

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

**Comprehensive HIV Planning Committee**

2:00 p.m., Thursday, May 11, 2017

Meeting Location: 2223 W. Loop South, Room 532

Houston, Texas 77027

**AGENDA**

\* = handout to be distributed at meeting

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I. Call to Order

A. Welcome and Introductions

B. Moment of Reflection

C. Adoption of the Agenda

D. Approval of the Minutes (March 9, 2017)

Isis Torrente and  
Steven Vargas, 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/AIDS 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/AIDS 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 with HIV/AIDS", 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. All information from the public must be provided in this portion of the meeting.)

III. Presentation – NHBS / HMMP Data

TBD,  
HHD Bureau of Epidemiology

IV. Determine Areas of Focus for Special Study:  
Social Determinants of Health Supplement

Amber Harbolt, Health Planner  
Office of Support

V. Old Business

A. EIIHA Workgroup Recommendations/Data Requests

B. Speaker's Bureau Evaluation – March 2017

C. Q1 2017 Comprehensive Plan Implementation Progress Report

VI. Announcements

A. Speakers Bureau Workgroup Meeting Rescheduled

B. Aging and Youth Profile\*

C. Texas Health Equity Summit

Isis Torrente and  
Steven Vargas, Co-Chairs

VII. Adjourn

## Houston Area HIV Services Ryan White Planning Council

Comprehensive HIV Planning Committee

2:00 p.m., Thursday, March 9, 2017

Meeting Location: 2223 West Loop South, Room 532; Houston, Texas 77027

### Minutes

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MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Isis Torrente, Co-Chair	Denny Delgado, excused	Camden Hallmark, via phone
Steven Vargas, Co-Chair	Herman Finley, excused	Sha'Terra Johnson-Fairley
Ted Artiaga	Shital Patel, excused	Amber Harbolt, Office of Support
Evelio Salinas Escamilla	Larry Woods	Diane Beck, Office of Support
Tracy Gorden	Taneisha Broaddus, excused	
Osaro Mgbere	Esther Ogunjimi	
Allen Murray	Kris Sveska	
Oluseyi Orija	David Watson	
Amana Turner	Maggie White	

**Call to Order:** Isis Torrente, co-chair, called the meeting to order at 2:12 p.m. and asked for a moment of reflection. She then asked everyone to introduce themselves.

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

**Approval of the Minutes:** *Motion #2*: it was moved and seconded (Vargas, Gorden) to approve the February 9, 2017 minutes. **Motion carried.**

**Public Comment:** None.

**Report from the Speaker's Bureau Workgroup:** Harbolt said that the workgroup meets quarterly: April 20 at 1p.m., August 17 at 2 p.m., and December 13 at 2p.m.. The first presentation for 2017 is scheduled for March 21<sup>st</sup> at Methodist Hospital Willowbrook; Nancy Miertschin will be the speaker.

**Committee Description:** Harbolt reviewed the attached description of the committee.

**Elect a Committee Vice Chair:** Torrente and Mgbere nominated Gorden; Gorden accepted the position of vice chair by acclamation.

**2012-2016 Comprehensive Plan Year 4 Evaluation Report:** Harbolt reviewed the attached report. *Motion #3*: it was moved and seconded (Escamilla, Turner) to add a definition for met need and accept the Year 4 Evaluation report. **Motion carried.**

**Determine Special Studies for 2017:** Harbolt presented the attached Special Study Prospectus: Out of Care and Special Study Prospectus: Social Determinates of Health. *Motion #4*: it was moved and seconded (Vargas, Murray) conduct the Social Determinants of Health Supplement special study, working with the Houston Health Department Bureau of Epidemiology to mine data from the Houston Medical Monitoring Project (HMMP). Based on gaps in knowledge

*identified through this study, conduct a second qualitative special study on out of care and retention in care. **Motion carried.***

**Transgender and Gender Non-Conforming Profile:** See attached profile from the 2016 Needs Assessment data.

**Announcements:** No workgroup meeting in April. EIIHA workgroup will meet on Thursday, March 23, 2017 at 9:00 a.m.. Murray went to the SB6 hearing in Austin on Tuesday; there was a huge turnout mostly in opposition of the bill. The vote will take place next week unless they rewrite the bill in which case it won't make it this year.

**Adjournment:** The meeting was adjourned at 3:48 p.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Amber Harbolt, Office of Support      Date

\_\_\_\_\_  
Chair of Committee      Date

**JA = Just arrived at meeting**  
**LR = Left room temporarily**  
**LM = Left the meeting**  
**C = Chaired the meeting**

**2017 Voting Record for Meeting Date March 9, 2017**

MEMBERS	Motion #1: Agenda Carried				Motion #2: Minutes Carried				Motion #3: Y-4 Comp Plan Evaluation Rpt Carried				Motion #4: 2017 Special Studies Carried			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Isis Torrente, Co-Chair				C				C				C				C
Steven Vargas, Co-Chair		X				X				X				X		
Ted Artiaga		X				X				X				X		
Denny Delgado	X				X				X				X			
Evelio Salinas Escamilla		X				X				X				X		
Tracy Gorden		X				X				X				X		
Herman Finley	X				X				X				X			
Osaro Mgbere		X				X				X				X		
Allen Murray		X				X				X				X		
Shital Patel	X				X				X				X			
Larry Woods	X				X				X				X			
Taneisha Broaddus	X				X				X				X			
Esther Ogunjimi	X				X				X				X			
Oluyesi Orija		X				X				X				X		
Kris Sveska	X				X				X				X			
Amana Turner		X				X				X				X		
David Watson	X				X				X				X			
Maggie White	X				X				X				X			

**Special Study Prospectus: Social Determinants of Health Supplement (Updated 5-3-2017)**

<p>Why is this special study of interest/importance to the Houston HIV Community?</p>	<ul style="list-style-type: none"> <li>• Several questions related to social determinants of health were trimmed from the 2016 Needs Assessment survey tool, such as question regarding employment, current transportation resources, public assistance, current substance abuse and needle use practices, disability, etc.</li> <li>• Houston Health Department's (HHD) Bureau of Epidemiology collects similar data from a large sample for the Houston Medical Monitoring Project (HMMP)</li> </ul>
<p>Where is the gap in our knowledge about this topic?</p>	<ul style="list-style-type: none"> <li>• Since several questions related to social determinants of health were trimmed from the 2016 Needs Assessment survey tool, the most recent collection of these data was 2013.</li> <li>• Epidemiological / Surveillance data does not probe most social determinants of health</li> </ul>
<p>What do we ultimately want to learn? What are our research questions?</p>	<ul style="list-style-type: none"> <li>• How do social determinants of health affect PLWH in the Houston area?</li> <li>• How can services be designed to improve HIV care in light of social determinants?</li> </ul>
<p>What methodology/methodologies will be used in this special study?</p>	<ul style="list-style-type: none"> <li>• Working with HHD Bureau of Epidemiology to data mining HMMP database(s). Findings will inform a second special study examining movement into and out of care over time.</li> </ul>
<p>Are there any risks for special study participants?</p>	<ul style="list-style-type: none"> <li>• No, HMMP data collection and de-identification would fall under the purview of HHD Bureau of Epidemiology</li> </ul>
<p>What are the potential limitations of this study?</p>	<ul style="list-style-type: none"> <li>• Depending on the roles of potential community partners, RWPC Office of Support staff &amp; interns may need to learn / re-learn data mining methodologies.</li> <li>• Data likely limited to Houston/Harris County</li> </ul>
<p>What is our data analysis process for this special study?</p>	<ul style="list-style-type: none"> <li>• TBD</li> </ul>
<p>Who are the responsible parties and potential community partners who can assist in this special study?</p>	<ul style="list-style-type: none"> <li>• Comprehensive HIV Planning Committee &amp; Ryan White Planning Council</li> <li>• RWPC Office of Support &amp; Interns</li> <li>• HHD Bureau of Epidemiology (HMMP)</li> </ul>
<p>What is a rough timeline for this special study?</p>	<ul style="list-style-type: none"> <li>• Duration of study will be greatly determined by HHD Bureau of Epidemiology, content of HMMP data, and data mining resources.</li> <li>• Findings will inform a second special study examining movement into and out of care over time (likely ≈20 key informant interviews)</li> </ul>
<p>How will the findings of this special study be used?</p>	<ul style="list-style-type: none"> <li>• The findings of this special study supplement the findings of the 2016 Needs Assessment and potentially enrich the HMMP</li> </ul>

# Questions NOT Included in the 2016 Consumer Needs Assessment

## 1. Are you registered with Ryan White using an 11-digit code, also known as CPCDMS?

(Check one)

- Yes       No       Don't know       Don't remember

### a. If you are registered with Ryan White, have you had any difficulty with registration in the past 12 months? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No, I haven't had any trouble registering with Ryan White       | <input type="checkbox"/> It was the first time I had ever registered  |
| <input type="checkbox"/> N/a, I'm not registered with Ryan White                         | <input type="checkbox"/> Registering every six months is a burden for me  |
| <input type="checkbox"/> I didn't have the documents or information I needed to register | <input type="checkbox"/> I was told I didn't qualify for Ryan White. If so, why didn't you qualify? (Check one) |
| <input type="checkbox"/> I couldn't schedule a registration appointment                  | <input type="checkbox"/> My income was too high to qualify for Ryan White                                       |
| <input type="checkbox"/> I didn't have time to register the last time I was at my agency | <input type="checkbox"/> I didn't meet the residence requirements   |
|  | <input type="checkbox"/> Other: _____   |

## Section 2: When You Were First Diagnosed

## 2. Where did you get your HIV diagnosis? (For example: The Green Clinic, Jones Hospital, doctor's office, jail/prison, HIP HOP, the health department, etc):

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## 3. Why did you get tested for HIV at that time? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> I felt sick                       | <input type="checkbox"/> I was in jail/prison                       |
| <input type="checkbox"/> I had sex with an HIV+ person     | <input type="checkbox"/> I got tested on a regular basis            |
| <input type="checkbox"/> I had unprotected sex             | <input type="checkbox"/> They were testing in my community          |
| <input type="checkbox"/> A doctor or nurse suggested it    | <input type="checkbox"/> To get a prize, ticket, or gift card       |
| <input type="checkbox"/> A friend suggested it             | <input type="checkbox"/> Other people I knew were becoming infected |
| <input type="checkbox"/> A partner suggested it            | <input type="checkbox"/> As part of my prenatal care                |
| <input type="checkbox"/> It was part of a routine check-up | <input type="checkbox"/> Don't remember                             |
| <input type="checkbox"/> I was in the ER/ hospital         | <input type="checkbox"/> Other: _____                               |

### Section 3: Your HIV Care History

#### 4. What kinds of things help you keep up with your HIV medical care?

(Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> N/a, I have never been in HIV medical care   | <input type="checkbox"/> My faith, religion, or spirituality  |
| <input type="checkbox"/> I want to stay healthy and live longer       | <input type="checkbox"/> Staying sober  |
| <input type="checkbox"/> Seeing the benefits of treatment             | <input type="checkbox"/> My HIV doctor, nurse, or clinician   |
| <input type="checkbox"/> I'm afraid of getting sick                   | <input type="checkbox"/> My HIV case manager or social worker   |
| <input type="checkbox"/> To reduce the risk of transmission to others | <input type="checkbox"/> Reminders I get from my clinic/agency  |
| <input type="checkbox"/> The support of family and friends            | <input type="checkbox"/> A mentor at my clinic/agency   |
| <input type="checkbox"/> The support of my partner/significant other  | <input type="checkbox"/> An HIV group or program that I'm in<br>(e.g., <i>Healthy Relationships, VOCES, Wall Talk, Bro for Life, etc.</i> ) |
| <input type="checkbox"/> The support of other people who are HIV+     | <input type="checkbox"/> Other: _____   |

#### 5. Are you currently taking HIV medications (ART)? (Check one)

- Yes       No       Don't know

**If you are currently taking HIV medications, please answer the following questions:**

#### 6. How many pills for HIV do you take every day? \_\_\_\_\_

- N/a, I do not take HIV medications

#### 7. How many times per day do you take pills for HIV? \_\_\_\_\_

- N/a, I do not take HIV medications

#### 8. Thinking about the past 4 weeks, on average how would you rate your ability to take all of your HIV pills as your doctor prescribed?

(Check one)

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair      |
| <input type="checkbox"/> Very good | <input type="checkbox"/> Poor      |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Very poor |

#### 9. Has a doctor, nurse, PA, or case manager ever talked to you about staying on schedule with your HIV medications? (Check one)

- Yes       No       N/a, I do not take HIV medications

#### 10. Do you need a doctor, nurse, PA, or case manager to talk with you about staying on schedule with your HIV medications? (Check one)

- Yes       No       N/a, I do not take HIV medications

#### 11. What is your current HIV viral load? (Check one)

- Detectable       Undetectable       Don't know / can't remember

#### 12. What is your current CD4 (t-cell) count? (Check one)

- Less than 50       50 - 199       200 - 499       500+       Don't know / can't remember

**13. When you first started getting care for HIV, what was your CD4 (t-cell) count? (Check one)**

- Less than 50       50 - 199       200 - 499       500+  
 Don't know / can't remember       I never got HIV care

**Section 4: Other Health Concerns**

**14. Who do you talk to most often about your HIV diagnosis?**

*(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> A professional counselor/therapist          | <input type="checkbox"/> Pastor/faith leader                           |
| <input type="checkbox"/> A psychiatrist who can prescribe medication | <input type="checkbox"/> Support group led by a peer                   |
| <input type="checkbox"/> Doctor, nurse, or other clinic staff        | <input type="checkbox"/> Support group led by a professional           |
| <input type="checkbox"/> Case manager                                | <input type="checkbox"/> Social media/online websites                  |
| <input type="checkbox"/> Friend                                      | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Family member                               | <input type="checkbox"/> I don't talk to anyone about my HIV diagnosis |
| <input type="checkbox"/> Other people who are HIV+                   |  |

**15. Do you have an assigned case manager, social worker, counselor, or a specific person at a clinic, agency, or program whose job it is to help you get HIV services? (Check one)**

- Yes       No       Don't know

**Section 5: Substance Use**

**16. In the past 12 months, have you used any of the following?**

*(Check all that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol                   | <input type="checkbox"/> Prescription drugs not prescribed to you (e.g., painkillers, tranquilizers)      |
| <input type="checkbox"/> Club/party drugs          | <input type="checkbox"/> Prescription drugs prescribed to you, but that you use differently than intended |
| <input type="checkbox"/> Cocaine or crack          | <input type="checkbox"/> Legal drugs from a shop (e.g., bath salts, fake marijuana)                       |
| <input type="checkbox"/> Hallucinogens             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Heroin                    | <input type="checkbox"/> None of the above  |
| <input type="checkbox"/> Inhalants (poppers, glue) | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Marijuana                 |   |
| <input type="checkbox"/> Methamphetamine (meth)    |   |

**17. In the past 12 months, have any of the following statements applied to you? (Check one answer for each item below)**

	Yes	No	Prefer not to answer
• I drank alcohol more than I meant to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I felt I should cut down on my alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I used drugs more than I meant to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I felt I should cut down on my drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section 6: Housing and Transportation

### 18. Where do you sleep most often? (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> My own house/apartment that I pay for     | <input type="checkbox"/> Hotel/motel room that I pay for                  |
| <input type="checkbox"/> My own house/apartment that is subsidized | <input type="checkbox"/> Hotel/motel room that is subsidized              |
| <input type="checkbox"/> At the home of friends/family             | <input type="checkbox"/> Shelter  |
| <input type="checkbox"/> A group home for people who are HIV+      | <input type="checkbox"/> Car  |
| <input type="checkbox"/> A group home, not just for HIV+ people    | <input type="checkbox"/> On the street                                    |
|  | <input type="checkbox"/> A combination of places, it changes all the time |
|  | <input type="checkbox"/> Other: _____                                     |

### 19. If your housing situation made it difficult for you to get HIV medical care, what were the difficulties? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> I couldn't keep my HIV status private  | <input type="checkbox"/> I didn't have time because I was looking for housing |
| <input type="checkbox"/> I didn't have a place to store my HIV meds   | <input type="checkbox"/> I had to move, and my clinic wasn't nearby anymore   |
| <input type="checkbox"/> I had to use my money for housing costs, like rent, down payment, security deposit | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> I had to use my money for utilities (water/electricity)                            |   |

### 20. What is your primary mode of transportation? (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> My own car, truck, motorcycle, scooter  | <input type="checkbox"/> A van provided by a clinic or program |
| <input type="checkbox"/> Public transportation (bus, van, train) | <input type="checkbox"/> I borrow a car from friends/family    |
| <input type="checkbox"/> Taxi                                    | <input type="checkbox"/> I catch rides with friends/family     |
| <input type="checkbox"/> Bicycle                                 | <input type="checkbox"/> I have no transportation              |
| <input type="checkbox"/> Walking                                 | <input type="checkbox"/> Other: _____                          |

## Section 7: Financial Resources

### 21. What is your current job status? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Full time employee (more than 30 hours/week) | <input type="checkbox"/> Unemployed                          |
| <input type="checkbox"/> Part time employee (less than 30 hours/week) | <input type="checkbox"/> Not working due to a disability     |
| <input type="checkbox"/> Temp/contract/seasonal work                  | <input type="checkbox"/> Student, middle/high school         |
| <input type="checkbox"/> Odd jobs/work for cash                       | <input type="checkbox"/> Student, college or graduate school |
| <input type="checkbox"/> Retired                                      | <input type="checkbox"/> Other: _____                        |

### 22. In the past 12 months, what income or assistance did you receive?

(Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Disability      | <input type="checkbox"/> Unemployment  |
| <input type="checkbox"/> A pay check for wages/salary | <input type="checkbox"/> TANF/AFDC       | <input type="checkbox"/> Worker's Comp |
| <input type="checkbox"/> Paid in cash or tips         | <input type="checkbox"/> Food stamps     | <input type="checkbox"/> VA benefits   |
| <input type="checkbox"/> Social Security              | <input type="checkbox"/> Rental subsidy/ | <input type="checkbox"/> Other: _____  |

Section 8

## Section 8: Please Tell Us About Yourself...

• **If you are Hispanic/Latino, what is your nationality? (Check one)**

- |  |   |
|--|---|
| <input type="checkbox"/> N/a, I am not Hispanic/Latino | <input type="checkbox"/> South American     |
| <input type="checkbox"/> Dominican                     | <input type="checkbox"/> Puerto Rican       |
| <input type="checkbox"/> Central American              | <input type="checkbox"/> Spanish/Portuguese |
| <input type="checkbox"/> Cuban                         | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Mexican                       |   |

**23. How much school have you finished? (Check one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Less than high school          | <input type="checkbox"/> Associate's degree (AA)             |
| <input type="checkbox"/> High school diploma            | <input type="checkbox"/> Bachelor's degree (BA, BS)          |
| <input type="checkbox"/> GED                            | <input type="checkbox"/> Master's degree or higher (MA, PhD) |
| <input type="checkbox"/> Technical or vocational degree | <input type="checkbox"/> None                                |

**24. If you have been released from jail or prison in the past 12 months, did the following happen?**

• **You had a plan for how to get HIV medical care after discharge (Check one)**       Yes       No

• **You were able to refill your HIV meds before they ran out once you were discharged (Check one)**

Yes       No, I wasn't able to refill my HIV meds       No, I wasn't on HIV meds

## Section 9: Prevention Activities

**25. Where did you get your HIV diagnosis? \_\_\_\_\_**

**26. If you received HIV prevention information in the past 12 months, what information did you get? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> I have not received HIV prevention info                              | <input type="checkbox"/> How to clean needles or other injection items |
| <input type="checkbox"/> How to prevent transmitting HIV to partners                          | <input type="checkbox"/> How to talk to partners about condom use      |
| <input type="checkbox"/> How viral load is linked to HIV prevention                           | <input type="checkbox"/> How to disclose HIV status to partners        |
| <input type="checkbox"/> How to protect myself from being infected with another strain of HIV | <input type="checkbox"/> How to maintain my HIV medical care           |
| <input type="checkbox"/> How to use a condom or other barrier                                 | <input type="checkbox"/> Other: _____                                  |

**27. If you received HIV prevention information in the past 12 months, where did you get the information? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> I have not received HIV prevention info  | <input type="checkbox"/> At my church or faith group |
| <input type="checkbox"/> From my doctor, nurse, or clinician  | <input type="checkbox"/> TV                          |
| <input type="checkbox"/> From my case manager   | <input type="checkbox"/> Radio                       |
| <input type="checkbox"/> From a health educator or outreach worker  | <input type="checkbox"/> Billboards and posters      |
| <input type="checkbox"/> In an HIV group or program (e.g., Healthy Relationships, VOCES, Wall Talk, Bro 4 Life, etc.) | <input type="checkbox"/> Internet                    |
| <input type="checkbox"/> From friends or family   | <input type="checkbox"/> Cell phone app              |
| <input type="checkbox"/> From partners/significant others   | <input type="checkbox"/> Brochure                    |
| <input type="checkbox"/> In school  | <input type="checkbox"/> Hotline                     |
|   | <input type="checkbox"/> Don't remember              |
|   | <input type="checkbox"/> Other: _____                |

28. How comfortable are you talking to sex partners about using a condom? (Check one)  
 Extremely     Very     Somewhat     A little     Not at all     I do not have sex

29. In the past 12 months, have you done any of the following?  
 (Check one answer for each item below)

	Yes	No	Don't know	Don't remember	N/a, I don't do this
• Had sex to get money, drugs, place to sleep, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had sex while drunk or high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used someone else's needles to inject yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had sex with someone who shares needles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Some Final Questions....**

30. In the past 12 months, did you get help for yourself from any of the following agencies?  
 (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> AIDS Foundation Houston (AFH)                   | <input type="checkbox"/> Memorial Hermann  |
| <input type="checkbox"/> Bee Busy Wellness Center                        | <input type="checkbox"/> The Montrose Center (formerly Montrose Counseling Center) |
| <input type="checkbox"/> Bering Omega Community Services                 | <input type="checkbox"/> Positive Efforts  |
| <input type="checkbox"/> Career & Recovery Resources                     | <input type="checkbox"/> St. Hope Foundation                                       |
| <input type="checkbox"/> Covenant House                                  | <input type="checkbox"/> Texas Children's Hospital                                 |
| <input type="checkbox"/> Fort Bend Family Health (a.k.a., Access Health) | <input type="checkbox"/> TDCJ  |
| <input type="checkbox"/> HACS (Houston Area Community Services)          | <input type="checkbox"/> Thomas Street Health Center                               |
| <input type="checkbox"/> Harris County Jail                              | <input type="checkbox"/> VA  |
| <input type="checkbox"/> Houston Volunteer Lawyers Program               | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Legacy Community Health Services                |  |

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

**FY2018 EIIHA Workgroup**

9:00 a.m., Thursday, March 23, 2017

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

**MINUTES**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Nettie Johnson, Co-Chair	Nancy Miertschin, excused	Cecilia Ross, RWPC Chair
Allen Murray	Amana Turner	Amber Harbolt, Office of Support
Ardry Boyle	Amy Leonard, excused	Diane Beck, Office of Support
Evelio Escamilla, via phone	Brenda Booker	
Isis Torrente	C. Bruce Turner	
Steven Vargas	David Benson	
Tracy Gorden	Bellard	
	Ella Collins-Nelson	
	Herman Finley, excused	
	J. Hoxi Jones	
	Osaro Mgbere	
	Maggie White, excused	
	Peta-gay Ledbetter	
	Shital Patel	

**Call to Order:** Nettie Johnson, Co-Chair, called the meeting to order at 9:15 a.m. and asked for a moment of reflection. She welcomed everyone and called for introductions.

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

**Public Comment:** None.

**Overview of EIIHA:** See attached PowerPoint. Harbolt said that EIIHA stands for the Early Identification of Individuals with HIV/AIDS. The EIIHA plan is included in the Ryan White Part A Grant Application and a progress report is submitted the following year on the populations that were selected. There is no funding tied to the populations selected for the EIIHA plan. Today we will review the criteria for selection populations that were used last year; we will not have the criteria for this year until the grant guidance is received in July or August.

**Criteria for Selecting EIIHA Target Populations:** The workgroup reviewed the criteria used for Fiscal Year 2017, see attached.

**Data Requests for FY2018:** The workgroup reviewed the List of Data that DSHS Typically Provides for Part A Grant Applications and the expanded Target Populations Selection Matrix, see attached. The workgroup would like to keep the expanded matrix table and have actual number and rates of new diagnoses, late diagnosis data for all ethnicities by gender and age.

**Next Meeting:** The next meeting was tentatively set for Thursday, July 20, 2017 in the afternoon or the morning of August 17, 2017; items to be discussed include review of FY18 EIIHA guidance, adopt criteria for selection of the FY18 EIIHA populations, review target population selection matrix data and selection of the target populations for the FY18 EIIHA plan.

**Announcements:** Johnson said the Baylor College of Medicine Teen Health Clinic is having a health fair at 10:00 a.m. on April 1<sup>st</sup> at The Tejano Center for Community Concerns. They are also planning an event for Youth HIV Awareness at Madison High School on April 24<sup>th</sup>. Murray said that there will be a youth testing event at the Ensemble Theatre on April 11<sup>th</sup> from 6:30 p.m. to 9 p.m.

**Adjournment:** The meeting was adjourned at 11:05 a.m.

Submitted by:

Approved by:

\_\_\_\_\_  
Amber Harbolt, Office of Support      Date

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

**Speaker's Bureau Engagement Evaluation - Houston Methodist Willowbrook - 03-22-2017**

<b>Eval ID</b>	<i>What was the most memorable aspect of today's presentation?</i>	<i>What, if anything, did you learn from today's presentation that you did not previously know?</i>	<i>How relevant was the information presented today to your job or organization? (5=Extremely relevant; 1=Not relevant at all)</i>	<i>Based on today's presentation, how likely are you to recommend the Ryan White Planning Council Speakers Bureau to a colleague or another organization? (5=Extremely likely 1=Not likely at all)</i>	<i>What HIV-related topics would you like to see offered in the future?</i>	<i>Add to RWPC info contact list?</i>
1	How to help our patients get treatment	Surprised there's so many resources	5	5	Any	Y
2	More knowledge of care in Houston for HIV	Did not know all the support that is provided in addition to general HIV care - dental, transportation, housing, etc.	5	5	N/A	Y
3	New knowledge of process for HIV patients for follow-up care	Didn't know the referral process	5	5	More options for medication assistance and transportation to appointments	Y
4	Informational	List of clinics	5	4	[missing]	N
5	Learning more about the services offered to the population	The resources available	4	4	[missing]	N
Average	---	---	4.80	4.60	---	---

## 2017-2021 Comprehensive Plan 2017 Q1 Activities Implementation Progress Report

(Implementation January through March 2017)

### Implementation Progress by Strategy

	Not Initiated (NI)	In Progress (P)	Completed (C)	Total Activities Slated for 2017
PEI	0	9	2	11
Gaps	2	3	1	6
SP	1	7	0	8
COE	2	6	1	9
Total n (%)	<b>5 (14.7%)</b>	<b>25 (73.5%)</b>	<b>4 (11.7%)</b>	<b>34</b>

### Activities Not Initiated in Q1:

1. **Gaps: “Revise case management, service linkage, and outreach services Standards of Care and policies to incorporate warm handoff protocols.”**
  - a. RWGA to conduct inventory of current peer programs at RW funded providers.
2. **Gaps: “Expand the Road to Success consumer training program to housing sites.”**
  - a. While holding Road to Success training at housing sites is not feasible, additional efforts will be undertaken to coordinate transportation for housing clients when Road to Success is implemented later this year.
3. **SP: “Develop an HIV Care Continuum for each Special Population as possible, and disseminate to providers and the public as appropriate.”**
  - a. Data availability to create Special Population Care Continua will be evaluated this fall during development of the next Epi Profile.
4. **COE: “Facilitate an annual Task Force meeting for community-wide coordination of effort.”**
  - a. Not yet initiated, though both CPG and RWPC hosted meetings to review the cross-walk between the Comprehensive Plan and the *Roadmap to Ending the HIV Epidemic in Houston* to coordinate efforts.
5. **COE: “Extend notification of quarterly case manager trainings to non-funded case managers and social workers at local hospitals (Ben Taub, LBJ, etc.).”**
  - a. RWGA does not have capacity to host training for additional interested organizations.

### Implementation Highlights:

1. **PEI: “Pursue strategies to reduce time period between diagnosis and entry into HIV medical care to facilitate timely linkage to care.” – In Progress**
  - a. HHD: The Bureau participates in the joint Prevention/Care frontline meetings in which timelines are re-emphasized and solutions are discussed jointly to ensure timely entry into care. Harris Health System continues to have HHD-funded SLWs stationed to ensure rapid linkage to care for those tested under their routine screening program. This process has recently been enhanced to identify acute infections and fast track those with acute infection into treatment. The HHD supports Harris Health System in this initiative and provides funding for staff involved in these processes.
  - b. RWGA: In support of this activity, RWGA tracks availability of primary care appointments for clients entering care; As of 3/24/17, the average wait time across agencies for the initial appointment availability to enroll in outpatient/ambulatory medical care was 7 days (least: 4 days; greatest: 12 days).

- c. RWPC-OS: 2/23 – An allocations principle was added to P&A’s FY 2018 Guiding Principles and Decision Making Criteria that states decisions will be based on service categories that address the “reduction of [the] time period between diagnosis and entry into HIV medical care to facilitate timely linkage.”
- 2. **Gaps: “Design Standards of Care ensuring follow-up contact with newly diagnosed consumers throughout first year of diagnosis.” – In Progress**
  - a. RWGA QM currently working with CQI and CM Supervisor membership on improvement project related to this activity.
- 3. **SP: “Provide training to DIS staff on data collection for transgender and other special population clients.” – In Progress**
  - a. A capacity building assistance (CBA) provider has tentatively been selected to provide a transgender-specific data collection training to the Bureau of Epidemiology and the Bureau of HIV/STD and VH Prevention. The formal request will be initiated to CDC in April 2017 with the goal for training completion by July 2017.
- 4. **COE: “Sustain current efforts and target the following sectors and groups for coordination of effort activities”– In Progress**
  - a. Advocacy groups: **HHD** - AAMA to support a PrEP Stakeholders Group; PrEP Learning Collaborative hosted by the Black AIDS Institute; **RWPC-OS** - LULAC @ Camino; work with END
  - b. Aging (e.g., assisted living, home health care, hospice, etc.): **HHD** - HIV and Aging Coalition @ Sharing Science Symposium; **RWPC-OS** - HIV & Aging Coalition
  - c. Alcohol and drug abuse providers and coalitions at the local and regional levels – **Not Initiated**
  - d. Business and Chambers of Commerce: **HHD** - HIV testing and education at a barbershop for National Black HIV/AIDS Awareness Day; testing and education event at a local fashion boutique in Third Ward for National Women and Girls’ Day; partnership with local cosmetics business, to promote HIV awareness and testing; **RWPC-OS** - Speaker’s Bureau
  - e. Community centers: **HHD** - Meeting, events, and trainings held at local multi-service centers; **RWPC-OS** - Re-Entry Summit @ Montrose Center
  - f. Chronic disease prevention, screening, and self-management programs: **HHD** - Community Health Worker training included chronic disease as a topic area; emphasis on the intersection of chronic disease and HIV/STD at Sharing Science Symposium
  - g. Faith communities: **HHD** - St. John’s Church/Bread of Life, Inc. (“Get Tested Sunday”); In March, HIV Program Manager spoke to a congregation of approximately 2500 people at Brentwood Baptist Church on the campaign “National Week of Prayer for the Healing of AIDS”; **RWPC-OS** – Urban AIDS Ministry represented among membership
  - h. Medical professional associations, medical societies, and practice groups: **HHD** - PrEP Provider Advisory Group; PrEP Outreach Specialist goes out in the field to identify medical providers who are unfamiliar or uncomfortable with prescribing PrEP and engage them to become more PrEP-friendly by providing technical assistance and support; **RWPC-OS** - Harris County Medical Society; AETC
  - i. Mental health (e.g., counseling associations, treatment facilities, etc.): **HHD** - A researcher working with Hatch Youth of the Montrose Center presented on “Providing Social Support to Sexual and Gender Minority Youth”; Service Linkage Program works with local mental health providers
  - j. New HIV-related providers such as FQHCs and Medicaid Managed Care Organizations (MCOs): **HHD** - **HHD** PrEP Outreach Specialist



- k. Philanthropic organizations: **HHD** - HHD's philanthropic organization/foundation continues to prioritize and raise money for the Bureau's testing efforts
- l. Primary education, including schools and school districts: **HHD** - HHD funds Bee Busy, Inc. to operate a targeted comprehensive HIV Education/Risk Reduction program in schools in the Houston Independent School District. The STRAPP (Students Taking Responsibility and Action to Prevent Pregnancy) program is a "locally developed" evidence-based intervention that targets diverse high school youth
- m. Secondary education, including researchers, instructors, and student groups: **HHD** - frequent partnering with researchers at Baylor College of Medicine, including the Sharing Science Symposium in January 2017; Bureau provided staff expertise and data to support a research proposal on HPV with UTSPH researchers; Bureau collaborated with researchers from UTSPH and the University of Chicago to submit a R01 proposal on partner services and HIV.
- n. Workforce Solutions and other vocational training and rehabilitation programs: **HHD** - TurnAround Houston Initiative; **RWPC-OS** - Workforce Solutions (Blue Books)

RWGA is working to bring substance abuse, law enforcement, trauma and specialists along with HIV positive people to address the case management supervisors and frontline staff so they may better understand what will keep them or what keeps them engaged in care.

TRG: Continuous networking with target sectors and groups. Created a Houston CPG email distribution list for dissemination of RWPC meetings and other HIV related events in the HSDA. Forward contacts to RWPC; as available.

NAME: \_\_\_\_\_

# Texas Health Equity Summit

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## Application

The Texas Department of State Health Services, University of Texas at Austin, and Greater Than AIDS are hosting a Health Equity Summit in Austin, Texas, July 28-30, 2017.

The summit will provide HIV/AIDS educational and outreach skills for young leaders who are interested in developing projects within their region to address the rates of HIV infection for Black and Latino gay and bisexual men, other men who have sex with men (MSM), and transgender women. Participants will be encouraged to create innovative approaches to influence and decrease the spread of HIV through choosing an area of focus, defining their priority community, and assessing how to take action based on the community's readiness to respond to identified issues.

Individuals who meet the eligibility criteria below are invited to apply. The hosts will cover costs for lodging, transportation, and meals.

### Eligibility Criteria:

- ⇒ Current resident or student in the State of Texas
- ⇒ Age 18-30 as of July 28, 2016
- ⇒ Identify as gay, bisexual, same gender loving, queer, transgender, or gender neutral
- ⇒ Demonstrated leadership in the LGBTQ, social justice, and/or HIV/AIDS community
- ⇒ Personal commitment to addressing the HIV epidemic
- ⇒ Have strong peer networks among young men who have sex with men
- ⇒ Able to attend the entire session in Austin, July 28-30, 2017
- ⇒ Willing to work closely with other leaders, UT, and DSHS to implement a project that addresses HIV rates locally, with project beginning before September 15, 2017

The application process includes both a written portion and a phone interview. Once you complete and submit the written application, you will be contacted to schedule a phone interview.

### Applications are due May 15, 2017

For more information about the Texas Health Equity Summit, please contact Chris Allen at [callen22@utexas.edu](mailto:callen22@utexas.edu)

NAME: \_\_\_\_\_

## Application

PLEASE NOTE: This is **not a confidential form**. Any information entered into this form may be viewed by members of the public.

Legal Name (FIRST/LAST):

Preferred name/Nickname (FIRST/LAST):

Pronoun Preference:

Email:

In what city/region in Texas would you plan to host your community project?

About how long have you lived in this community?

In what ways have you shown leadership within your community? Are there examples specifically related to HIV/AIDS, social justice, and/or LGBTQ rights?

NAME: \_\_\_\_\_

Why is HIV/AIDS an issue that matters to you?

How do you think you could most effectively engage gay and bisexual men, other MSM, and/or transgender women in conversations around HIV/AIDS?

Is there any additional information you would like the review committee to know when considering your application?

NAME: \_\_\_\_\_

### **Additional Information About You**

Address:

Email address:

Mobile Phone:

Other Phone:

What is the best way to contact you? (please circle one)

- Email
- Cell phone call
- Text
- Facebook Messenger: FB Name \_\_\_\_\_
- Other \_\_\_\_\_

Date of Birth:

Gender Identity:

Race/Ethnicity:

Sexual Orientation:

T-shirt size?

NAME: \_\_\_\_\_

Are you currently employed or in school?

- If yes, what do you do for work and/or where are you a student?

Please list any HIV/AIDS, LGBTQ and/or social justice organizational affiliations that you have (or have had) and describe your role in each. Please include the name of the organization and whether your role was paid or volunteer.

Have you previously appeared in any campaigns (paid or public service) related to HIV?

- If yes, please provide more details about the campaign and when you participated.

What social media platforms are you engaged in currently?

- Check All That Apply:

- |                                 |  |
|---------------------------------|--|
| <input type="radio"/> Facebook  | <input type="radio"/> Tumblr             |
| <input type="radio"/> Twitter   | <input type="radio"/> Wordpress          |
| <input type="radio"/> Instagram | <input type="radio"/> Google+            |
| <input type="radio"/> Snapchat  | <input type="radio"/> Blog               |
| <input type="radio"/> YouTube   | <input type="radio"/> Podcast/Talk Radio |
| <input type="radio"/> Vimeo     | <input type="radio"/> Other              |

NAME: \_\_\_\_\_

## Personal Community Assessment

To complete this application, you will need to provide a brief personal community assessment.

Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. These determinants include, but are not limited to:

- Education
- Housing
- Employment
- Income
- Discrimination
- Health coverage and health care
- Activities and relationships

Please provide a summary of the social determinants of health that are affecting HIV rates within your city/region. How are they affecting HIV rates? What is currently being done to address these determinants, and what ideas do you have for addressing them?

**Thank you!**