

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**2223 West Loop South, Suite 240, Houston, Texas 77027**  
**832 927-7926 telephone; 713 572-3740 fax**  
<http://rwpchouston.org>

**Memorandum**

To: Members, Affected Community Committee:  
Diana Morgan, Co-Chair                      Tony Crawford  
Rodney Mills, Co-Chair                      Ryan Rose  
Servando Arellano                              Akia McPham  
Rosalind Belcher                                Johnny Deal  
Caleb Brown                                      Deborah Hurd

Cc: Crystal R. Starr                              Reachelian Ellis  
Mauricia Chatman  
Sha'Terra Johnson

From: Tori Williams, Director, Ryan White Office of Support

Date: Tuesday, March 14, 2023

Re: Affected Community Committee Meeting Notice

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We look forward to seeing you on Zoom at the next Affected Community Committee meeting. If a small number of people wish to attend in person, please call Rod to discuss seating availability. Meeting details are as follows:

**Affected Community Committee Meeting**  
**12 noon, Monday, March 20, 2023**

Click on the following link to join the meeting:  
<https://us02web.zoom.us/j/81032740414?pwd=V1hTMnltaklDanBDNU9XYkVkdllTZz09>  
Meeting ID: 810 3274 0414  
Passcode: 125162  
Or, use your telephone to dial in: 346 248 7799

Please be sure to contact Rod to RSVP, even if you cannot attend. She can be reached at: [Rodriga.Avila@harriscountytexas.gov](mailto:Rodriga.Avila@harriscountytexas.gov) or by telephone at 832 927-7926. We look forward to seeing you next Monday!

## Houston Area HIV Services Ryan White Planning Council

### Affected Community Committee Meeting

12 noon, Monday, March 20, 2023

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<https://us02web.zoom.us/j/81032740414?pwd=V1hTMnltaklDanBDNU9XYkVkdllTZz09>

Meeting ID: 810 3274 0414

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### AGENDA

\* = handout will be available at the meeting

- 
- I. Call to Order Rodney Mills and  
Diana Morgan, Co-Chairs
    - A. Welcome and Introductions
    - B. Announce who will be chairing the meeting
    - C. Moment of Reflection
    - D. Adoption of the Agenda
    - E. Approve the Minutes
  
  - II. Public Comment  
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a living person with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
  
  - III. Client Satisfaction Survey Mauricia Chatman, RWGA
  
  - IV. New Business Tori Williams
    - A. HRSA Letter re: Client Incentives
    - B. 2022 Integrated HIV Prevention and Care Plan
      - 1. Structure
      - 2. Youth Council
    - C. Sign up for How To Best Meet the Need Workgroups\*
  
  - V. Old Business
  
  - VI. Announcements
  
  - VII. Adjourn
  
  - VIII. Optional: Members meet with committee mentor Johnny Deal

**Houston Area HIV Services Ryan White Planning Council**

**Affected Community Committee Meeting**

12:00 pm, Monday, February 20, 2023

**Meeting Location:** Zoom teleconference

**MINUTES**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Rodney Mills, Co-Chair	Rosalind Belcher	Crystal Starr, RWPC Chair
Diana Morgan, Co-Chair	Tana Pradia	Mauricia Chatman, RWGA
Servando Arellano	Johnny Deal	
Skeet Boyle	Deborah Hurd	<b>OFFICE OF SUPPORT</b>
Caleb Brown	Akia McPhaul	Tori Williams
Tony Crawford		Rod Avila
Ronnie Galley		
Cecilia Ligons		
Ryan Rose		

**Call to Order:** Rodney Mills called the meeting to order at 12:07 p.m., and asked for a moment of reflection. Mills invited everyone present to introduce themselves.

**Adoption of the Agenda:** ***Motion #1:** it was moved and seconded (Crawford, Ligons) to adopt the agenda with one new item: “I. HRSA Letter”. Motion carried unanimously.*

**Approval of the Minutes:** ***Motion #2:** it was moved and seconded (Ligons, Crawford) to approve the October 24, 2022 minutes. Motion carried.* Abstentions: Boyle, Galley, Arellano, Brown, and Rose.

**Nuts and Bolts, Conflict of Interests, Petty Cash:** Williams reviewed the attached documents: Nuts and Bolts for New Members, Conflict of Interest, and a memorandum regarding End of Year Petty Cash Procedures.

**Open Meetings Act Training:** Williams explained that all members are required to view the 60-minute Texas Open Meetings Act video.

**2023 Monthly Meeting Date and Time:** Committee members agreed by consensus to keep committee meetings at 12 noon on the second Monday after Council meets.

**HRSA Letter:** Committee members discussed the attached, December 6, 2022 HRSA letter regarding Consumer Incentives. Members are encouraged to send questions about the letter to the Director of the Office of Support so that all questions can be compiled and sent to the HRSA Project Officer.

**Public Comment:** None.

**New Business**

**Purpose of the Council, Committee, Public Hearings & Health Fairs:** Committee members took turns reading aloud: *Purpose of the Council, Committees, Public Hearings, and Health Fairs*; see attached power point slides and document which gives a description of the roles and responsibilities of the Affected Community Committee.

**2023 Committee Projects, Committee Meeting Dates and the 2023 Critical Timeline:** Williams reviewed the attached list of committee meeting dates and the *Timeline of Critical 2023 Council Activities*. Williams went over the 2023 Committee Projects. During 2023, members are encouraged to participate in Integrated Planning workgroups and discussions regarding Quality of Life. The Office of Support will send email reminders with instructions on how to sign up.

**Adopt 2023 Committee Goals:** Motion #4: *it was moved and seconded (Boyle, Galley) to use the 2022 committee goals in 2023.* **Motion carried unanimously.**

**Announcements:** Boyle announced that St. John’s Church Downtown will have a food and household items give away on Saturday 02/25/23 starting at 9 a.m. Ligons also announced that Living Large will be meeting on the second and fourth Fridays of the month. Please text Ligons for the meeting location.

**Adjourn:** Motion#3: *it was moved and seconded (Boyle, Galley) to adjourn the meeting at 1:34 p.m.* **Motion carried unanimously.**

Submitted by:

Approved by:

\_\_\_\_\_  
Tori Williams, Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date



December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also [HAB Policy Clarification Notice \(PCN\) 16-02](#). This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,  
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA  
Director  
Division of Metropolitan HIV/AIDS Programs

# 2022-2026 Integrated HIV Prevention and Care Plan

Tori Williams, Director, Ryan White Office of Support  
Mackenzie Hudson, Health Planner, Ryan White Office of Support  
March 9, 2023

Houston asked for  
One Plan

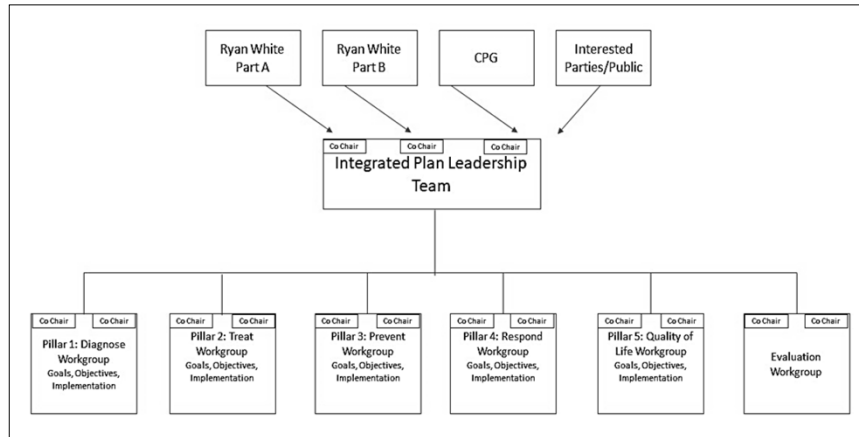


Now we have it



Doesn't it make sense to  
Implement, Monitor and Evaluate it  
As ONE Plan?

### Suggested Leadership Structure for Implementing, Monitoring and Evaluating the 2022 Integrated HIV Plan



## Ideally, each workgroup will...

- Adopt the Denver Principal: “Nothing About Us Without Us”
- Include 2 Co-Chairs – preferably 1 educator & 1 consumer
- The Co-Chairs of the Leadership Team will select the workgroup co-chairs
- Include 1-2 members from the Evaluation Workgroup
- Build upon the work of others (ex: Latino HIV Task Force)
- Be responsible for implementing and monitoring their goals & activities
- Identify and secure needed resources
- Organize how they wish to accomplish their work
- Build sustainability into each goal or activity
- Report monthly to the Leadership Team

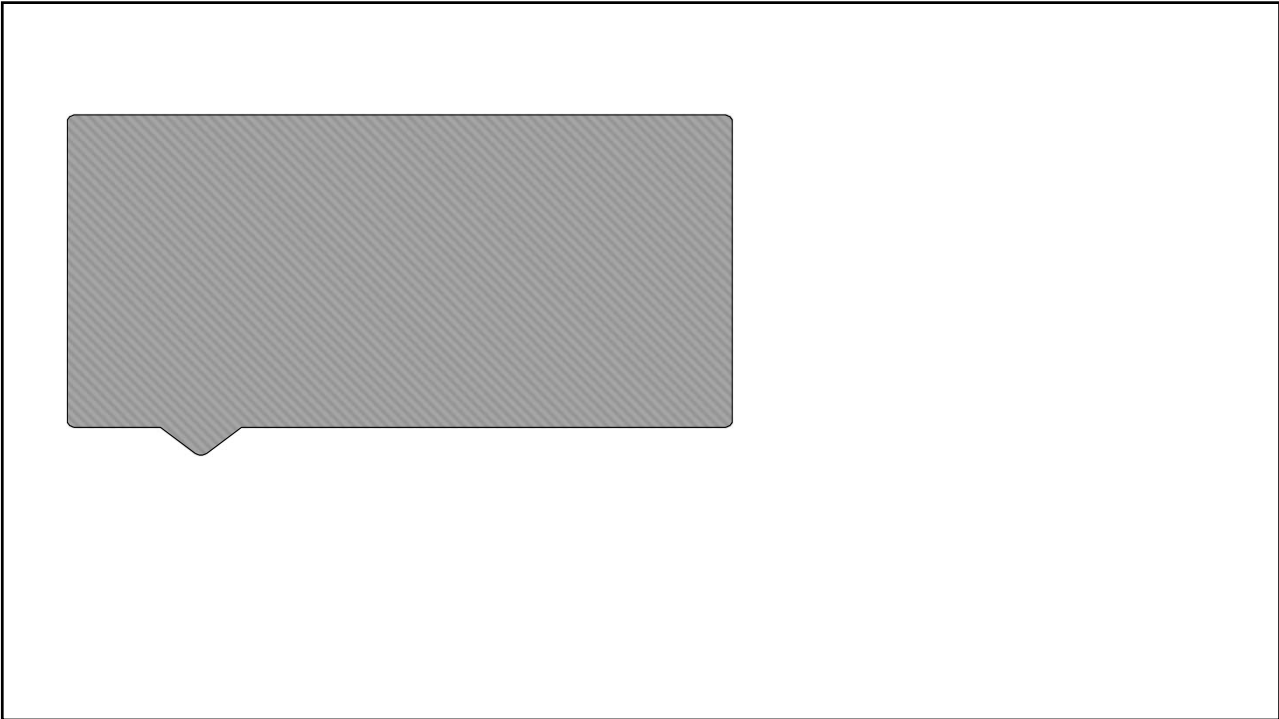
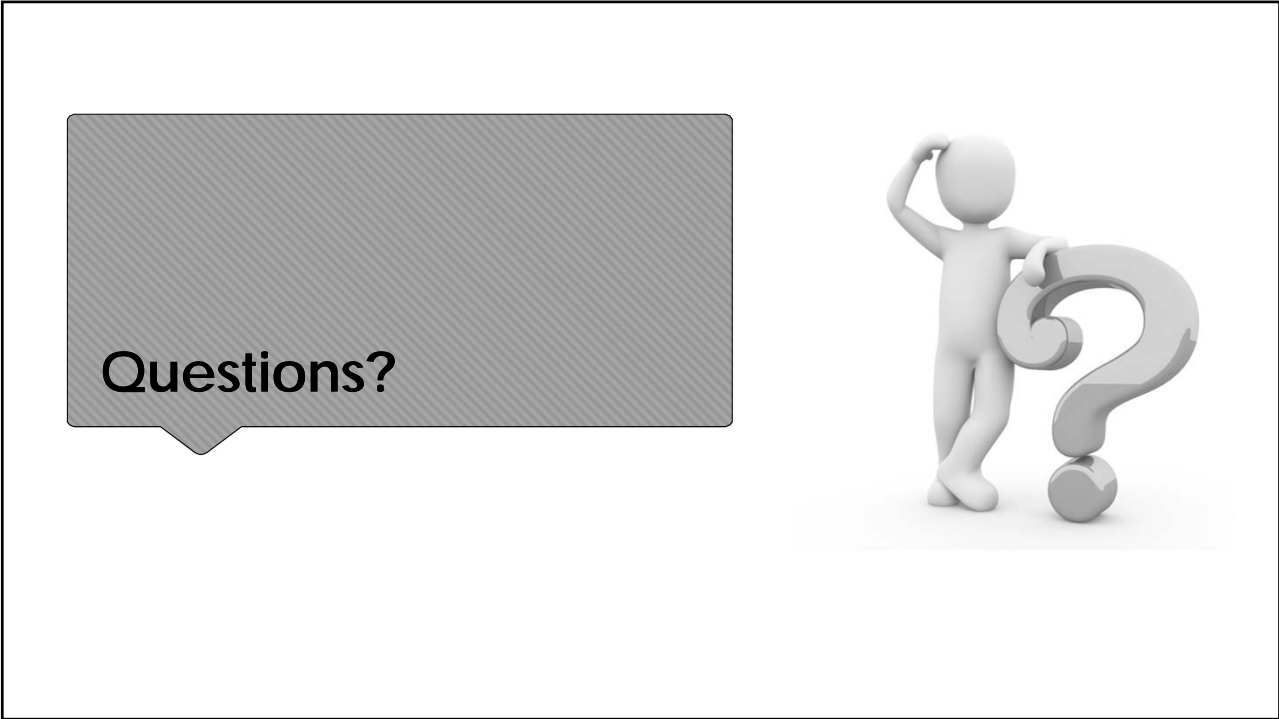


## Workgroup #3 is responsible for GOALS assigned to Pillar 3: Prevent

- *Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV.*
- Achieve 50% reduction in new HIV cases.
- Improve accessibility, information sharing, and monitoring of PrEP.
- Address social determinants through a multi-level approach that reduces new cases and sustains health equity.
- Advance policy gaps through increased education and outreach at all levels.
- *Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for:*
  - *Condom distribution in jails and prisons*
  - *Texas becoming a Medicaid Expansion state*

### Benefits of this structure:

- Divide the work into 6 parts
- Assign staff to each workgroup
- Workgroup membership will come from CPG, PC, LEAP, VIDA and other community members
- Create competition between the Workgroups



## GOALS for Pillar 1: Diagnose

- *Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.*
- *Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE.*
- *Improve HIV-Related health outcomes of all people being tested for HIV [QoI]*
- *Increase knowledge and understanding of HIV*

## GOALS for Pillar 2: Treat

- *Goal 2A: Ensure 90% of clients are retained in care and virally suppressed.*
- *Goal 2A.1: Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care.*
- *Goal 2A.2: Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis.*
- *Goal 2A.3: Establish organized methods to raise widespread awareness on the importance of treatment.*
- *Goal 2A.4: Advance internal and external policies related to treatment.*
- *Goal 2B: Increase Access to Care and Medication.*
- *Goal 2C: Increase access to HIV education, prevention and care services among priority populations.*
- *Goal 2D: Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive).*

## GOALS for Pillar 4: Respond

- Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year.
- Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities.
- *Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.*
- Empower effective advocacy and policy changes at the local, state, and federal levels.
- 

## GOALS for Pillar 5: Quality of Life

- *Improve Quality of Life for Persons Living with HIV.*
- Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%.
- Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%.
- Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%.
- Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%.
- Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%.
- Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.