra, Co-Chairs, Quality Improvement Committee
April 12	Houston HSDA HIV Care Continuum	Ann Dills, Texas Dept. of State Health Services
May 10 CANCELLED	**Postponed:** Molecular HIV Surveillance: Cluster Response and Community Engagement	Camden Hallmark, Analyst, Houston Health Department
June 14	Project LEAP Presentation Updates from DSHS* (10 min.)	2018nProject LEAP Students Shelley Lucas, Texas Dept. of State Health Services (DSHS)
July 12	Priority Setting and Allocations Processes	Peta-gay Ledbetter & Bruce Turner, Co-Chairs, Priority & Allocations Committee
August 9	Molecular HIV Surveillance: Cluster Response and Community Engagement TENTATIVE: Gilbreath presentation (10 min.)	Camden Hallmark, Analyst, Houston Health Department
September 13	Intimate Partner Violence and HIV TENTATIVE: Gilbreath presentation (10 min.)	Heather Keizman, RN, RW Grant Administration
October 11	EIIHA Update	Amber Harbolt, Health Planner
November 8	We Appreciate Our External Members Election Policy	Cecilia Oshingbade, Chair, Ryan White Planning Council Ella Collins-Nelson and Johnny Deal, Co-Chairs, Operations Committee
December 6	Elections for the 2019 Officers Updates from DSHS* (30 min.)	Ella Collins-Nelson and Johnny Deal, Co-Chairs, Operations Committee Shelley Lucas, Texas Dept. of State Health Services (DSHS)

Requests: *Dept. of State Health Services (DSHS Updates) (2 x per year)
Transgender Health Issues by Dr. Lake – recommended by Dr. Patel
Training in how to be a good committee participant: keep questions related to the topic

Every Month *(cont.)*

Monthly Medical Update

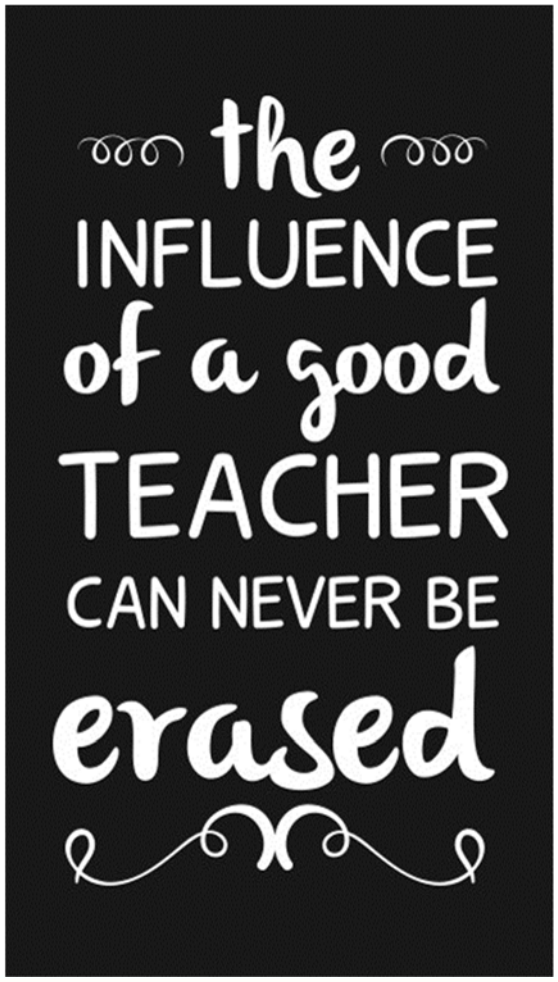
Every day

Goal #1: Nurture New Members

Every day *(cont.)*

Goal #2: Retain Members

Teachers


the
INFLUENCE
of a good
TEACHER
CAN NEVER BE
erased

Decision-Makers

Implementing Mini-Training

What Makes Consumer Mini-Training Successful

- Training involves active learning – discussion and an exercise
- Training is linked to real PC/PB work and decision making – so new knowledge is used for something important
- Participants receive information ahead of time so they can read and discuss it – and be ready to participate
- Presenter/trainer focuses on less experienced members rather than those who already know the topic
- Presenter/trainer uses plain language, avoids jargon, and explains new terms
- Presenter recognizes differences in literacy levels – and understands that limited education does NOT mean limited intelligence

Steps to Implement Ongoing Mini-Training

1. **Assess training needs at least annually** – for all members, consumer members, committee members, and potential members
2. **Identify "Teachable Moments"** – mini-training opportunities that fit into your annual work plan and calendar:
   - As part of all data presentations
   - During consumer and other committee meetings
   - Before or after PC/PB meetings
   - As part of interactions with existing consumer or other groups
3. **Develop an annual training plan** that combines mini-training with orientation, retreats, and other training
   - Consider having one plan for current members and another for the consumer committee

Implementation Steps, Cont.

4. **Develop guidelines and tips for effective mini-training**
   - Prepare a mini-training "tip sheet"
   - Document a few examples of effective presentations and activities to share
5. **Find, assign, and prepare trainers – using your tips and calendar**
   - PC/PB, recipient, and other public health department staff
   - PC/PB and committee members
   - Topic experts from providers, universities, and other entities
6. **Implement, assess, debrief, and improve**

Sum Up

- RWHAP planning councils and other planning bodies play a key role in ensuring comprehensive, appropriate systems of care for PLWH
- To be effective HIV community planners, all members need orientation and ongoing training – and members new to community planning need additional attention
- Well designed mini-training can help meet training needs
- Scheduled PC/PB activities provide year-round opportunities for mini-training
- A structured approach provide for practical, low-cost, innovative, interactive mini-training sessions as an integral part of PC/PB activities

Thank You!

Victoria “Tori” Williams, Victoria.Williams@cjo.hctx.net

Milton Butler: miltonbutler49@gmail.com

Emily Gantz McKay: Emily@egmc-dc.com

Planning CHATT: email: planningCHATT@jsi.com
website: https://www.targethiv.org/planning-chatt