

Houston Area HIV Services Ryan White Planning Council
Office of Support
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Memorandum

To: Members, Comprehensive HIV Planning Committee
Daphne L. Jones, Co-Chair Robert Sliepka
Rodney Mills, Co-Chair Steven Vargas
Dawn Jenkins *Dominique Brewster*
Deondre Moore *Lisa Felix*
Tom Lindstrom *Herman Finley*
Shital Patel *Esther Ogunjimi*
Faye Robinson *Debra Reagans*
Imran Shaikh

Copy: Tori Williams David Babb – email only
Carin Martin Janice Burns – email only
Yvette Garvin Ann Robison – email only
Marlene McNeese Gretchen Hollingsworth – email only
Algernon Moorhead Sha'Terra Johnson
Oscar Perez Judy Hung
Miyase Koksai-Ayhan Diane Beck

From: Ricardo Mora, Health Planner, Houston Ryan White Office of Support

Date: June 29, 2021

Re: **Comprehensive HIV Planning Committee Meeting**

Please note that there will be a:

Comprehensive HIV Planning Committee Meeting
2 pm, Thursday, July 8, 2021

Join Zoom Meeting by clicking on this link: https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09 Meeting ID: 893 3021 9598 Passcode: 253271 Or, call 346 248-7799
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Please contact Rod to RSVP, even if you cannot attend. Rod can be reached by telephone at: 832 927-7926 or by email at: Rodriga.Avila@cjo.hctx.net.

Thank you!

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, July 8, 2021

Meeting Location: Online or via phone

Join Zoom Meeting by clicking on this link:

<https://us02web.zoom.us/j/89330219598?pwd=RW9wKzFCWHl6SzRRNG12VndnR21YUT09>

Meeting ID: 893 3021 9598

Passcode: 253271

To join via telephone call: (346) 248-7799

AGENDA

I. Call to Order

A. Welcome

B. Moment of Reflection

C. Adoption of the Agenda

D. Approval of the Minutes

Daphne L. Jones and
Rodney Mills, Co-Chairs

II. Public Comment and Announcements

(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 person living 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.

III. Active Projects

A. 2021 Special Study: Out of Care Populations

B. RWPC & CPG Joint Trainings Update

C. Epi Profile – 2021 Supplement

D. FY22 Grant Application – EIIHA Guidance

Ricardo Mora, Health Planner
Office of Support

IV. Announcements

Daphne L. Jones and
Rodney Mills, Co-Chairs

V. Adjourn

Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee
2:00 p.m., Thursday, May 13, 2021
Meeting Location: Zoom Teleconference

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Rodney Mills, Co-Chair	Daphne L. Jones, excused	Allen Murray, RWPC Chair
Dawn Jenkins	Tom Lindstrom	Tya Johnson, HHD
Shital Patel	Deondre Moore	Miyase Koksai-Ayhan, HHD
Robert Sliepka	Faye Robinson	Rebecca Edwards, RWGA
Steven Vargas	Imran Shaikh, excused	Sha'Terra Johnson, TRG
Dominique Brewster	Herman Finley	Tori Williams, Office of Support
Lisa Felix	Debra Reagans	Ricardo Mora, Office of Support
Esther Ogunjimi		Diane Beck, Office of Support

Call to Order: Rodney Mills, Co-Chair, called the meeting to order at 2:06 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

Adoption of Agenda: Motion #1: *it was moved and seconded (Vargas, Patel) to adopt the agenda. Motion carried.*

Approval of the Minutes: Motion #2: *it was moved and seconded (Vargas, Jenkins) to approve the March 11, 2021 minutes. Motion carried.* Abstentions: Patel.

Public Comment: None.

FY2022 EIIHA Workgroup: See attached. The workgroup met on March 23, 2021. Participants included representatives from prevention and care, community members, and consumers in the Houston area. The workgroup reviewed the process and made data requests for the upcoming EIIHA plan. The workgroup will meet again after the receipt of the HRSA EIIHA Guidance, which is expected to be released in July 2021.

Motion #3: *it was moved and seconded (Vargas, Sliepka) to approve the following motion: In order to meet HRSA grant application deadlines, request the Planning Council to allow the Comprehensive HIV Planning Committee to have final approval of the FY 2022 EIIHA Plan target populations, provided that:*

- *The FY 2022 EIIHA Plan is developed through a collaborative process that includes stakeholders from HIV prevention and care, community members and consumers; and*
- *The recommended FY 2022 EIIHA Plan target populations are distributed to the Planning Council members for input prior to final approval from the Comprehensive HIV Planning Committee.*

Motion Carried.

Active Projects

EtE Joint Trainings Update: Mora reported that there have been two trainings so far, one on advancing racial and social justice and one on the first pillar on diagnosis (HIV testing). We received feedback from the community that they were good. Williams added that we thought we could do diagnosis in one meeting but there was tons of rich information and we didn't have enough time for all of the dialog so there will be a part 2 on diagnosis. We will let you know when that is scheduled. Vargas said we need some concrete tools to use for ending the HIV epidemic using a racial and social justice lens and there are not a lot of tools available so we may have to create our own tools. Patel said that the AETC is planning to do a program called Undoing Racism and to train trainers and get some tools out there and do workshops in the community.

2021 Special Study on Out of Care Populations: Mora presented the attached PowerPoint. The committee would like to see more information on stigma, what priorities consumers have that keep them from staying in care, what out of care means to consumers, what services they may need that Ryan White does not provide, and potential barriers to using the various telehealth channels. **Motion #4:** *it was moved and seconded (Vargas, Jenkins) to approve the special study on out of care populations.* **Motion Carried.**

Announcements: None.

Adjournment: **Motion:** *it was moved and seconded (Sliepka, Vargas) to adjourn the meeting at 3:06 p.m.* **Motion Carried.**

Submitted by:

Approved by:

Tori Williams, Office of Support Date

Chair of Committee Date

JA = Just arrived at meeting
R = Left room temporarily
M = Left the meeting
C = Chaired the meeting

2021 Voting Record for Meeting Date May 13, 2021

MEMBERS	Motion #1: Agenda				Motion #2: Minutes				Motion #3: FY2022 EIIHA Plan				Motion #4: Out of Care Special Study			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Rodney Mills, Co-Chair				C				C				C				C
Daphne L. Jones, Co-Chair	X				X				X				X			
Dawn Jenkins		X				X				X				X		
Tom Lindstrom	X				X				X				X			
Deondre Moore	X				X				X				X			
Shital Patel <i>lm 3:03 pm</i>		X						X		X				X		
Faye Robinson	X				X				X				X			
Imran Shaikh	X				X				X				X			
Robert Sliepka		X				X				X				X		
Steven Vargas		X				X				X				X		
<i>Dominique Brewster</i>		X				X				X				X		
<i>Lisa Felix ja 2:20 pm</i>	X				X					X				X		
<i>Herman Finley</i>	X				X				X				X			
<i>Esther Ogunjimi</i>		X				X				X				X		
<i>Debra Reagans</i>	X				X				X				X			

B. Early Identification of Individuals with HIV/AIDS (EIIHA)

The purpose of this section is to describe the data and information associated with ensuring that individuals who are unaware of their HIV status are identified, informed of their status, referred to supportive services, and linked to medical care if HIV test is positive. The goals of the EIIHA plan are to present a strategy for: (1) identifying individuals with HIV who do not know their HIV status; (2) making such individuals aware of their status and enabling them to use the health and support services; and (3) reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities. See Section 2603(b)(2)(A) of the PHS Act.

- A. Describe the planned EMA/TGA EIIHA activities for the three-year period of performance. Include the following information:
 - a) The primary activities that will be undertaken, including system-level interventions that will positively impact HIV outcomes (e.g. routine testing in clinical settings, expanding partner services);
 - b) Major collaborations with other programs and agencies, including HIV prevention and surveillance programs and the Ending the HIV Epidemic in the U.S. effort in your jurisdiction (if applicable); and
 - c) The anticipated outcomes of the jurisdiction's overall EIIHA strategy. Specifically provide anticipated outcomes for each of the four required EIIHA components: 1.) Identification of individuals unaware of their HIV status; 2.) informing individuals that tested positive of their HIV diagnosis; 3.) referral to care to newly diagnosed individuals; and 4.) linkage to care of newly diagnosed individuals.
- B. As applicable, describe any planned efforts to remove legal barriers, including state laws and regulations that increase HIV stigma and discrimination and can pose complex barriers for people with or at risk for HIV, preventing them from seeking prevention tools, learning their HIV status, and accessing medical care, treatment, and supportive service. Also include program/policy efforts to expand implementation of routine HIV testing.

Note: The EIIHA activities will remain the same for the three-year period of performance. Outcomes will be reported in the FY 2023 and FY 2024 NCC progress reports.

C. Subpopulations of Focus

Although HIV affects millions of Americans nationwide and from all social, economic, and racial and ethnic groups, and in all parts of the country, it disproportionately affects certain populations. The disproportionate prevalence of HIV in specific populations increases the risk of HIV transmission with each sexual or injection drug use encounter within those populations. In addition, a range of social, economic, and demographic factors – such as stigma, discrimination, socio-economic status, income, education, age, and geographic region – affect people’s risk for HIV or their ability to access or remain engaged in prevention or care services.

Subpopulations of focus are specific groups of people with HIV within RWHAP Part A jurisdictions that are disproportionately affected by HIV, as a result of specific needs.

A data driven process should be used to identify subpopulations of focus disproportionately affected by HIV. This should include an analysis of the jurisdictional needs assessment, outcomes along the HIV care continuum, data from the unmet need framework, epidemiological data (i.e. incidence of new HIV infections and trends, prevalence of HIV), and potential impact of other major public health threats (e.g. opioid epidemic, COVID-19, etc.).

The PC/PB should determine the needs of subpopulations, with particular attention to identifying disparities in access and services among the affected subpopulations and historically underserved communities. See Section 2602(b)(4) of the PHS Act for a description of the PC/PB’s duties.

1. Identify three (3) subpopulations with disparities in health outcomes in your jurisdiction (e.g. subpopulations with disparities in viral suppression, receipt of care, retention in care, late diagnosis, HIV incidence, etc.), and describe the specific needs for each subpopulation.
2. How do the data in the unmet need framework inform the process for identifying the subpopulations of focus for the jurisdiction?
3. As applicable, identify activities for each required EIIHA component (identification of individuals unaware of HIV status; informing newly diagnosed individuals of HIV status; referral to care of newly diagnosed individuals; and, linkage to care of newly diagnosed individuals) and describe how the activities align with the needs of the identified subpopulations of focus for the jurisdiction.

Note: The subpopulations of focus will remain the same for the three-year period of performance. Updates will be reported in the FY 2023 and FY 2024 NCC progress reports.