

2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team

3:00 p.m., Thursday, June 30, 2016

Meeting Location: 2223 W. Loop South, Room #416

AGENDA

- | | |
|--|-----------------------------|
| I. Call to Order | Nancy Miertschin, |
| A. Welcome | Ted Artiaga, and |
| B. Moment of Reflection | Nike Blue, Co-Chairs |
| C. Adoption of the Agenda | |
| D. Approval of the Minutes (May 16, 2016) | |
| II. Review 2017 Comprehensive Plan Timeline | Amber Harbolt, |
| | Health Planner |
| III. Strategy Workgroup Progress Updates | |
| A. Prevention and Early Identification Workgroup | Amy Leonard and |
| | Ken Malone, Co-Chairs |
| B. Gaps in Care and Reaching the Out of Care Workgroup | Connie Barnes and |
| | Pam Green, Co-Chairs |
| C. Addressing the Needs of Special Populations Workgroup | John Humphries and |
| | Cristan Williams, Co-Chairs |
| D. Coordination of Effort Workgroup | David Benson and |
| | Gloria Sierra, Co-Chairs |
| IV. Next Steps | Nancy Miertschin, |
| A. Set Next Meeting – July 2016 | Ted Artiaga, and |
| | Nike Blue, Co-Chairs |
| V. Announcements | |
| A. Additional Representation | |
| VI. Adjourn | |

The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the

♦ Houston Health Department ♦ HIV Prevention Community Planning Group ♦ Ryan White Planning Council
♦ Harris County Public Health & Environmental Services ♦ Ryan White Grant Administration ♦ The Resource Group

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦
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2017 Comprehensive Plan for HIV Prevention and Care Services

Leadership Team Meeting

3:00 p.m., Monday, May 16, 2016

Meeting Location: 2223 W. Loop South, Room #532; Houston, TX 77027

Minutes

| MEMBERS PRESENT | MEMBERS ABSENT | OTHERS PRESENT |
|----------------------------|------------------------|----------------------------------|
| Nancy Miertschin, Co-chair | Amana Turner | Cathy Wiley, HHD |
| Nike Blue, Co-chair | Angela F. Hawkins | Camden Hallmark, HHD |
| Ted Artiaga, Co-chair | Armando Villegas | Carin Martin, RWGA |
| Alex C. Moses | Aundrea Matthews | Sha'Terra Johnson-Fairley, TRG |
| Allen Murray | Carol Suazo | Amber Harbolt, Office of Support |
| Andrew Motz | Chandra Tubbs | Diane Beck, Office of Support |
| Annette Johnson | Cristan Williams | |
| Berta Salazar | Curtis Bellard | |
| Brenda Booker | Denny Delgado | |
| C. Bruce Turner | Dwayne Morrow | |
| Cecilia Ross | Ella Collins-Nelson | |
| David Benson | Gene Ethridge, excused | |
| Denis Kelly | Gloria Sierra, excused | |
| Evelio Escamilla | Herman Finley | |
| Isis Torrente | John Lazo, excused | |
| Michael Kennedy | Kelvin Harris | |
| Pamela Green | Kevon Strange | |
| Raven Bradley | Larry Woods | |
| Rodney Mills | Maggie White | |
| Steven Vargas | Robert Noble | |
| Tana Pradia | Ruth Atkinson | |
| Taneisha Broaddus | Tam Kiehnhoff, excused | |
| Teresa Pruitt | Vincent Ivery | |
| Tracy Gorden | Weilin Zhou | |
| | Yvonne Lu | |

Call to Order: Nancy Miertschin, Co-Chair, called the meeting to order at 3:07 p.m. and asked for a moment of reflection.

Adoption of Agenda: Motion #1: *it was moved and seconded (Moses, Torrente) to adopt the agenda with one change: delete item II since Dr. Flash cannot be here today. **Motion Carried.*** Harbolt said that she has a link to a PrEP 101 training that she will send out to the committee.

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Approval of the Minutes: Motion #2: *it was moved and seconded (Kelly, Benson) to approve the February 3, 2016 meeting minutes.* **Motion Carried.** Abstentions: Escamilla, Kennedy, Ross.

Review the 2017 Comprehensive Plan Timeline: Harbolt reviewed the attached timeline.

Strategy Workgroup Updates:

Prevention and Early Identification Workgroup: See attached. Harbolt reviewed the Prevention and Early Identification strategy goals, solutions, and benchmarks noting where changes had been made from the 2012 plan. The committee suggested the following: Goal 7 – change population risk factors to community risk factors; Solution 1 - as the workgroup to clarify or simplify the statement: *that normalize HIV risk reduction.* The next meeting will be Monday, June 6, 2016 at 3:00 pm.

Gaps in Care and Reaching the Out of Care Workgroup: See attached. Pam Green, Co-Chair reviewed the Gaps in Care and Reaching the Out of Care strategy goals and solutions. Harbolt noted that the goals were renumbered to flow with the care continuum. The committee suggested the following: Solution 1 – add to the list of vulnerable points in the HIV system: homeless, housing insecure or unstably housed and transitioning from pediatric to adult care. The workgroup will complete their benchmarks at the next meeting, Thursday, June 2, 2016 at 3:00 pm.

Special Populations Workgroup: See attached. Harbolt reviewed the Special Populations that were approved for the 2017 plan as well as the goals and solutions, noting where changes had been made from the 2012 plan. There was much discussion around the use of the word “equal” in Solution 1. The workgroup will complete their benchmarks at the next meeting, Friday, May 20, 2016 at 9:00 am.

Coordination of Effort Workgroup: See attached. Harbolt reviewed the Coordination of Effort strategy goals and solutions, noting where changes had been made from the 2012 plan. The committee suggested the following: Goal 4 – clarify “public health problems”. The workgroup will complete their benchmarks at the next meeting, Friday, June 10, 2016 at 9:00 am.

2017 Comprehensive Planning Process Member Survey: Hallmark asked that committee members complete the comprehensive planning process survey that was emailed earlier in the week.

Next Meeting: Thursday, June 30, 2016 at 3:00 p.m.

Announcements: Johnson-Fairley is seeking feedback on the Texas HIV Plan priorities, it is 4 questions; she will put it in Survey Monkey and send to the committee for input.

Adjournment: The meeting was adjourned at 4:57 p.m.

Comprehensive Plan Activities Timeline
May 2016 – September 2016

| |
|------------------|
| Revised 06-23-16 |
|------------------|

| | May 2016 | Jun 2016 | Jul 2016 | Aug 2016 | Sep 2016 |
|--|--|--|--|--|---|
| 2017 Comprehensive Plan Timeline | <ul style="list-style-type: none"> ✓ PEI, Gaps, SP & COE WGs convene ✓ CP Leadership convenes for CP development update | <ul style="list-style-type: none"> ✓ PEI, Gaps, SP & COE WGs convene • CP Leadership convenes for CP development update | <ul style="list-style-type: none"> • PEI, Gaps, SP & COE WGs wrap-up • CP Leadership convenes for CP development update • Eval WG convenes to develop evaluation and monitoring process for next CP | <ul style="list-style-type: none"> • Community review of CP final draft • CP Leadership Team reviews/approves final draft of CP • Gather CP concurrence from community partners • CP approved and submitted | <ul style="list-style-type: none"> Sept. 30th - Deadline for CP submission to HRSA and CDC • Eval WG convenes for Y4 evaluation |
| Comprehensive Plan Workgroup Deadlines | <p>Workgroups must have completed the following by May 31st:</p> <ul style="list-style-type: none"> • Strategy Goals ✓ • Strategy Solutions ✓ • Strategy Benchmarks (2 pending in PEI) ✓ (Logic Model 1) | <p>Workgroups must have completed the following by June 30th:</p> <ul style="list-style-type: none"> • Strategy Activities (Logic Model 2) <ul style="list-style-type: none"> -PEI: 0/6 completed -Gaps: 2/3 completed -SP: 3/3 completed ✓ -COE: 0/3 completed (meeting 06/24) | <p>Workgroups must have completed the following by July 31st:</p> <ul style="list-style-type: none"> • Strategy Activity Details (Logic Model 3) | --- | --- |

Acronyms & Abbreviations Used: CDC=Centers for Disease Control & Prevention; COE=Coordination of Effort; CP=2017 Comprehensive Plan; Epi=Epidemiology/Epidemiological; Eval=Evaluation; Gaps=Gaps in Care; HRSA=Health Resource and Services Administration; NAG=Needs Assessment Group; PEI=Prevention & Early Identification; SP=Special Populations;; WG=Workgroup

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks - PEI

| Solutions {Recommended approaches to achieve the goal} |
|---|
| <p>②</p> <ol style="list-style-type: none"> 1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize 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. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners* 5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health* 6. Expand opportunities for HIV and sexual health education for the general public an high-incidence populations and communities** |

| Goal {Desired long-term result, outcome, or change} |
|--|
| <ol style="list-style-type: none"> 1. Reduce new HIV infections 2. Increase awareness of HIV 3. Increase awareness of HIV status 4. Ensure early entry into care 5. Increase access to ARV therapy for treatment and prevention* 6. Address the HIV prevention needs of high incidence communities 7. Reduce community risk factors for HIV infection <p style="text-align: right;">①</p> |

| Benchmarks {How the result will be measured} |
|---|
| <ol style="list-style-type: none"> 1. Reduce number of new HIV infections diagnosed in Houston Area 2. Maintain number of publicly-funded HIV tests 3. Maintain positivity rate for publicly-funded targeted HIV testing 4. Maintain positivity rate for publicly-funded routine HIV testing 5. Maintain % of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status 6. Decrease % of new HIV diagnoses with an HIV stage 3 diagnosis within one year 7. Increase proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis 8. Increase proportion of Ryan White HIV/AIDS Program clients w/ suppressed VL 9. Increase % of diagnosed PLWH in the Houston Area who are virally suppressed 10. Decrease number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention 11. Decrease rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis) 12. Maintain number of condoms distributed 13. Maintain number of high-risk individuals receiving information on HIV risk reduction through community outreach 14. Maintain the number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV 15. Increase % of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training to 100% 16. Increase the number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education <p>-Will revisit benchmarks on brochures distributed and mean number of calls to HIV prevention hotline in June 29th</p> <p style="text-align: right;">③</p> |

2017 Houston Area Comprehensive HIV Services Plan
 Logic Model 1: Goal, Solutions, and Benchmarks – Gaps in Care

| Solutions {Recommended approaches to achieve the goal} |
|--|
| <p>②</p> <ol style="list-style-type: none"> 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, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH* 2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy* 3. Adopt strategies to re-engage out of care PLWH to return to care |

| Goal {Desired long-term result, outcome, or change} |
|---|
| <ol style="list-style-type: none"> 1. Ensure early entry into care ① 2. Reduce Unmet Need 3. Increase retention in continuous care 4. Improve health outcomes for People Living with HIV (PLWH)* 5. Increase viral suppression** |

| Benchmarks {How the result will be measured} |
|---|
| <ol style="list-style-type: none"> 1. Decrease the proportion of PLWH with Unmet Need ③ 2. Decrease the percentage of PLWHA reporting prior history of being out-of-care 3. Increase the proportion of newly-diagnosed individuals linked to clinical care within three months of their HIV diagnosis (one month if available) 4. Increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care (≥2 visits for routine HIV medical care in 12 months ≥3 months apart) 5. Increase the proportion of Ryan White HIV/AIDS Program clients who are virally suppressed 6. Increase the proportion of PLWH in the Houston Area who are retained in care 7. Increase the proportion of PLWH in the Houston Area who are virally suppressed |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – Solution 1

| Solution |
|--|
| {Recommended approach to achieve stated goals and targets} |
| <p>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, upon release from incarceration, unstably housed, transitioning from pediatric to adult care, etc.) where individual are more likely to not seek care or to fall out of care, particularly newly-diagnosed PLWH</p> |



| Activities | | | |
|--|------------------------|--------------------------------------|--------------|
| {Specific tasks to be performed that will achieve the solution} | | | |
| {Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} | | | |
| Focus | Focus | Focus | Focus |
| Peer Mentoring | Policy/Process Changes | Communication with Private Providers | |
| <ol style="list-style-type: none"> 1. Assess the feasibility of providing Ryan White-funded buddy/peer mentoring support to incoming clients during first eligibility and primary care appointment(s). 2. Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols. 3. Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis. 4. Provide case managers strengths-based practice training to include skills for: <ol style="list-style-type: none"> a. Identifying and leveraging existing strengths and support systems for consumers and; b. Building referral networks for appropriate support group, mental health, and substance abuse resources. 5. Develop a process to provide regularly updates on Ryan White system developments and resources to private providers. | | | |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – Solution 2

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|--|
| Solution {Recommended approach to achieve stated goals and targets} |
| 2. Expand retention and engagement activities with in-care PLWH, focusing on community education system enhancements, and health literacy* |



| Activities {Specific tasks to be performed that will achieve the solution} | | | |
|---|---------------------|-----------------|-------|
| {Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} | | | |
| Focus | Focus | Focus | Focus |
| Community Education | System Enhancements | Health Literacy | |
| <ol style="list-style-type: none"> 1. Create a public service announcement detailing the benefits of treatment adherence, treatment as prevention, and retention in care. 2. Conduct a Special Study on alternative hours of operation for primary care sites. 3. Collaborate with the City of Houston Housing and Community Development Department on development of the Houston HOPWA care continuum and expansion of engagement and retention activities. 4. Provide Road to Success training at housing sites. 5. Develop social media materials to increase consumer and community health literacy. 6. Evaluate the feasibility of establishing a site or sites with community partners for PLWH experiencing homelessness to safely store and access medications. | | | |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks – SP

| Solutions {Recommended approaches to achieve the goal} |
|--|
| <p>②</p> <ol style="list-style-type: none">1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV.*2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations*3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care* |

| Goal {Desired long-term result, outcome, or change} |
|---|
| <ol style="list-style-type: none">1. Prevent new HIV infections among the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging* ①2. Reduce barriers to HIV prevention and care for the special populations of youth, homeless, IRR from jail or prison, IDU, MSM, transgender and gender non-conforming, women of color, and aging*3. Strengthen the cultural and linguistic competence of the HIV prevention and care system¹ <p>¹Revise definitions of “culture” and “health” in activities relating to this goal to align with current Office of Minority Health <i>National Cultural and Linguistically-Appropriate Services Standards</i></p> |

| Benchmarks {How the result will be measured} |
|---|
| <ol style="list-style-type: none">1. Reduce the number of new HIV infections diagnosed among each Special Population by 25 percent ③2. 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 percent3. Decrease the proportion of PLWH with unmet need within each Special Population*4. Monitor grievances relating to cultural and linguistic competence received through the Ryan White grievance lines** |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – SP Solution 1

| |
|---|
| Solution {Recommended approach to achieve stated goals and targets} |
| 1. Evaluate HIV prevention and care system policies, procedures, and other structural components, and adjust to ensure that treatment is sufficient to meet the needs of all people living with or at risk for HIV. |



| | | | |
|--|-------------------|-----------------|--------------|
| Activities {Specific tasks to be performed that will achieve the solution} | | | |
| {Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} | | | |
| Focus | Focus | Focus | Focus |
| Access | Intersectionality | Routine Testing | Linkage |
| <ol style="list-style-type: none"> 1. Assess and adjust Standards of Care and other relevant policies to ensure access to public facilities for all people. 2. Research and implement methods for measuring the effectiveness of cultural competency training. 3. Educate providers serving special populations about routine HIV testing, and promote inclusion of routine HIV testing in policies, procedures, and practices. 4. Partner with SIRR to develop a process for tracking linkage for recently released PLWH. | | | |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – SP Solution 2

| Solution {Recommended approach to achieve stated goals and targets} |
|--|
| 2. Close gaps in targeted interventions and services to better meet the HIV prevention and care needs of special populations |



| Activities {Specific tasks to be performed that will achieve the solution} | | | |
|--|-------------------|--------------|--------------|
| <small>{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}</small> | | | |
| Focus | Focus | Focus | Focus |
| Retention in Care | Viral Suppression | Testing | Linkage |
| <ol style="list-style-type: none"> 1. Develop HIV Care Continuums for each Special Population as possible, and disseminate to providers and the public. 2. Train providers on best practices for educating and promoting PrEP among the following populations: sex workers, intersex individuals, MSM, and transgender individuals. 3. Extend HIV testing and PrEP information and resources to small “pop-up” clinics throughout the Houston Area. 4. Create tailored public service announcements for each special populations educating the community on the benefits of Treatment as Prevention 5. Compile HIIIPA compliant best practices for using technology to communicate consumers 6. Research solutions for medication adherence and safe medication storage for PLWH experiencing homelessness. 7. Develop a process for obtaining temporary identification for PLWH experiencing homelessness to expedite eligibility. | | | |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 2: Solution, Focus & Activities – SP Solution 3

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|---|
| Solution {Recommended approach to achieve stated goals and targets} |
| 3. Improve data management systems to better reveal information on the HIV epidemiology, risks outcomes, and needs of historically under-sampled populations and support Data-to-Care |



| Activities {Specific tasks to be performed that will achieve the solution} | | | |
|---|--------------|-------|-------|
| {Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation} | | | |
| Focus | Focus | Focus | Focus |
| Local Data Systems | Data-to-Care | | |
| <ol style="list-style-type: none"> 1. Provide training to DIS staff on data collection for transgender and other special populations clients. 2. Develop training for Outreach Workers on using Data-to-Care resources 3. Collaborate with City of Houston Housing and Community Development Department on development of a local Housing Unmet framework and local Housing Care Continuums, including special populations to the extent feasible. 4. Update or utilize local service linkage data systems to assess causes for unmet need/OOC among special populations. | | | |

2017 Houston Area Comprehensive HIV Services Plan

Logic Model 1: Goal, Solutions, and Benchmarks – COE

| Solutions {Recommended approaches to achieve the goal} |
|---|
| <p>②</p> <ol style="list-style-type: none">1. Launch proactive efforts to unify stakeholders and to engage new and non-traditional partners in achieving the HIV prevention and care mission2. Support technical assistance and training to current HIV-related service providers and extend training to potential providers*3. Increase communication of HIV-related issues through media to educate and mobilize the public and providers*4. Optimize and explore new ways to utilize technology to: (a) link people at risk for or living with HIV (PLWH) to resources; and (b) assist providers with real-time referrals for clients to HIV prevention and care services*5. Strengthen coordination of data systems within the HIV care system, HIV prevention and care; and HIV prevention and care service providers and the broader health care delivery system* |

| Goal {Desired long-term result, outcome, or change} |
|--|
| <ol style="list-style-type: none">1. Increase awareness of HIV among all Greater Houston Area health and social service providers* ①2. Increase the availability of HIV-related prevention and care services and providers*3. Reduce barriers to HIV prevention and care4. Partner to address co-occurring public health problems that inhibit access to HIV prevention and care*5. Monitor and respond to state and national-level changes in the health care system* |

| Benchmarks {How the result will be measured} |
|---|
| <ol style="list-style-type: none">1. Maintain the number of Ryan White Planning Council members who are not employed at HIV care or prevention service providers2. Increase the number of non-HIV prevention and care service providers requesting information about HIV services ③3. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Core Medical Services4. Reduce the proportion of PLWH reporting barriers to using Ryan White HIV/AIDS Program Support Services5. Reduce the proportion of PLWH reporting barriers to outpatient alcohol or drug abuse treatment services6. Reduce the proportion of PLWH reporting barriers to professional mental health counseling7. Reduce the proportion of PLWH reporting housing instability8. Increase the % of PLWH reporting private or public health insurance coverage9. Increase the % of Ryan White HIV/AIDS Program clients with Medicaid or Medicare enrollment10. Decrease the proportion of Ryan White HIV/AIDS Program clients with who may qualify for Medicaid or Medicare, but who are not enrolled in either program.11. Increase the % of Ryan White HIV/AIDS Program clients with private health insurance12. Decrease the proportion of Ryan White HIV/AIDS Program clients who may qualify for an Advanced Premium Tax Credit, but who are not enrolled in an ACA Marketplace QHP. |

UPDATED:
06/17/16

All meetings subject to
change. Please call in
advance to confirm:
713 572-3724.

*Unless otherwise noted,
meetings are held at:*

2223 W. Loop South,
Suite 240
Houston, TX 77027

July

2016

| | <i>Sun</i> | <i>Mon</i> | <i>Tue</i> | <i>Wed</i> | <i>Thu</i> | <i>Fri</i> | <i>Sat</i> |
|--|------------|---|---|-------------------|--|---|------------|
| | | | | | | 1 | 2 |
| | 3 | 4 Independence Day OFFICE CLOSED | 5 | 6 | 7 12 noon Steering Committee Room #240 3:00 pm Gaps in Care Wg Room #TBD | 8 9:00 am Special Pops Wg Rm #TBD | 9 |
| | 10 | 11 | 12 | 13 | 14 12 noon Planning Council Room #532 2:00 pm Comp HIV Planning Room #532 | 15 | 16 |
| | 17 | 18 | 19 11:00 am Operations Room #240 | 20 SIRR | 21 CANCELLED Quality Improvement | 22 | 23 |
| | 24 | 25 | 26 12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Belfort Ave. 77031 | 27 | 28 11:00 am Priority & Allocations Room #532 | 29 | 30 |
| | 31 | | | | | | |