

**DRAFT**

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

**Operations Committee Meeting**

12 noon, Tuesday, March 17, 2020

Meeting Location: 2223 W. Loop South, Suite 240  
Houston, Texas 77027

**AGENDA**

\* = Handout to be distributed at the meeting

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- I. Call to Order Ronnie Galley and  
Carol Suazo, Co- Chairs
- A. Moment of Reflection
  - B. Adoption of the Agenda
  - C. Adoption of the Minutes
- II. Public Comments 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. New Business Tori Williams
- A. The Impact of Coronavirus – see attached
    - 1. Background information (10 minutes) Denis Kelly
    - 2. Council meetings – see attached
    - 3. Committee meetings
    - 4. Educational activities (PC, Road2Success, etc.)
- IV. Old Business
- A. Transportation Policy – see attached
    - 1. Part 2 of the Waiver Request
  - B. Combined Orientation for CPG and the Planning Council
- V. Announcements
- No committee meeting in April due to How To Best Meet the Need Workgroups
- VI. Adjourn
- OPTIONAL: Members meet with Committee Mentor Johnny Deal

Houston Area HIV Services Ryan White Planning Council

Operations Committee Meeting

11:30 am, Tuesday, February 18, 2020

Meeting Location: 2223 W. Loop South, Suite 240; Houston, Texas 77027

MINUTES

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Ronnie Galley, Co-Chair	Carol Suazo, Co-Chair	Tana Pradia, RWPC Chair
Bobby Cruz		
Johnny Deal		<b>Staff</b>
Angela F. Hawkins		Tori Williams, Director
Allen Murray		Rod Avila, Assistant Coordinator
Crystal Starr		

**Call to Order:** Ronnie Galley, Co-Chair, called the meeting to order at 11:32 a.m.

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

Approval of the Minutes: **Motion #2:** it was moved and seconded (Hawkins, Deal) to approve the January 16, 2020 minutes. **Motion carried.** Abstention: Starr.

**Nuts and Bolts, Petty Cash Deadlines and Open Meetings Act:** Williams walked the committee through the attached documents with information about “Nuts and Bolts”, Petty Cash deadlines, and Open Meetings Act Training.

**New Business**

**Public Comment:** See three (3) attached, written public comments from Mica, Vargas, and Hawkins.

**Request for a Waiver:** After the Committee discussed the requests in Hawkins’ Public Comment **Motion #3:** it was moved and seconded (Cruz, Starr) to allow petty cash reimbursement as requested in the waiver from Hawkins for the specific dates of January 16 and 23, 2020 due to the documentation provided that indicates that a full day of work was missed. The Committee will review the Petty Cash Policy in the next meeting and provide a response to Hawkins’ regarding the additional request made on the same waiver form. **Motion carried unanimously.**

**Combine the Ryan White Planning Council (RWPC) Orientation with the Annual Orientation for the Houston HIV Community Planning Group (CPG):** The Committee discussed the suggestion of combining the January Orientations of the Ryan White Planning Council and the Houston HIV Community Planning Group. **Motion #4:** it was moved and seconded (Cruz, Starr) to keep RWPC Orientation as is and continue to explore the possibility of creating a joint annual meeting with CPG to share needed information. **Motion carried unanimously.**

**Proposed edits to policies:** After discussion, **Motion #5:** it was moved and seconded (Cruz, Starr) to exclude pronouns from all Council documents and, instead, use the noun (example: the Chair....)

## DRAFT

to align the documents with *People First Language*. The changes will be made throughout the year so that they officially start on January 1, 2021. **Motion carried unanimously.**

**Purpose of the Committee:** Williams reviewed the purpose of the committee from the attached document entitled *Standing Committee Structure*.

**2020 Committee Goals:** Motion #6: it was moved and seconded (Starr, Deal) to use the same goals in 2020 that were used in 2019. **Motion carried unanimously.**

**2020 Committee Meeting Dates & Critical Timeline:** Williams reviewed the following 2020 Committee Goals, 2020 Committee Meeting Dates and the Timeline of Critical 2020 Council Activities.

**Critique the 2020 Mentor Luncheon:** Committee members were pleased with the 2020 Mentor Luncheon; food was great and the meeting went very well.

**Elect a Committee Vice Chair:** Motion #7: It was moved and seconded (Hawkins, Murray) to nominate Crystal Starr as the Committee Vice Chair. After Starr accepted the nomination, and since she was the only nominee, Starr was elected by acclamation to be the committee Vice Chair.

**At 12:39 Ronnie Galley, the Committee Co-Chair had to leave the meeting. Crystal Starr, the newly elected Committee Vice Chair, filled in for Galley.**

**Critique the 2020 Council Orientation:** Harbolt reviewed the attached 2020 Council Orientation Evaluation Results. The Committee members were in agreement with the evaluation results. At the 2021 Orientation, the committee would like to do the following: 1.) Manage time of introductions of speakers and of activities and 2.) Have two backup activities, similar to using JEOPARDY as a back up in 2020, in case there is a gap in between speakers or during lunch.

**Statement of Confidentiality Forms:** Committee members who were present signed the Statement of Confidentiality form and submitted them to the Office of Support.

Old Business

**Training topics for 2020:** See attached draft of the 2020 Council Training Schedule. Committee asked Williams to find the best speaker to present the topic of HIV Molecular Surveillance.

**Announcements:** None.

**Adjournment:** Motion #8: it was moved and seconded (Hawkins, Deal) to adjourn the meeting at 12:54 p.m. **Motion carried unanimously.**

Submitted by:

Approved by:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# What People With HIV Need to Know About the New Coronavirus

New research is emerging about how the respiratory virus spreads and how people can protect themselves and others.

March 2, 2020 By [Liz Highleyman](#)

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A month after the new coronavirus respiratory disease known as COVID-19 came to public attention, researchers and public health officials are continuing to learn about its spread, its mortality rate and who is most likely to become seriously ill.

Although much remains unknown, it's clear that older people, those with other health conditions and people with compromised immune systems have a higher likelihood of severe illness. This includes people living with HIV, especially those with low CD4 counts. But taking some basic precautions can lower your risk and improve your well-being.

## COVID-19 Basics

As of March 2, there were 43 confirmed or presumed positive cases of COVID-19 detected in the United States, [according to the Centers for Disease Control and Prevention](#) (CDC). In addition, there have been 48 cases among people brought back to the United States, mostly from the Diamond Princess cruise ship. The virus now appears to be spreading locally within communities. Worldwide, more than 87,000 cases have been reported, [according to the World Health Organization](#). Most of these are in China, but 58 countries have now seen cases.

The mortality rate for COVID-19 is thought to be around 2.5%, based on the numbers reported in the hardest-hit areas of China. This is substantially higher than the typical seasonal flu (around 0.1%), but much lower than the death rates of the SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome) coronaviruses, at around 10% and 30%, respectively.

However, the true COVID-19 mortality rate is not yet known because it is unclear how many people have contracted the new virus. If a large number of people have no or mild symptoms and never seek medical attention, the pool of infected people could be much larger and the death rate could be much lower. Receiving supportive treatment earlier in the course of the disease also lowers the risk of death.

A majority of people with COVID-19 have mild symptoms including fever, cough and shortness of breath. Around 20% develop more severe illness, including pneumonia and acute respiratory

distress syndrome, which may require intensive care and in some cases mechanical ventilation.

But not everyone who contracts the virus is at equal risk. According to a [recent study](#) by the Chinese Center for Disease Control and Prevention of more than 45,000 confirmed cases, people with coexisting conditions [had higher death rates](#): 5.6% for cancer, 6.0% for high blood pressure, 6.3% for chronic respiratory disease, 7.3% for diabetes and 10.5% for cardiovascular disease. The greatest risk was seen among people age 80 or older, at 14.8%.

Experts do not yet know how long someone can transmit the coronavirus, officially known as SARS-CoV-2, before they develop symptoms or after they recover. It is also unclear whether the virus can linger in the body and later relapse; whether it confers immunity and, if so, for how long; or what the likelihood is of becoming infected again.

Researchers are hard at work to develop treatments for COVID-19 and a vaccine for SARS-CoV-2. [Certain HIV medications](#) have shown activity against the coronavirus. Clinical trials of Gilead Sciences' [antiviral drug remdesivir](#) are currently underway in China and [at the University of Nebraska Medical Center](#) in Omaha—home of the CDC's largest biocontainment unit—where some people who contracted the virus overseas are being treated. A [vaccine from Moderna Therapeutics](#) has been sent to the National Institute of Allergy and Infectious Diseases for the first Phase I study. However, human trials are expected to last at least a year before a vaccine is ready for widespread use.

#### What About People With HIV?

Compared with the general population, people with compromised immunity are at higher risk of contracting the new coronavirus and developing more serious COVID-19 illness. The HIV population is aging, and nearly half are over 50. Those with low CD4 T-cell counts, indicating advanced immune suppression, are at greatest risk. People with HIV are more likely to develop cardiovascular disease and may do so at a younger age. Certain HIV medications, especially older drugs, can cause neutropenia, or depletion of immune system white blood cells that fight infection.

“When you look at who’s been most profoundly ill, it tends to be people who are older, in their 60s, 70s and 80s. As you get older, your immune system doesn’t function as well,” says Steve Pergam, MD, MPH, of the Vaccine and Infectious Disease Division at Fred Hutchinson Cancer Research Center.

Among people living with HIV, “it’s all based on level of immune suppression,” Pergam told POZ. “For an HIV patient who is on stable antiretroviral therapy and has a normal CD4 count, their risk may be slightly increased. People often lump HIV patients with other immunosuppressed patients, but HIV is a different disease than it was years ago. For people who have a reconstituted immune system because of treatment, I think the risk is not going to be tremendously different.”

“For cancer patients on chemotherapy, people with solid organ transplants or bone marrow transplants and those who use high-dose steroids for autoimmune diseases, the risk will likely be more severe,” he continues. “They may shed the virus for longer. They may be more likely to

develop pneumonia and more likely to die. We don't know until we have more information, but many of us have concerns about that."

People with a weakened immune system may be unable to fight off the virus, or they may develop an excessive inflammatory immune response known as a cytokine storm. Paradoxically, immune suppression can sometimes mean fewer or milder early symptoms, such as fever, even as the virus and the body's response to it ravage the lungs and other organs.

"The symptoms may be more subtle, so we have to have more awareness," Pergam says. "Oftentimes their initial symptoms may be less prominent, but the level of complex disease may be more severe."

### Taking Precautions

Experts recommend that everyone take common-sense precautions to prevent transmission of the new coronavirus--the same ones recommended to prevent seasonal flu:

- Avoid close contact—meaning within about six feet—with people who have a cough or other respiratory symptoms.
- [Wash your hands with soap and water](#) thoroughly and often for at least 20 seconds.
- Use alcohol-based hand sanitizer when soap and water are unavailable.
- Avoid touching your eyes, nose and mouth.
- Healthy people do not need to routinely wear face masks to prevent infection, but use a mask if you are caring for someone who is ill.
- Get the flu vaccine. Older people should also consider getting vaccinated against pneumonia.

If you are ill:

- Cough or sneeze into a tissue or your bent elbow, and immediately dispose of tissues in the trash.
- Avoid close contact with others.
- Stay home if you are sick.
- If you think you may have been exposed to the coronavirus, contact a health care provider promptly if you develop a fever, cough or difficulty breathing.
- Before you go to a clinic or hospital, call ahead so the staff can take appropriate precautions.
- Wearing a face mask can stop the spread of droplets that can transmit the virus to others.

Older individuals, people living with HIV and those with cardiovascular disease or other conditions may benefit from extra precautions.

"I advise people to have hand sanitizer wherever they go and use it frequently in public places—I have it in my pocket all the time. Wash your hands with soap and water long enough to sing the 'Happy Birthday' song," Pergam advises.

"I always talk with patients about the idea of social distancing. I'm not saying you can't live your life as a normal person. But you don't have to go out to dinner when a restaurant is super crowded—you might eat a little earlier or you might order in," he adds. "If you're having friends or family over, ask them if they have any symptoms. Have a hand gel dispenser at your front door and make sure everybody uses it. Make sure to tell friends and family that they should be up to date on their vaccines for other things."

People who need prescription medications should try to have a supply to last at least a couple weeks and preferably a few months. Shortages could happen because the ingredients for many drugs—especially generics—are produced in China. Pergam acknowledges that this can be difficult because of high drug costs and insurance restrictions. You may be able to order medications for three months at a time. Or renew your prescriptions as soon as you are able to—even if they haven't run out yet—so you have a buffer of several days.

The Food and Drug Administration is keeping track of medication shortages that may result from the coronavirus epidemic. According to a [recent statement](#), only one unspecified drug is now in short supply. HIV expert Tim Horn of NASTAD (formerly the National Alliance of State & Territorial AIDS Directors) checked on the status of brand name and generic antiretroviral drugs and [found no current shortages](#).

It's also a good idea to have at least a two-week supply of food, water, cleaning supplies and other household necessities on hand. And don't forget to stock up on pet food. You may be able to have goods delivered to avoid going to stores. Or ask a friend or family member without compromised immunity for help.

As the COVID-19 outbreak becomes more widespread, "disruption to everyday life might be severe," according to Nancy Messonnier, director of CDC's National Center for Immunization and Respiratory Diseases, who advises businesses to explore remote work options and families to consider plans in case schools close.

"Talk to your employer about opportunities to work from home," Pergam advises. "And have them remind everyone you work with not to come to work sick."

Stay in communication with your health care providers, and keep up to date on new developments. Let them know if you have questions or concerns, especially if you have new symptoms or were recently exposed to someone who is ill.

"The biggest thing to get across is, don't panic," Pergam says. "We're all expecting this to be a

prolonged and complicated process. The best thing people can do is focus on ways that they can protect themselves because those small things can be enough to provide an extra layer of protection for everyone.

For more details, visit the [U.S. and global coronavirus tracker from Johns Hopkins University](#) and the [CDC COVID-19 website](#).

And for related articles in POZ, see "[Coronavirus Alert: Vital Ingredients in HIV Meds Are Synthesized in China. Should You Worry About Your Supply?](#)" The article also looks at Vice President Mike Pence and AIDS expert Deborah Birx, who are leading the U.S. response to the virus. Additional news items include "[HIV Drugmaker Gilead Sciences Tests a Possible Treatment for New Coronavirus](#)" and "[COVID-19 Puts People With HIV in China at Risk of Med Shortages](#)."

[[poll|425]]

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<https://www.poz.com/article/people-hiv-need-know-new-coronavirus>



## **Prevention**

### **Basic hygiene**

Wash or disinfect your hands regularly and especially:

- After a visit to the toilet.
- Before eating.
- After you have touched a possibly contaminated object like a door handle or a shared keyboard.

Wash hands with soap and water for at least 20 seconds or use a disinfectant containing at least 60% to 95% alcohol. If your hands are visibly dirty, wash them with soap and water.

Do not touch your eyes, nose or mouth with unwashed hands.

### **Avoid sick persons**

Stay away from sick people and make sure no one coughs or sneezes in your face.

### **Animals**

Stay away from **animals and their waste products**. Do not visit animal markets.

### **Food and drinks**

Do not eat undercooked meat and non pasteurised milk products.

### **Mouth masks**

Wearing a mouth mask is not recommended because it does not provide good protection.

Wearing an FFP-2 mouth mask is only useful during the care of patients with COVID-19. In that case, make sure that the mask is firmly pressed against your face. Touching your face beneath the mask renders it useless.

### **Vaccination**

No vaccine is available.

# People at Higher Risk for COVID-19 Complications

## What to do if you are at higher risk:

- Stay at home as much as possible.
- Make sure you have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds.
- Stay up to date on [CDC Travel Health Notices](#).

## Who is at Higher Risk

Older adults and people who have severe chronic medical conditions like heart, lung or kidney disease seem to be at higher risk for more serious COVID-19 illness. Early data suggest older people are twice as likely to have serious COVID-19 illness. This may be because:

- As people age, their immune systems change, making it harder for their body to fight off diseases and infection.
- Many older adults are also more likely to have underlying health conditions that make it harder to cope with and recover from illness.

If a COVID-19 outbreak happens in your community, it could last for a long time. Depending on the severity of the outbreak, public health officials may recommend community actions to reduce exposures to COVID-19. These actions can slow the spread and reduce the impact of disease.

If you are at increased risk for COVID-19 complications due to age or because you have a severe underlying medical condition, it is especially important for you to take actions to reduce your risk of exposure.

## Get Ready for COVID-19 Now

Consult with your health care provider for more information about [monitoring your health for symptoms suggestive of COVID-19](#).

- Have supplies on hand
- Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period of time.
- If you cannot get extra medications, consider using mail-order for medications.
- Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
- Have enough household items and groceries on hand so that you will be prepared to stay at home for a period of time.
- Avoid close contact with people who are sick

- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people
  - Stay home as much as possible.
    - Consider ways of getting food brought to your house through family, social, or commercial networks
  - Avoid crowds, especially in poorly ventilated spaces
- Make a plan for what to do if you get sick
  - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
  - Determine who can provide you with care if your caregiver gets sick.
  - Take everyday preventive actions
    - Clean your hands often
    - Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
    - If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
    - To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
    - Wash your hands after touching surfaces in public places.
    - Avoid touching your face, nose, eyes, etc.
  - Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)

### **Watch for symptoms and emergency warning signs**

- Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.
- If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs\*:
- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

**(continued)**

## **What to Do if You Get Sick**

Stay home and call your doctor

- Call your healthcare provider and let them know about your symptoms. Tell them that you have or may have COVID-19. This will help them take care of you and keep other people from getting infected or exposed.
- If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for [how to take care of yourself at home](#).
- Know when to get emergency help
  - Get medical attention immediately if you have any of the emergency warning signs listed above.

## **What Others can do to Support Older Adults**

Community Support for Older Adults

- Community preparedness planning for COVID-19 should include older adults and people with disabilities, and the organizations that support them in their communities, to ensure their needs are taken into consideration.
  - Many of these individuals live in the community, and many depend on services and supports provided in their homes or in the community to maintain their health and independence.
- Long-term care facilities should be vigilant to prevent the introduction and spread of COVID-19. [Information for long-term care facilities can be found here](#).

## **Family and Caregiver Support**

- Know what medications your loved one is taking and see if you can help them have extra on hand.
- Monitor food and other medical supplies (oxygen, incontinence, dialysis, wound care) needed and create a back-up plan.
- Stock up on non-perishable food items to have on hand in your home to minimize trips to stores.
- If you care for a loved one living in a care facility, monitor the situation, ask about the health of the other residents frequently and know the protocol if there is an outbreak.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. May 5, 1998

REV JANUARY 1, 2018

POLICY No. 200.03

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## MEETINGS

### 1 **PURPOSE**

2  
3 This policy is to establish guidelines by which meetings of the Houston Area HIV Health Services  
4 Ryan White Planning Council (RWPC) will abide.  
5

### 6 **AUTHORITY**

7  
8 The RWPC through adoption of Roberts Rule of Order and bylaws 01/18; Article II; Sec. 2.01-  
9 2.01) and by order of the Chief Elected Official of Harris County, ensure that there will be a  
10 procedure for meeting(s) conducted by the RWPC.  
11

### 12 **INTENT**

13  
14 The intent of this policy is to include all citizens who are HIV positive, affected by HIV and live  
15 in the Houston Eligible Metropolitan Area (EMA) in the decision making process.  
16

### 17 **DEFINITIONS**

18  
19 “Meeting(s)” will be defined as an encounter where three or more people of the RWPC meet to  
20 discuss business related to that body and a binding vote is intended to be taken. All meetings will  
21 be open to the public (except where noted.) The public is encouraged to participate (see Policy  
22 No. 100.01) and will be notified of meetings according to Open Meetings Act requirements. All  
23 meetings of the above mentioned will be held in an environment that will be accessible to all  
24 interested parties.  
25

26 “Standing Committee and Ad Hoc Committee Meeting(s)” are public meetings. Exceptions to  
27 this are hearings conducted by the Grievance sub-committee of the Operations Committee,  
28 “personnel issues”, and any other exception allowable under the Open Meetings Act.  
29

30 “Work Group or Subcommittee Meetings(s)” will be defined as meetings that have been so  
31 designated by the Chair of the Council, the Chair of a Standing Committee, or through the  
32 recommendation of a member at a regular standing, or sub-committee meeting and agreed to by  
33 that body. All finished products by work groups will be viewed by the appropriate Standing  
34 Committee prior to submission to the Steering Committee, unless the Planning Council approves  
35 by vote, an alternative submission process.  
36

37 “Other Committee Meeting(s)” will fall under the definition of Meetings. These are Committee(s)  
38 that are part and parcel of Standing Committees. While they are not officially a committee, their  
39 function is to carry out the business of the Council.  
40

41 Each of these entities is to conduct meetings in areas that are accessible to the public. The public  
42 can make comments about the services that affect them without fear of retribution from any  
43 member, or group of members of the Houston Ryan White Planning Council.  
44

## 45 **FOCUS GROUPS**

46  
47 Focus groups do not involve voting and will not be considered open meetings. These are  
48 gatherings where individuals are invited to participate in open discussion about services offered in  
49 the Houston EMA. Members of the committee that convene the focus groups will be subject to  
50 Conflict of Interest guidelines (see Policy #800.01). Participation in focus groups will be  
51 according to the approved methodology for a particular focus group, and people who are not  
52 appropriate to attend or view the focus group (including Council members) will not be allowed to  
53 participate.  
54

## 55 **ROLE OF THE COMMITTEE CHAIR**

56  
57 It is the role of the chair of any committee to facilitate the discussion and reach a majority or  
58 consensus of the group. It is important that when there is not a clear majority or consensus in  
59 committee meetings that a majority and minority report be given to the body which authorized that  
60 committee to convene. It is imperative that all members of the committee be allowed to express  
61 his or her concerns. The chair is to be fair and impartial.  
62

## 63 **ROLE OF THE COMMITTEE MEMBERS**

64  
65 It is the responsibility of each member of any committee to first identify if there is a conflict of  
66 interest violation. If so, this member must state that by holding up the red flag (see Policy No.  
67 800.01). If a committee member is the service provider of the topic under discussion, it is  
68 imperative that this member listen objectively to comments or concerns both negative and positive  
69 from the public, other council members or agents of the Administrative Agency. Each member of  
70 the Council has the power to enact a grievance if the need arises (see Policy No. 1000.01). Let  
71 this policy remind committee members that the Houston Area HIV Health Services Ryan White  
72 Planning Council will abide by confidentiality guidelines as set forth in the most current Ryan  
73 White Program and health and safety codes of the Federal Government and Texas Department of  
74 State Health Services.  
75

## 76 **TELECONFERENCING AT MEETINGS**

77  
78 Due to unusual circumstances, such as illness or travel, Council and committee members are  
79 allowed to participate in a Ryan White committee meeting via telephone as long as the Office of  
80 Support has access to the technology needed to accommodate such a request. Regarding Council  
81 meetings, members may not use teleconferencing to participate in a full Council meeting except  
82 under unusual circumstances, such as severe weather or a public health emergency (for example  
83 an outbreak of the flu). In this situation, the Office of Support, in consultation with the Chair of  
84 the Council (or the Vice Chair and then Chair of the Operations Committee if the Chair or Vice  
85 Chair is unavailable), will decide if members can participate in a full Council meeting via  
86 conference call, again depending upon the availability of the technology needed to accommodate  
87 the call. Due to the limited technological capability of conference calling, Council members will  
88 be included in the call on a first come, first serve basis. In this unusual situation, the general public  
89 will be encouraged to submit public comment through fax or email, they may listen to the  
90 conference call at the location where the staff will be in attendance, and/or they may request a  
91 digital copy of the recorded proceedings (if available) or a paper copy of the meeting minutes after  
92 the meeting has taken place.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL. 15, 1997

REV MARCH 8, 2018

POLICY No. 900.01

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## PETTY CASH

### 1 PURPOSE

2  
3 This policy establishes the guidelines by which petty cash reimbursements of expenses to attend  
4 Houston Area HIV Health Services (Ryan White) Planning Council meetings are made. The  
5 purpose of these funds is to encourage a wide range of community participation. While all  
6 members of the RWPC are eligible for reimbursement, all members are encouraged to pay for their  
7 own expenses out of their own funds if possible. This policy includes both internal as well as  
8 external members.  
9

### 10 AUTHORITY

11  
12 “Guidelines for Reimbursement of People on a Ryan White Title I Planning” dated January 21,  
13 1997, and the Ryan White HIV/AIDS program Part A Manual - Revised 2013. The RWPC voted  
14 on February 10, 1996 to set as a priority the reimbursement of expenses to attend RWPC meetings  
15 (including subcommittee and related meetings). Those eligible to receive reimbursement of  
16 expenses to attend committee, subcommittee and related meetings include Council and external  
17 committee members.  
18

### 19 DEFINITIONS

20  
21 Meetings - are defined as outlined in the RWPC adoption of its Bylaws, Article IX. Rev. 01/18.  
22

23 Meals - are those that are related to and occur as the result of attending any scheduled Houston  
24 area HIV/AIDS Health Services (Ryan White) Planning Council meeting, including Ryan White  
25 committee and workgroup meetings, and outreach events.  
26

### 27 PROCESS

28  
29 Review – Annually, the Operations Committee will review RWPC petty cash policies and forms.  
30

31 Transportation - Expenses will be reimbursed as a result of a Planning Council or external  
32 committee member attending a scheduled meeting. If travel is conveyed through the use of the  
33 members own vehicle the rate will be the same as the county rate per mile. Council and external  
34 committee members are reimbursed for mileage to and from a consistent, designated starting point  
35 (either home or work). The start point will be documented in the member’s file and mileage will  
36 be determined by an Internet site selected annually by the Office of Support. Members are  
37 encouraged to carpool. When members carpool, only the member who is the driver of the  
38 automobile can request mileage reimbursement from his or her designated starting point.  
39

40 If a member is employed, and work hours are any time on a Monday through Friday during regular  
41 business hours (approximately 8 a.m. until 5 p.m.), the member must provide the requested  
42 employment-related information on the Petty Cash Transportation Form. If work hours typically

43 overlap with Ryan White meetings, then the member must use their primary work address as their  
44 designated starting point for determining mileage reimbursement. Harris County may contact an  
45 employer to confirm employment information provided on the Petty Cash Transportation Form.  
46 When an individual uses their work address as the point of origin for their travel reimbursement,  
47 then they are not eligible for childcare reimbursement.  
48

49 If the member travels by cab, then an official cab company receipt must accompany the request  
50 for reimbursement. Traveling by cab should be the option of last resort, with the following  
51 exceptions. Council and external committee members who are accompanied by children are  
52 allowed to take a cab to and from work, home and/or the child care provider. Members are also  
53 allowed to use a cab if no other means of transportation is available or there are barriers to existing  
54 transportation. Bus expenses will be reimbursed at the prevailing METRO rate (round trip).  
55

56 Meals - Snacks are provided at all Council related meetings to assist individuals with dietary needs.  
57 Individuals will not be reimbursed for purchasing a meal if staff notifies members that a meal is  
58 being provided at a particular meeting. Exceptions will be made for individuals with special  
59 dietary needs. If a meeting takes place near a meal time and the Office of Support has not  
60 announced that a meal will be provided, members are allowed to purchase a meal one hour before  
61 the scheduled start time of the meeting. Members will not be reimbursed if the receipt indicates  
62 that a meal was purchased after the scheduled start time for the meeting. Members will be  
63 reimbursed for food as well as transportation and childcare when representing the Council at off-  
64 site events such as health fairs, unless a meal is provided at the event.  
65

66 Expenses for meals are to be reimbursed for “in-town” and “out-of-town” meetings. In-town  
67 meetings are those that occur as a result of a regularly scheduled meeting and a meal  
68 reimbursement is requested. The maximum amount allowed will be in accordance with current  
69 Harris County reimbursement rate for meals and receipts will be required.  
70

71 Child Care - Expenses for childcare will be \$35 per child per visit, not to exceed \$100 per day  
72 (total). An exception to this would be an activity that takes place outside of normal business hours  
73 (6 am – 6 pm) in which case a volunteer could be reimbursed for an additional \$35 per child per  
74 visit, not to exceed \$100 (total). A Council approved Child Care Expense Receipt must be attached  
75 to the Claim for Reimbursement. Child Care reimbursements are based on RWPC meetings or  
76 committee related events.  
77

78 Other - Council and External Committee members who choose to attend a non-assigned meeting  
79 or event will not be reimbursed from petty cash for their participation in that meeting. Also,  
80 members will not be reimbursed for transportation, childcare and/or food if they arrive 20  
81 minutes after the scheduled start time for the meeting. Within the calendar year, members are  
82 allowed two exemptions if they arrive at a meeting 20 minutes late. If necessary, members are  
83 allowed to ask the Operations Committee for additional exemptions for reimbursement if they  
84 are more than 20 minutes late to a meeting.  
85

## 86 **REIMBURSEMENT**

87

88 Reimbursement requests are to be submitted to the Office of Support for payment. Receipts must  
89 be submitted any time within 45 days of the date of the event or they will not be approved. End of  
90 year reimbursements must be submitted within 30 days after the end of the Ryan White Part A  
91 fiscal year. Reimbursement requests presented 30 days after the end of the fiscal year will not be  
92 approved. Any request that does not fall within the time frames outlined above needs to be



93 submitted in writing to the RWPC Director for approval. All reimbursements are available from  
94 the Ryan White Office of Support Staff.

95  
96 If a check is lost or stolen, as long as the check has not been cashed, the Office of Support will  
97 replace one check per year as a courtesy to the member and Ryan White will pay the administrative  
98 fee. If more than one check is lost or stolen within a calendar year, the lost or stolen check will  
99 not be replaced.

100  
101 Per Harris County policy, petty cash is not allowed to be taken off site. Therefore, members will  
102 be reimbursed for off-site meetings the next time they are at the Office of Support. Members will  
103 not be reimbursed for travel to the Office if the sole reason for coming to the Office is to be  
104 reimbursed for an off-site meeting.

105  
106 The RWPC will not reimburse members for loss of wages as a result of attending meetings.

107  
108 Members are allowed to ask the Operations Committee for exemptions from any portion of the  
109 above policy by submitting a letter to the Director of the Ryan White Office of Support stating  
110 why personal circumstances should allow them to be exempt. The Director will share the letter  
111 with the Operations Committee at their next scheduled meeting. The Operations Committee will  
112 respond to the request in writing.

## 113 114 **MAXIMUM REIMBURSEMENT RATES**

115  
116 All Ryan White Council and external committee members can receive up to the following amount  
117 in petty cash reimbursement within a 12 month calendar year, unless the member receives a waiver  
118 for an increased amount from the Operations Committee based upon personal circumstances.

119  
120 The allowable amount for all members is:  
121                   11 committee meetings  
122                   + 2 trainings  
123                   + 3 workgroups or Public Hearings  
124                   16 meetings/year x \$100/meeting = \$1,600

125  
126                   **Council Chair: up to \$5,000/year**  
127                   (\$1,600 + 12 Council meetings + 12 Steering Committee meetings + 10 additional  
128                   misc. meetings)

129  
130                   **Officers & Committee Chairs: up to \$4,000/year**  
131                   (\$1,600 + 12 Council meetings + 12 Steering Committee meetings)

132  
133                   **Council Members: up to \$2,800/year**  
134                   (\$1,600 + 12 Council meetings)

135  
136                   **External Committee Members: up to \$1,600/year**

137  
138 **Written** requests for exceptions can be submitted to the Operations Committee for review and  
139 approval.

140  
141 If it becomes clear that an individual is going to exceed the amount listed above within a calendar  
142 year, the following steps are to be taken:

143  
144                   **Step 1:** The Director of the Office of Support will verbally bring the matter to the

145 attention of the member and document the conversation in the member's folder.  
146  
147 **Step 2:** If the situation continues after two conversations with the member, the member  
148 will receive a letter signed by the Chair of the Planning Council and the Director of the  
149 Office of Support. The letter will document the total amount the member has received in  
150 petty cash reimbursement and request a meeting to outline ways in which the individual  
151 can begin to limit reimbursement.  
152  
153 **Step 3:** If the member is unable or unwilling to limit reimbursement than the Council Chair  
154 will review and possibly reappoint the member to a committee that has fewer meetings  
155 and/or fewer outside activities.  
156  
157 **Step 4:** If the individual member reaches the cap outlined above, they can request a waiver  
158 from the policy from the Operations Committee. The Operations Committee will review  
159 the request and, after consulting with the Chair of the Ryan White Planning Council and  
160 the Director of the Office of Support, the Committee will have final approval regarding the  
161 response to the request for a waiver and will notify the individual of their decision in  
162 writing. If the request for a waiver is denied, the member will not be reimbursed for  
163 mileage, childcare and/or meals for the remainder of the calendar year. The member will  
164 be eligible to receive petty cash reimbursement for activities that take place in the next  
165 calendar year, once the new year begins.

REQUEST FOR WAIVER  
FROM RYAN WHITE PLANNING COUNCIL  
PETTY CASH POLICY 900.01

Date: 02/06/2020

Dear Members of the Operations Committee:

Regarding the Ryan White Planning Council Petty Cash Policy 900.01, dated

01/01/2018, I am requesting a waiver from lines:

"PROCESS/Transportation" in the policy, which refer to: "Full Time Employed Members work hours overlapping with Ryan White meetings, then the member must use their primary work address as their designated starting point for determining mileage reimbursement". I believe that I should be exempt from this portion of the policy for the following reasons:

For the Mentor/Mentee Luncheon, I went to work late because it did not make sense to fight traffic to go to work for an hour only to have to leave to be at the Office of Support for 10:30. Attached, please find my leave of absence email confirmations showing my time approved by my manager for 5 hours on 1/16/2020 and 8 hours for Council Orientation on 1/23/2020 and Account Activity from the Harris County Toll Road Authority.

My regular work hours are 9:00 a.m. to 6:00 p.m. (5:30 if I take a 30-minute lunch) Currently, I live in the Greenspoint Area but work in Downtown Houston. Due to the traffic in the Downtown/Galleria-Area and because I have other comorbidities which affect my health and well-being, I either arrange to be completely off or arrive to work late and/or depart early, depending on the time/location of the scheduled Ryan White meeting. *{i.e. If a meeting is scheduled to begin prior to 11:00 a.m., I arrange to arrive to work late and leave from home traveling to the RW meeting location. If a meeting begins and/or is scheduled to end between 2:00-5:00 p.m., I leave work for the day about--30 minutes prior to the meeting start-time.}*

Using the afore-mentioned work schedule enables me to practice "self-care" and not needlessly tax myself and, since I am also on Intermittent FMLA with my employer, sometimes allows me to make medical appointments as needed. With this in mind, I respectfully request Petty Cash reimbursement(s) with designations as follows:

- **1/16/2020—Mentor/Mentee Luncheon at RW Office**
  - From 1000 Greens Rd, Houston, TX 77060 to 1021 Main St, Houston, TX 77002
- **1/23/2020 —RWPC Orientation at Third Coast in the Medical Center**
  - Round trip from/to 1000 Greens Rd, Houston, TX 77060 on 1/23/2020 with 2 tolls

Going forward, I further request this waiver remain on record and allows my designated start/end point(s) calculated using the time(s) stated within the *{bracketed section}* of preceding paragraph for all future reimbursement requests.

Humbly Submitted,

  
Angela F. Hawkins

**Hawkins, Angela (HOU)**

---

**From:** WasteMan601Ops@sedgwickcms.com  
**Sent:** Friday, January 17, 2020 10:30 AM  
**To:** Hawkins, Angela (HOU)  
**Cc:** Dotson, Joy  
**Subject:** [EXTERNAL] Absence Change for ANGELA HAWKINS

A leave of absence has been changed for ANGELA HAWKINS

Employee ID:	208035
Date and Time of Intake:	01/13/2020 10:42 AM
Leave Type:	Other time off - Floating Holiday
Leave Total Time:	8:00
Begin Date:	01/23/2020
End Date:	01/23/2020
Leave Status:	Approved

**\*\*\* Please be sure to request documentation from your employee if your local attendance policy requires it.**

**\*\*\* If appropriate, you must add this Other time off - Floating Holiday to the KRONOS time keeping system.**

If you are not the supervisor of this employee please forward this notice to the correct supervisor. Also, please contact your HR Representative to have company records updated to reflect the correct supervisor. If you do not know who the correct supervisor is, please contact your HR Representative immediately.

If your employee is going to be on an extended LOA, and does not need access to WM systems while on leave, you are asked to email the WM Information Technology Service Center (ITSC) to request a "Suspension of the employee's Network Logon ID." In your email to the ITSC, please be sure to identify the Employee, his/her Work Location, Email Address, Employee ID, and the expected return to work date, if available. Once the employee returns from leave, you may request reactivation of the Logon ID. Without this "Suspension Request," accounts that are inactive for more than 90 days are routinely deleted.

Please do not reply to this notification. If you have any questions regarding the information provided, please contact WM TOPS at 877-216-8677. You may also check the status of this claim 24 hours a day, 7 days a week through [mywmtotalrewards.com](http://mywmtotalrewards.com) or from the [TOPS link](#) on the Visor WM Applications page.

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Sedgwick's messaging system has detected that you, as the email recipient, use an email system that supports and enables Transport Layer Security (TLS) email encryption. This message and its contents were transmitted securely to this recipient's email gateway via industry-standard TLS encryption.

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Any personal data acquired, processed or shared by us will be lawfully processed in line with applicable data protection legislation. If you have any questions regarding how we process personal data refer to our Privacy Notice <https://www.sedgwick.com/global-privacy-policy>. Any communication including this email and files/attachments transmitted with it are confidential and are intended solely for the use of the individual or entity to whom they are addressed. If this message has been sent to you in error, you must not copy, distribute or disclose of the information it contains and you must notify us immediately (contact is within the privacy policy) and delete the message from your system.

## Hawkins, Angela (HOU)

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**To:** Hawkins, Angela (HOU)  
**Cc:** Dotson, Joy  
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Employee ID:	208035
Date and Time of Intake:	01/13/2020 10:40 AM
Leave Type:	Other time off - Floating Holiday
Leave Total Time:	5:00
Begin Date:	01/16/2020
End Date:	01/16/2020
Leave Status:	Approved

\*\*\* Please be sure to request documentation from your employee if your local attendance policy requires it.

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Account Activity

ANGELA HAWKINS EZ TAG Account: [REDACTED]  
TX DL. \*\*\*-178 Balance: \$48.40 as of February 06, 2020 CST

Transactions Statements Yearly Summary Receipts

Search Transactions

Download into PDF Download into Excel Print

Transaction Types License Plate Date Range Date Range Type  
 HCTRA Tolls TX 02H177 01/23/2020 01/23/2020 Transaction Date Search

Account Transactions

Subtotal: **-\$3.00**  
(based on your filtered transactions)

HCTRA toll transactions typically post within a few business days. Toll transactions from other agencies may take up to 60 days to post to your EZ TAG Account.

Toll transaction credits appear in PDF download only.

Transaction Date/Time	Posted Date/Time	License Plate	Nickname	Axle Count	Location	Description	Amount
01/23/2020 08:49:52 PM CST	01/23/2020 09:00:11 PM CST	TX-7MMLF	The Black Pearl	2	HCTRA - 281-875-3279-HARDY TOLL ROAD-HARDY SOUTH PLAZA-HDY. HDYS-04 NORTH	AVI Transaction	-\$1.50
01/23/2020 07:44:53 AM CST	01/23/2020 08:18:20 AM CST	TX-7MMLF	The Black Pearl	2	HCTRA - 281-875-3279-HARDY TOLL ROAD-HARDY SOUTH PLAZA-HDY. HDYS-11 SOUTH	AVI Transaction	-\$1.50

## Williams, Victoria (County Judge's Office)

---

**From:** Steven Vargas <sivargas68@gmail.com>  
**Sent:** Tuesday, January 14, 2020 1:50 PM  
**To:** Williams, Victoria (County Judge's Office)  
**Subject:** SHARING AN IDEA  
**Attachments:** Orientation Planning Notes SV.docx; Cascade-Diagram\_slide-5\_English2-e1486467791887.png; double-helix\_HIV continuum.gif; HIV-prevention-diagnosis-treatment-and-care-continuum.png

Tori,

Just got off a CPG Orientation Planning Call. Beau shared a great idea which I want to share with you. He said he knows it is too late right now, but would like to investigate the idea of doing a semi-combined RWPC/CPG Orientation.

My response was that the RWPC for this year has already planned out its Orientation and the idea is certainly too late to establish for this year. I also shared the RWPC Orientation is strictly for Planning Council members. Unlike the rest of the meetings of the year, this is a closed meeting only for Council members and the invited speakers. So, this would be a barrier that would need to be negotiated.

Otherwise, I loved the idea for a number of reasons.

1. Though the funding and rules may differ between HIV Prevention (CDC) and HIV care/treatment (HRSA), that the lines have become more blurred since 2012 when PrEP was approved by the FDA. I remember using this initial blurring of the lines as an argument for why we needed to develop a combined HIV Prevention and HIV care services plan if we intend to be truly comprehensive with addressing HIV. And then we took the plunge and developed the combined plan.
2. Today, we have developed visual representations of an HIV Continuum which encompasses both the Prevention and Treatment side of addressing HIV. So, even here we have been presenting information in a combined fashion. *see the colorful attachments*
3. Since the funding for both Prevention and Treatment go to different governmental bodies (Prevention > City; Treatment > County) a combined Orientation provides an opportunity for members of both planning bodies to experience what we see visually in combined Treatment Cascade representations, read in the NHAS and will more likely see in the EtE plans, particularly the 4th goal to develop a more coordinated system to address HIV.
4. It also reminds me of what Judge Emmett shared about his tradition of having a weekly recurring, when possible) breakfast with the Mayor of Houston. I wish more people knew about that so they could see people working together across across governmental systems...and our HIV Prevention and Treatment bodies would essentially reflect that example.

I know a number of hurdles and barriers could pop up as we look into this further, but on the face of it all, I think it could benefit the people serving on the respective planning bodies and our community as a whole. I have attached notes from what I submitted as an ideal CPG Orientation for this year in case you have the time to look it over and find the commonalities between both orientations. I imagine combined sessions for the items which affect both groups, and separating to orient to the particulars of their individual duties and

responsibilities. This would not be combining planning bodies, but demonstrating how we all work together under a number of initiatives and plans to end the epidemic levels of HIV with different roles (and funding and rules, etc), but the same goal.

Sorry for the long email. I just wanted to share this while it was still fresh in my mind.





## 2020 HOUSTON HIV PREVENTION COMMUNITY PLANNING GROUP NEW MEMBER ORIENTATION | MINUTES

PROGRAM/DIVISION:	Bureau of HIV/STD & Viral Hepatitis Prevention
PURPOSE:	CPG New Member Orientation
DATE:	January 30, 2020
TIME:	9:00A-3:00P
LOCATION:	The American Red Cross 2700 Southwest Fwy, Houston, TX 77098

### MINUTES

AGENDA ITEMS	PRESENTER	TIME
<p>1. Welcome</p> <p><i>Welcome comments were made by Steven Vargas and Beau Mitts.</i></p>	CPG Co-Chairs	9:00AM
<p>2. Introductions</p> <p><i>Brief introductions were made by current CPG members, new CPG members and CPG guest.</i></p>	All	9:10AM
<p>3. Family Feud</p> <p><i>A friendly game of Family Feud was used as an ice breaker activity. Topics involved HIV/AIDS. Team 1 won with 81 points.</i></p>	Chanda Phanhphongsane Jordy Stiggs	9:30AM
<p>4. Break</p>		9:50AM
<p>5. Who we are: History of CPG.</p> <p><i>Look at attached Power Point Presentation labeled "2020 CPG Orientation" Task Force update on CPG's website was recommended. Updated Task Force membership can be emailed to <a href="mailto:chanda.phanhphongsane@houstontx.gov">chanda.phanhphongsane@houstontx.gov</a>. In February the Community Co-Chair elect position will be voted on.</i></p>	Steven Vargas Crystal Townsend	10:05AM
<p>6. How we Operate: 2020 Calendar, CPG Bylaws, and Policies &amp; Procedures. CPG committee definitions and responsibilities. February CPG meeting, Community Co-Chair elect</p> <p><i>Member Relations Committee will be reviewing the Bylaws and will give suggestions for amendments.</i></p> <p><i>Amendment to Bylaws regarding committee member placement will be discussed February meeting.</i></p> <p><i>The time frame for the full body meeting and committee meeting will be discussed in February meeting or doodle poll. Possibility of using video conferencing to get more members at the full body meeting.</i></p>	ShaTerra Johnson	10:50AM

<i>Learning CPGs role when it comes to contributing to the EtE plan and figuring out how to create a unified process</i>		
13. Submit Evaluations/Meeting Adjourned		2:55PM

**PG MEMBERS:**

<b>A</b> <b>E</b>	Domingo Banda	<b>A</b> <b>E</b>	Raven Bradley	<b>P</b>	Shawn K. Flintroy
<b>P</b>	Olufemi Faweya	<b>A</b>	Andres Caicedo	<b>P</b>	Sha'Terra Johnson-Fairley
<b>P</b>	Dominique Guinn	<b>A</b> <b>E</b>	Kathryn Fergus	<b>A</b> <b>E</b>	Eddie Gonzalez
<b>A</b> <b>E</b>	Frinaldo Curl	<b>A</b> <b>E</b>	Deborah Somoye	<b>P</b>	Nettie Johnson
<b>A</b>	Juddson Robinson	<b>A</b>	Adonis May	<b>A</b> <b>E</b>	Jeffery Meyer
<b>P</b>	Crystal Townsend	<b>P</b>	Steven Vargas	<b>A</b> <b>E</b>	Gloria Sierra
<b>A</b> <b>E</b>	Mike Wilkerson	<b>A</b>	Mona Cartwright-Biggs	<b>A</b>	Tana Pradia
<b>P</b>	Dexter Williams	<b>P</b>	Herman Finley	<b>P</b>	Pat Pullins
<b>A</b>	Ma'Janae Chambers	<b>P</b>	Ashley Barnes		

**WHO WE ARE, WHAT WE DO**

Established in 1993 by the Centers for Disease Control and Prevention (CDC), the purpose of the Houston HIV Prevention Community Planning Group (CPG) has been to work collectively with local, territorial, and state health departments to address the high prevalence of new HIV transmissions by developing scientifically sound and locally relevant HIV prevention initiatives. Today, the CPG continues to work closely with the Houston Health Department to address the HIV epidemic in our jurisdiction by:

- Analyzing the course of the epidemic in our area.
- Determining target populations for HIV prevention activities.
- Assessing and prioritizing HIV prevention needs.
- Identifying HIV prevention interventions to meet those needs.
- Developing a Comprehensive HIV Prevention Plan with the Ryan White Planning Council in response to the local epidemic.