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Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee Meeting
2 p.m., Tuesday, August 13, 2019
Meeting location: 2223 W. Loop South, Room 532
Houston, Texas 77027

Agenda

I. Call to Order — Denis Kelly and Gloria Sierra, Co-Chairs
   A. Moment of Reflection
   B. Adoption of Agenda
   C. Approval of the Minutes

II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a 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. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III. Reports from Ryan White Administrative Agents
   A. Ryan White Part A and MAI — Carin Martin
      - FY19 RW Part A and MAI Procurement Report, dated 07/05/19
   B. Ryan White Part B and State Services — Patrick Martin
      - FY19/20 Part B Procurement Report, dated 07/24/19
      - FY18/19 DSHS State Services Procurement Report, dated 07/24/19
      - FY18/19 DSHS State Services Service Utilization Report, dated 07/31/19

IV. New Business
   A. FY 2019 Assessment of the RW Part A Administrative Mechanism — Amber Harbolt

V. FY 2020 How To Best Meet the Need Updates
   A. Geriatric Primary Care – see attached — Tori Williams
   B. Greater Visibility for Adult Day Treatment — Patrick Martin
      - Brochure with all services (day treatment, HIAP and more)
      - Harris County Medical Society
      - CQI Committee & Case Mgmt Training — Carin Martin
   C. Test and Treat – Sept. 12th update to the Council — Tori Williams
   D. Mental Health Services & Non-HIV Medication raised to 400% FPL — Tori Williams
   E. Telehealth vs. Telemedicine — Daphne L. Jones

VI. Announcements

VII. Adjourn

Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee
2:00 p.m., Tuesday, June 18, 2019
Meeting location: 2223 W. Loop South, Room 416; Houston, Texas 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Gloria Sierra, Co-Chair	Connie Barnes, excused	Stephen Garcia, Legacy
Tony Crawford	Rosalind Belcher	Nancy Miertschin, Harris Health
Ronnie Galley	Gregory Hamilton	Patrick Martin, TRG
Ahmier Gibson	Denis Kelly, excused	Carin Martin, RWGA
Daphne L. Jones, via phone	Tom Lindstrom, excused	Samantha Bowen, RWGA
Kevin Aloysius	Robert Noble	Tori Williams, Ofc of Support
Savi Bailey	John Poole, excused	Amber Harbolt, Ofc of Support
Tracy Sandles	Pete Rodriguez, excused	Diane Beck, Ofc of Support
	Crystal Starr	
	Carol Suazo, excused	
	Ma'Janae Chambers	
	Billy Ray Grant, Jr	
	Marcely Macias, excused	
	Cecilia Oshingbade	

Call to Order: Gloria Sierra, Co-Chair, called the meeting to order at 2:11 p.m. and asked for a moment of reflection.

Adoption of the Agenda: ***Motion #1****: it was moved and seconded (Galley, Bailey) to adopt the agenda with one change, move the Training on Standards of Care until after New Business.* **Motion carried**. Abstention: Aloysius

Approval of the Minutes: ***Motion #2****: it was moved and seconded (Bailey, Galley) to approve the May 14, 2019 committee meeting minutes.* **Motion carried**. Abstentions: Gibson.

Public Comment: None.

Reports from the Administrative Agents
Ryan White Part B and State Services: P. Martin presented the following attached reports:

- FY18/19 Part B Procurement - Final, dated 06/03/19
- FY19/20 Part B Procurement, dated 06/03/19
- FY18/19 DSHS State Services Procurement, dated 06/03/19
- Health Insurance Service Utilization Report, dated 05/24/19

Ryan White Part A and MAI: C. Martin presented the following attached reports:

- FY 2018 Service Utilization, dated 05/23/19
- FY 2018 Performance Measures Highlights

New Business

Mental Health Service Definition: See attached updated service definition. ***Motion #3****: it was moved and seconded (Crawford, Galley) to approve the Mental Health Service definition and include the term "Gender Non-Conforming" to the additional changes.* **Motion carried**. Abstentions: Aloysius, Bailey.

Pay for Performance: See attached workgroup recommendation and slides from the RWGA How to Best Meet the Need workgroup presentation. Gibson assumed the position of Chair for this portion of the meeting. The committee made changes to the workgroup recommendation as follows: ***Motion #4****: it was moved and seconded (Crawford, Galley) to approve the Pay for Performance model and ask the Administrative Agent (Recipient) to provide the agencies with a list of ways they can use the incentives, based upon provider suggestions. In year one of the program, target Black MSM. In future years, consider targeting other populations who are also experiencing disparities.* **Motion carried**. Abstentions: Aloysius, Bailey. Sierra resumed the position of Chair.

TeleMedicine: See attached workgroup recommendation and slides from the RWGA How to Best Meet the Need workgroup presentation. Martin said that the correct term for what is being discussed is "TeleHealth". She said that it would be best to delay implementation pending additional information and research. If the Council wants to start in 2020 the best service category would be Outreach since no special equipment will be needed. Aloysius assumed the position of Chair for this portion of the meeting. ***Motion #5****: it was moved and seconded (Crawford, Galley) to support the idea of telehealth and start by implementing the model with the Outreach service category.* **Motion carried**. Abstention: Bailey. Sierra resumed the position of Chair.

Training: Standards of Care: Harbolt presented the attached PowerPoint.

Announcements: None.

Adjourn: The meeting was adjourned at 4:01 p.m.

Submitted by: Approved by:

_____ _____

Tori Williams, Director Date Committee Chair Date

Scribe: D. Beck

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

2019 Quality Assurance Meeting Voting Record for Meeting Date 06/18/19

MEMBERS:	**Motion #1** Agenda				**Motion #2** Minutes				**Motion #3** FY20 HTBMN Mental Health Service Def				**Motion #4** FY 2020 HTBMN Pay for Performance				**Motion #5** FY20 HTBMN TeleHealth			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Denis Kelly, Co-Chair	X				X				X				X				X			
Gloria Sierra, Co- Chair				C				C				C		X				X		
Connie Barnes	X				X				X				X				X			
Rosalind Belcher	X				X				X				X				X			
Tony Crawford ja 2:17pm	X				X					X				X				X		
Ronnie Galley		X				X				X				X				X		
Ahmier Gibson lm 3:40pm		X						X		X						C	X			
Gregory Hamilton	X				X				X				X				X			
Daphne L. Jones - via phone, ja 2:35pm	X				X					X				X				X		
Tom Lindstrom	X				X				X				X				X			
Robert Noble	X				X				X				X				X			
John Poole	X				X				X				X				X			
Pete Rodriguez	X				X				X				X				X			
Crystal Starr	X				X				X				X				X			
Carol Suazo	X				X				X				X				X			
Kevin Aloysius				X				X				X				X				C
Savi Bailey				X				X				X				X				X
Ma'Janae Chambers	X				X				X				X				X			
Billy Ray Grant, Jr	X				X				X				X				X			
Marcely Macias	X				X				X				X				X			
Cecilia Oshingbade	X				X				X				X				X			
Tracy Sandles ja 2:13pm	X				X					X				X				X		

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	**9,783,470**	**0**	**0**	**0**	**0**	**9,783,470**	**44.34%**	**9,783,470**	**0**		**2,121,233**	**22%**	**33%**
1.a	Primary Care - Public Clinic (a)	3,591,064	0	0	0		3,591,064	16.27%	3,591,064	0	3/1/2019	$539,566	15%	33%
1.b	Primary Care - CBO Targeted to AA (a) (e) (f)	940,447	0	0	0		940,447	4.26%	940,447	0	3/1/2019	$323,399	34%	33%
1.c	Primary Care - CBO Targeted to Hispanic (a) (e)	786,424	0	0	0		786,424	3.56%	786,424	0	3/1/2019	$367,346	47%	33%
1.d	Primary Care - CBO Targeted to White/MSM (a) (e)	1,023,797	0	0	0		1,023,797	4.64%	1,023,797	0	3/1/2019	$222,154	22%	33%
1.e	Primary Care - CBO Targeted to Rural (a) (e)	1,149,761	0	0	0		1,149,761	5.21%	1,149,761	0	3/1/2019	$263,645	23%	33%
1.f	Primary Care - Women at Public Clinic (a)	1,874,540	0	0			1,874,540	8.50%	1,874,540	0	3/1/2019	$273,673	15%	33%
1.g	Primary Care - Pediatric (a.1)	15,437	0				15,437	0.07%	15,437	0	3/1/2019	$2,400	16%	33%
1.h	Vision	402,000	0	0	0		402,000	1.82%	402,000	0	3/1/2019	$129,050	32%	33%
2	**Medical Case Management**	**2,535,802**	**0**	**0**	**0**	**0**	**2,535,802**	**11.49%**	**2,535,802**	**0**		**462,694**	**18%**	**33%**
2.a	Clinical Case Management	488,656	0	0	0		488,656	2.21%	488,656	0	3/1/2019	$159,018	33%	33%
2.b	Med CM - Public Clinic (a)	482,722	0	0	0		482,722	2.19%	482,722	0	3/1/2019	$31,958	7%	33%
2.c	Med CM - Targeted to AA (a) (e)	321,070	0	0	0		321,070	1.46%	321,070	0	3/1/2019	$86,175	27%	33%
2.d	Med CM - Targeted to H/L (a) (e)	321,072	0	0	0		321,072	1.46%	321,072	0	3/1/2019	$32,272	10%	33%
2.e	Med CM - Targeted to W/MSM (a) (e)	107,247	0	0	0		107,247	0.49%	107,247	0	3/1/2019	$32,757	31%	33%
2.f	Med CM - Targeted to Rural (a)	348,760	0	0			348,760	1.58%	348,760	0	3/1/2019	$53,876	15%	33%
2.g	Med CM - Women at Public Clinic (a)	180,311	0	0			180,311	0.82%	180,311	0	3/1/2019	$19,416	11%	33%
2.h	Med CM - Targeted to Pedi (a.1)	160,051	0	0	0		160,051	0.73%	160,051	0	3/1/2019	$15,017	9%	33%
2.i	Med CM - Targeted to Veterans	80,025	0	0	0		80,025	0.36%	80,025	0	3/1/2019	$26,119	33%	33%
2.j	Med CM - Targeted to Youth	45,888	0	0			45,888	0.21%	45,888	0	3/1/2019	$6,087	13%	33%
3	**Local Pharmacy Assistance Program (a) (e)**	**2,657,166**	**500,000**	**0**	**0**	**0**	**3,157,166**	**14.31%**	**3,157,166**	**0**	3/1/2019	**$357,360**	**11%**	**33%**
4	**Oral Health**	**166,404**	**0**	**0**	**0**	**0**	**166,404**	**0.75%**	**166,404**	**0**	3/1/2019	**55,650**	**33%**	**33%**
4.a	Oral Health - Untargeted (c)	0					0	0.00%	0	0	N/A	$0	0%	0%
4.b	Oral Health - Targeted to Rural	166,404	0	0			166,404	0.75%	166,404	0	3/1/2019	$55,650	33%	33%
5	**Mental Health Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
6	**Health Insurance (c)**	**1,173,070**	**166,000**	**0**	**0**	**0**	**1,339,070**	**6.07%**	**1,339,239**	**-169**	3/1/2019	**$483,355**	**36%**	**33%**
7	**Home and Community-Based Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
8	**Substance Abuse Services - Outpatient**	**45,677**	**0**	**0**	**0**	**0**	**45,677**	**0.21%**	**45,677**	**0**	3/1/2019	**$7,794**	**17%**	**33%**
9	**Early Intervention Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
10	**Medical Nutritional Therapy (supplements)**	**341,395**	**0**	**0**	**0**	**0**	**341,395**	**1.55%**	**341,395**	**0**	3/1/2019	**$107,112**	**31%**	**33%**
11	**Hospice Services**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	**$0**	**0%**	**0%**
12	**Outreach Services**	**420,000**	**0**				**420,000**	**1.90%**	**420,000**	**0**	**3/1/2019**	**$62,541**	**15%**	**33%**
13	**Emergency Financial Assistance**	**450,000**	**0**	**0**	**0**	**0**	**450,000**	**2.04%**	**450,000**	**0**	**3/1/2019**	**$101,003**	**22%**	**33%**
14	**Referral for Health Care and Support Services (c)**	**0**	**0**	**0**			**0**	**0.00%**	**0**	**0**	NA	$0	**0%**	**0%**
15	**Non-Medical Case Management**	**1,231,002**	**0**	**0**	**0**	**0**	**1,231,002**	**5.58%**	**1,231,002**	**0**		**334,360**	**27%**	**33%**
15.a	Service Linkage targeted to Youth	110,793	0	0			110,793	0.50%	110,793	0	3/1/2019	$20,783	19%	33%
15.b	Service Linkage targeted to Newly-Diagnosed/Not-in-Care	100,000	0		0		100,000	0.45%	100,000	0	3/1/2019	$20,948	21%	33%
15.c	Service Linkage at Public Clinic (a)	427,000	0	0	0		427,000	1.94%	427,000	0	3/1/2019	$84,776	20%	33%
15.d	Service Linkage embedded in CBO Pcare (a) (e)	593,209	0	0	0		593,209	2.69%	593,209	0	3/1/2019	$207,853	35%	33%
16	**Medical Transportation**	**424,911**	**0**	**0**	**0**	**0**	**424,911**	**1.93%**	**424,911**	**0**		**89,184**	**21%**	**33%**
16.a	Medical Transportation services targeted to Urban	252,680	0	0	0		252,680	1.15%	252,680	0	3/1/2019	$67,400	27%	33%
16.b	Medical Transportation services targeted to Rural	97,185	0	0	0		97,185	0.44%	97,185	0	3/1/2019	$21,784	22%	33%
16.c	Transportation vouchering (bus passes & gas cards)	75,046	0	0	0		75,046	0.34%	75,046	0	3/1/2019	$0	0%	0%
17	**Linguistic Services (c)**	**0**	**0**	**0**	**0**	**0**	**0**	**0.00%**	**0**	**0**	**NA**	$0	**0%**	**0%**
BES27516	**Total Service Dollars**	**19,228,897**	**666,000**	**0**	**0**	**0**	**19,894,897**	**88.26%**	**19,895,066**	**-169**		**4,018,743**	**20%**	**33%**
	Grant Administration	**1,675,047**	**119,600**	**0**	**0**	**0**	**1,794,647**	**8.13%**	**1,794,647**	**0**	**N/A**	**627,328**	**35%**	**33%**
BES27517	HCPHES/RWGA Section	1,183,084	119,600	0		0	1,302,684	5.90%	1,302,684	0	N/A	$462,731	36%	33%
PC	RWPC Support*	491,963			0	0	491,963	2.23%	491,963	0	N/A	164,598	33%	33%

Part A Reflects "Increase" Funding Scenario
MAI Reflects "Increase" Funding Scenario

FY 2019 Ryan White Part A and MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Original Date Procured	Expended YTD	Percent YTD	Percent Expected YTD
BES27521	Quality Management	495,000	-119,600	0	0	0	375,400	1.70%	375,400	0	N/A	$84,702	23%	33%
		21,398,944	666,000	0	0	0	22,064,944	98.10%	22,065,113	-169		4,730,773	21%	33%
								Unallocated	Unobligated					[redacted]
	Part A Grant Award:	22,065,113	*Carry Over:*	0		*Total Part A:*	22,065,113	169	-169					

	Original Allocation	Award Reconcilation (b)	July Adjusments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent	Total Expended on Services	Percent
Core (must not be less than 75% of total service dollars)	16,702,984	666,000	0	0	0	17,368,984	87.30%	17,369,153	87.30%
Non-Core (may not exceed 25% of total service dollars)	2,525,913	0	0	0	0	2,525,913	12.70%	2,525,913	12.70%
Total Service Dollars (does not include Admin and QM)	19,228,897	666,000	0	0	0	19,894,897		19,895,066	
Total Admin (must be ≤ 10% of total Part A + MAI)	1,675,047	119,600	0	0	0	1,794,647	8.13%		
Total QM (must be ≤ 5% of total Part A + MAI)	495,000	-119,600	0	0	0	375,400	1.70%		

MAI Procurement Report

Priority	Service Category	Original Allocation *RWPC Approved Level Funding Scenario*	Award Reconcilation (b)	July Adjustments (carryover)	October Adjustments	Final Quarter Adjustments	Total Allocation	Percent of Grant Award	Amount Procured (a)	Procure-ment Balance	Date of Procure-ment	Expended YTD	Percent YTD	Percent Expected YTD
1	**Outpatient/Ambulatory Primary Care**	1,846,845	40,438	0	0	0	1,887,283	85.50%	1,887,283	0		636,625	34%	33%
1.b (MAI)	Primary Care - CBO Targeted to African American	934,693	20,219		0	0	954,912	43.26%	954,912	0	3/1/2019	$403,975	42%	33%
1.c (MAI)	Primary Care - CBO Targeted to Hispanic	912,152	20,219		0	0	932,371	42.24%	932,371	0	3/1/2019	$232,650	25%	33%
2	**Medical Case Management**	320,100	0	0	0	0	320,100	14.50%	320,100	0		$82,013	26%	33%
2.c (MAI)	MCM - Targeted to African American	160,050					160,050	7.25%	160,050	0	3/1/2019	$55,053	34%	33%
2.d (MAI)	MCM - Targeted to Hispanic	160,050					160,050	7.25%	160,050	0	3/1/2019	$26,960	17%	33%
	Total MAI Service Funds	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		636,625	29%	33%
	Grant Administration	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Quality Management	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
	Total MAI Non-service Funds	0	0	0	0	0	0	0.00%	0	0		0	0%	0%
BEO 27519	**Total MAI Funds**	2,166,945	40,438	0	0	0	2,207,383	100.00%	2,207,383	0		636,625	29%	33%
	MAI Grant Award	2,207,383	*Carry Over:*	0		*Total MAI:*	2,207,383							[redacted]
	Combined Part A and MAI Orginial Allocation Total	**23,565,889**												

Footnotes:

All	When reviewing bundled categories expenditures must be evaluated both by individual service category and by combined categories. One category may exceed 100% of available funding so long as other category offsets this overage.
(a)	Single local service definition is four (4) HRSA service categories (Pcare, LPAP, MCM, Non Med CM). Expenditures must be evaluated both by individual service category and by combined service categories.
(a.1)	Single local service definition is three (3) HRSA service categories (does not include LPAP). Expenditures must be evaluated both by individual service category and by combined service categories.
(b)	Adjustments to reflect actual award based on Increase or Decrease funding scenario.
(c)	Funded under Part B and/or SS
(d)	Not used at this time
(e)	10% rule reallocations

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1920 Ryan White Part B

Procurement Report

April 1, 2019 - March 31, 2020

Reflects spending through June 2019

Spending Target: 25.0%

Revised 7/24/19

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendment*	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
4	Oral Health Care	$2,186,905	65%	$31,973	$2,218,878	$0	$2,218,878	4/1/2019	$513,737	23%
5	Health Insurance Premiums and Cost Sharing (1)	$1,040,351	31%	$0	$1,040,351	$0	$1,040,351	4/1/2019	$0	0%
8	Home and Community Based Health Services	$113,315	3%	$0	$113,315	$0	$113,315	4/1/2019	$28,480	25%
	Increased RWB Award added to OHS per Increase Scenario*	$0	0%	-$31,973	$0					
	Total Houston HSDA	3,340,571	100%	0	3,372,544	$0	$3,372,544		542,217	16%

Note: Spending variances of 10% of target will be addressed:

-1 HIP - Funded by Part A, B and State Services. Provider spends grant funds by ending dates Part A- 2/28; B-3/31; SS-8/31. No expenditures submitted - Focusing on spending State Services funds.

The Houston Regional HIV/AIDS Resource Group, Inc.

FY 1819 DSHS State Services

Procurement Report

September 1, 2018- August 31, 2019

Chart reflects spending through June 2019

Spending Target: 83.33%

Revised 7/24/2019

Priority	Service Category	Original Allocation per RWPC	% of Grant Award	Amendments	Contractual Amount	Amendment	Contractual Amount	Date of Original Procurement	Expended YTD	Percent YTD
5	**Health Insurance Premiums and Cost Sharing**	$979,694	52%	**$142,285**	$1,121,979	$0	$1,121,979	9/1/2018	$1,050,581	94%
6	**Mental Health Services (1)**	$300,000	16%	**$0**	$300,000	-$100,000	$200,000	9/1/2018	$126,373	63%
7	**EIS - Incarcerated**	$166,211	9%	**$0**	$166,211	$0	$166,211	9/1/2018	$133,504	80%
11	**Hospice (2)**	$359,832	19%		$359,832	$0	$359,832	9/1/2018	$187,440	52%
15	**Linguistic Services (3)**	$68,000	4%		$68,000	$0	$68,000	9/1/2018	$26,325	39%
	Increased award amount -Approved by RWPC for Health Insurance (a)	$0	0%	**-$142,285**						
	Total Houston HSDA	**1,873,737**	**100%**	**$0**	$2,016,022	-$100,000	$1,916,022		1,524,223	76%

(1) Mental Health Services are under utilized. Need to reduce for reallocation -

(2) Hospice care has had lower than expected client turn out and agency has other grant funding. TRG will reduce contract for reallocations - amount TBD.

(3) Linguistic is one month behind on reporting due to slow invoicing by provider, additionally there has been lower than expected client turn out.

(a) Reflect increase in State Services award and RWPC approval of increasing HIP category

2018 - 2019 DSHS State Services Service Utilization Report
9/1/2018 thru 5/31/2019 Houston HSDA
3rd Quarter

Revised 7/31/2019

Funded Service	UDC		Gender				Race				Age Group							
	Goal%	YTD	Male	Female	F-TM	MTF	AA	White	Hisp	Other	0-12	13-19	20-24	25-34	35-44	45-49	50-64	65+
Early Intervention Services	871	594	85.69%	14.31%	0.00%	0.00%	68.85%	15.99%	13.80%	1.36%	0.00%	1.01%	6.39%	32.66%	23.74%	23.40%	11.95%	0.85%
Health Insurance Premiums	1,600	1,018	82.02%	17.98%	0.00%	0.00%	37.72%	29.37%	29.76%	3.15%	0.00%	0.12%	1.27%	15.42%	19.15%	29.27%	28.09%	6.68%
Hospice	88	26	99.93%	0.07%	0.00%	0.00%	97.20%	2.10%	0.70%	0.00%	0.00%	0.00%	1.00%	1.00%	50.80%	1.00%	46.00%	12.20%
Linguistic Services	150	36	52.78%	47.22%	0.00%	0.00%	50.00%	2.78%	8.33%	38.89%	0.00%	0.00%	2.78%	22.22%	22.22%	41.67%	8.33%	2.78%
Mental Health Services	325	206	90.29%	9.71%	0.00%	0.00%	39.32%	41.26%	17.96%	1.46%	0.00%	0.46%	0.46%	24.27%	16.99%	30.58%	22.33%	4.85%
Unduplicated Clients Served By State Services Funds:	NA	1,839	82.14%	17.86%	0.00%	0.00%	58.62%	18.30%	14.11%	8.97%	0.00%	0.32%	2.00%	19.11%	26.58%	25.18%	21.34%	5.47%

You're invited to our historic groundbreaking of our Law Harrington Senior Living Center!

Location

2222 Cleburne St.

Houston, TX 77004

Date & Time

Tuesday, Aug. 6

10:30 - 11:30 a.m.

Rain or shine

The Montrose Center is excited to announce the groundbreaking of its affordable senior independent living center!

This complex will embrace the LGBTQ and Third Ward communities. The "There's No Place Like Home" campaign, led by honorary campaign co-chairs, Mayor Annise Parker and State Rep. Garnet Coleman, has hit the final financial milestone in order to break ground.

The complex, designed by Smith & Company Architects, will feature 112 one- and two-bedroom independent living apartments for low-income seniors ages 62 and older. Eligible seniors will pay no more than 30 percent of their income for rent. Additional features of the property will include a social services department managed by the Center, geriatric primary care clinic provided by Legacy Community Health, a group dining area, meeting and game rooms, fitness center, a dog park, a vegetable garden, and outdoor recreational spaces.

Housing is one of the greatest financial challenges, and correspondingly, one of the greatest needs for older adults across the nation. The groundbreaking event will also honor and thank Mayor Parker and Representative Coleman for their vision and work to launch the senior living center.

This project presents a unique opportunity for the LGBTQ community and its allies to come together to ensure that LGBTQ and Third Ward seniors can age in a safe and affirming environment, with dignity, independence and a sense of community.

We hope to see you there!

The Montrose Center team

HARRISHEALTH SYSTEM

Secured Message Reply ReplyAll Forward

From:	Miertschin, Nancy <Nancy.Miertschin@harrishealth.org>
To:	"Jenkins, Dawn" <Dawn.Jenkins@harrishealth.org>, "Giordano, \ Thomas" <Thomas.Giordano@harrishealth.org>, "Carey, \ Jennifer Haejin Kim" <Jennifer.Carey@harrishealth.org>, "Ruggerio, \ Michael Christopher" <Michael.Ruggerio@harrishealth.org>, "Martin, \ Carin (PHES)" <cmartin@hcphes.org>, "Williams, \ Victoria (County Judge's Office)" <Victoria.Williams@cjo.hctx.net>
Date:	07/16/2019 08:58:56 PM
Subject:	FW: IDSA Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases
Attachments:	Infectious Diseases Society of America Position Statement on Use of Telehealth and Telemedicine May 2019.pdf

I received this today from HRSA. Thought it might be of interest.

From: Brisueno, Ralph (HRSA) [mailto:RBrisueno@hrsa.gov]
Sent: Tuesday, July 16, 2019 7:19 AM
Cc: Glasser, Gail (HRSA)
Subject: IDSA Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases

Please share among Ryan White Program administrators and clinical staff

Reference: Infectious Diseases Society of America Position Statement on Telehealth and Telemedicine as Applied to the Practice of Infectious Diseases

The Infectious Diseases Society of America (IDSA) supports the appropriate use of technologies to provide evidence-based, cost-effective, subspecialty care to resource-limited populations; manage persons with chronic infectious diseases; deliver consultative care across diverse settings; perform outpatient parenteral antimicrobial therapy (OPAT) duties; conduct research; manage antimicrobial stewardship programs (ASP); and implement infection prevention and control (IPC) measures. The purpose of this position statement is to educate IDSA members on the use of telehealth and to promote the use of such technologies in clinical care, research, and education.

The IDSA supports the use of telemedicine for human immunodeficiency virus (HIV) care. Studies have shown improved adherence to antiretroviral therapy and more favorable clinical outcomes when clinicians with experience and formal training in HIV management are involved in care. Clinician expertise can improve outcomes and decrease the risk of toxicities, side effects, and drug-drug interactions. Compared to on-site management by generalists, subspecialty care using synchronous telemedicine in a large prison system improved adherence and virologic suppression and resulted in a greater rise in CD4+ T-cell counts, which are outcomes associated with

reductions in morbidity, mortality, and transmission. Such programs may prove beneficial in other resource-lim ited settings and enhance care coordination. Studies in the developing world have shown improved antiretrovir al therapy adherence with mHealth interventions, such as text message reminders and adherence monitoring. The IDSA anticipates great advances, especially in the realm of reliable, device-enabled tools, for the transfer a nd analysis of
clinical data and timely patient communication.

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WHAT'S THE DIFFERENCE?

PRESENTED TO RYAN WHITE PLANNING COUNCIL COMMITTEE

COMPARING AND CONTRASTING TELEHEALTH AND TELEMEDICINE

Presented by Daphne L. Jones

July 2019

HOUSTON HEALTH DEPARTMENT

A QUICK OVERVIEW

HOUSTON HEALTH DEPARTMENT

3

To learn the difference between telehealth and telemedicine in an effort to better educate and serve our community.

TELEHEALTH DEFINED

HOUSTON HEALTH DEPARTMENT

4

Telehealth: the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage personal health care. These may be technologies you use from home or that your doctor uses to improve or support health care services. [1]

TELEHEALTH

HOUSTON HEALTH DEPARTMENT

5

Examples of Telehealth

Patient Portal – electronic medium where patients can communicate with staff, access information, and complete other necessary tasks

Virtual Appointments – being treated by a provider remotely with use of an electronic device

Doctors Networking with Doctors – inclusion of a specialist or third party with virtual appointment

Personal Health Records – protected storage of a client's medical history

Personal Health Applications – electronic programs that assist users with medical care

TELEMEDICINE DEFINED

HOUSTON HEALTH DEPARTMENT

6

Telemedicine (also referred to as "telehealth" or "e-health") allows health care professionals to evaluate, diagnose, and treat patients in remote locations using telecommunications technology. [2]

TELEMEDICINE

HOUSTON HEALTH DEPARTMENT

7

Remember This?

Virtual Appointments – being treated by a provider remotely with use of an electronic device

Telemedicine is one segment of telehealth and focuses on the direct care between patient and provider.

There may be occasions in which more than one provider is providing care directly.

COMPARE AND CONTRAST

HOUSTON HEALTH DEPARTMENT

8

Telehealth

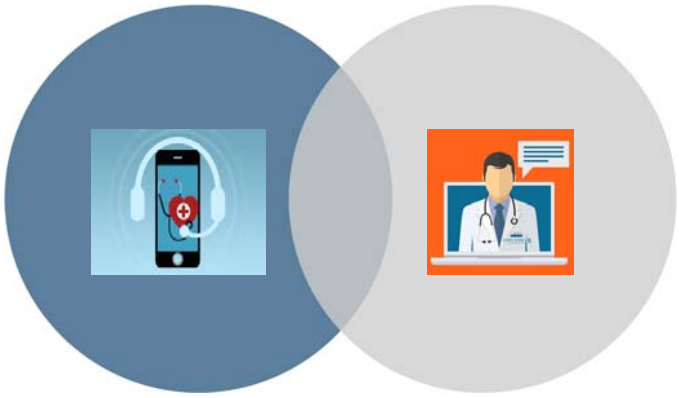
Uses multiple electronic mediums and supports

Has interactive and adaptable access for client

Heightened personal responsibility

Inclusive of care beyond visit

Technology knowledge needed



Telemedicine

One part of Telehealth

Focus on direct care access

Minimal personal responsibility

Emphasis on virtual visit

Technology accessibility needed

DISCUSSION TIME

HOUSTON HEALTH DEPARTMENT

Now that we have put it all together, are there any missing pieces?

WORKS CITED PAGE

HOUSTON HEALTH DEPARTMENT

1. "Telehealth:Technology meets health care." *MAYOCLINIC,* 16 Aug. 2017, https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878

2. "Telemedicine Defined." *AMD Global Telemedicine,* 2018, https://www.amdtelemedicine.com/telemedicine-resources/telemedicine-defined.html

THANK YOU!

HOUSTON HEALTH DEPARTMENT

HIV and Transgender Communities

Strengthening Prevention and Care

Nearly 1 million people in the United States identify as transgender.[1] Transgender people, particularly transgender women, are at high risk for HIV infection. In fact, evidence suggests that in relation to their population size, transgender women are among the groups most affected by HIV in the U.S.

HIV prevention for transgender people is a core priority of the National HIV/AIDS Strategy. As part of its High-Impact Prevention approach, CDC is working with public health partners, other federal agencies, and community leaders to address key gaps in HIV prevention and care for transgender people nationwide.

What the Available Data Tell Us

HIV Prevalence

To estimate the percentage of transgender people living with HIV in the U.S., or HIV prevalence, CDC scientists recently conducted a meta-analysis of 88 studies published from 2006-2017. This analysis is important because there are limited HIV surveillance data for transgender populations *(see sidebar)*.

The analysis confirmed that transgender women and men are disproportionately affected by HIV. Laboratory-confirmed HIV prevalence was 14.1% for transgender women, 3.2% for transgender men, and 9.2% for transgender people overall.[2] By comparison, estimated HIV prevalence for U.S. adults overall is less than 0.5%.[3,4]

The analysis also showed that transgender women of color are at particularly high risk. Mean HIV prevalence was 44.2% among African American transgender women and 25.8% among Hispanic/Latina transgender women, compared to 6.7% among white transgender women. Not enough data were available to examine HIV prevalence by race/ethnicity for transgender men.[5]

While the results of this analysis are useful, they should be interpreted with caution, in part because transgender people at high risk of HIV may have been overrepresented in the studies that comprised the review.

Improving Data on HIV Among Transgender Populations

In recent years, CDC has taken steps to improve the quantity and quality of data on HIV among transgender populations.

Accurate, timely data are critical for designing, targeting, and evaluating HIV prevention programs. But since the beginning of the epidemic, there has been limited national information on the impact of the HIV infection among transgender populations. In large part, this is because there has been no reliable system for collecting and sharing both sex and gender identity information in health records.

To help address these gaps, CDC has:

- Revised the data fields used in CDC's National HIV Surveillance System (NHSS) to better account for sex and gender identity
- Issued recommendations and statistical tools for health departments to collect information on current gender identity and report these data to the NHSS
- Informed healthcare providers about the importance of collecting complete data on sex and gender identity
- Analyzed data on HIV testing among transgender people through CDC's Behavioral Risk Factor Surveillance System
- Funded health departments to study behavioral risk factors for HIV, testing behaviors, and the use of prevention services among transgender women through CDC's National HIV Behavioral Surveillance system

[1] Meerwijk EL, Sevelius JM. Transgender population size in the United States: a meta-regression of population-based probability samples. *Am J Public Health* 2017 Feb; 107(2):e1-e8
[2] Becasen JS, Denard CL, Mullins MM, et al. Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017. *Am J Public Health* 2018 Nov 29:e1-e8.
[3] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. *HIV Surveillance Supplemental Report* 2019; 24(No. 1). Available at: http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published February 2019. Accessed February 2019.
[4] U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. December 2018. Available at https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk#. Accessed March 2019.
[5] Becasen JS, et al, e1-e8.

HIV Diagnoses

Although data on HIV diagnoses – the number of people who received an HIV diagnosis in a given time period – are incomplete for transgender people *(see sidebar on page 1)*, CDC recently published an analysis of available data for 2009-2014.[6] The analysis shows that of the 2,351 transgender people with a reported HIV diagnosis during that timeframe:

- 84% were transgender women, 15.4% were transgender men, and 0.7% had another gender identity
- More than half of transgender women (50.8%) and men (58.4%) were African American
- 72.6% of transgender women and 53.5% of transgender men had their infection diagnosed between the ages of 13 and 34
- 43% of transgender women and 54% of transgender men lived in the southern U.S.

Why Transgender People Are at Increased Risk

- **Many transgender people face stigma, discrimination, social rejection, and exclusion** that can prevent them from accessing health care, education, employment, and housing. They also experience high rates of incarceration, mental health issues and violence. A recent CDC study found that of the nearly 2% of high school students who identify as transgender, 35% have been bullied at school, and 35% have attempted suicide. These factors affect the health and well-being of transgender people, placing them at increased risk for HIV.[7,8,9,10]

- **Several behavioral factors, which often serve as a way for transgender people to cope with stigma and discrimination, put them at risk for HIV**. These include elevated rates of injecting hormones or drugs, anal sex without condoms or medicines to prevent HIV, and commercial sex work.[11,12]

- **Insensitivity to transgender issues** by health care providers can be a barrier for transgender people with HIV who are seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.[13]

- **The effectiveness of HIV behavioral interventions, developed for other at-risk groups and adapted for use with transgender people, is understudied**. According to a 2017 study, most existing interventions target behavior change among transgender women, with only one HIV prevention program evaluated for transgender men. Evidence-based multilevel interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence.[14]

Key Term	Definition
Gender Expression	The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to listed sex at birth or gender identity.
Gender Identity	A person's internal sense of being a man/male, woman/female, both, neither, or another gender.
Transgender	Describes a person whose gender identity and assigned sex at birth do not correspond. Transgender is also used as an umbrella term to include gender identities outside of male and female.
Cisgender	Describes a person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

[6] Clark H, Babu AS, Wiewel EW, et al. Diagnosed HIV Infection in Transgender Adults and Adolescents: Results from the National HIV Surveillance System, 2009-2014. *AIDS Behav* 2017 Sep;21(9):2774-2783.
[7] Johns MM, Lowry R, Andrzejewski J, et al. Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017. *MMWR Morb Mortal Wkly Rep* 2019;68:67–71.
[8] De Santis JP. HIV infection risk factors among male-to-female transgender persons: a review of the literature. *J Assoc Nurses AIDS Care* 2009;20(5):362-372.
[9] Reisner SL, Bailey Z, Sevelius J. Racial/ethnic disparities in history of incarceration, experiences of victimization, and associated health indicators among transgender women in the U.S. *Women Health*. 2014;54(8):750-767.
[10] Clark H, et al, 2774-2783.
[11] Reback CJ, Fletcher JB. HIV prevalence, substance use, and sexual risk behaviors among transgender women recruited through outreach. *AIDS Behav*. 2014 Jul;18(7):1359-67.
[12] Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behav*. 2008 Jan;12(1):1-17.
[13] De Santis, JP, 362-372.
[14] Poteat T, Malik M, Scheim A, et al. HIV Prevention Among Transgender Populations: Knowledge Gaps and Evidence for Action. *Curr HIV/AIDS Rep*. 2017;14(4):141-152.

- **Transgender women and men might not be sufficiently reached by current HIV testing measures**. Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.[15]

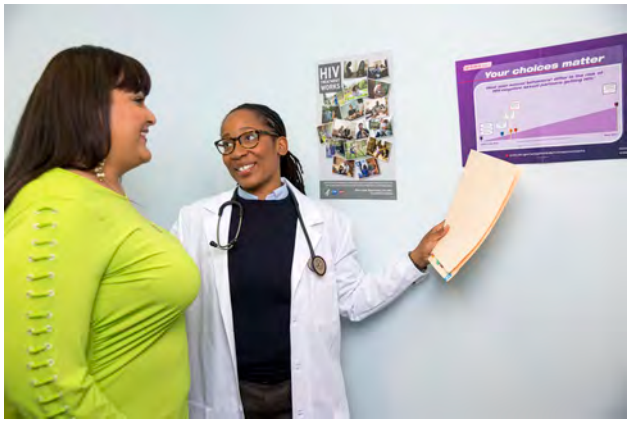
CDC's Support for Transgender-Specific HIV Prevention

CDC is collaborating with many partners to intensify HIV prevention efforts for transgender people and build the base of evidence needed to improve programs and track progress.

Delivering High-Impact Prevention

Transgender people are a priority for CDC's major HIV prevention funding programs, including funding to state and local health departments and community-based organizations (CBOs). CDC is providing 30 CBOs with targeted funding of nearly $11 million per year over five years to support HIV testing, linkage to care and prevention services for transgender youth of color and young gay and bisexual men of color.

Transgender people are also a priority population for CDC's health department demonstration projects designed to expand two HIV prevention strategies: pre-exposure prophylaxis (PrEP), a daily medicine that can significantly reduce the risk of HIV infection, and Data to Care, an approach that uses routinely collected HIV surveillance data to identify people with diagnosed HIV who are not receiving care and link them to it.



In addition, CDC funds a national network of capacity-building providers that help health departments and CBOs provide culturally relevant programs, services and interventions for transgender people.

As part of its Transforming Health resource, CDC addresses ways healthcare providers can help high-risk transgender people prevent HIV, improve care for transgender people with HIV, and make clinical environments more welcoming to transgender patients.

Advancing HIV Prevention Research

While a number of prevention programs have been adapted for use with transgender populations, to date, few have been tested and proven effective. To address this gap, CDC is working with partners to develop new prevention programs, adapt existing ones, and rigorously assess their impact on HIV risk behaviors and transmission. For example:

- As part of its *Compendium* of Evidence-Based Interventions and Best Practices for HIV Prevention, CDC recently included the Couples HIV Intervention Program – which focuses on reducing HIV risk behaviors among transgender women and their primary cisgender male partners.

- CDC is supporting CBOs in Atlanta and Chicago to pilot Transgender Women Involved in Strategies for Transformation (TWIST), a peer-led educational intervention that seeks to reduce HIV transmission risk behaviors and sexually transmitted diseases among transgender women with HIV. TWIST was developed in collaboration with transgender women and was adapted from an existing HIV intervention focused on cisgender women.

- CDC is studying two locally-developed or adapted interventions that are designed to deliver a combination of HIV prevention and other support services to transgender people who have sex with men and who are at high risk of HIV infection. These interventions are a combination of mutually reinforcing biomedical, behavioral, and social/structural intervention components that together, have the potential to reduce participants' risks for acquiring HIV.

[15] Pitasi MA, Oraka E, Clark H, et al. HIV Testing Among Transgender Women and Men — 27 States and Guam, 2014–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:883–887.

Raising Awareness, Engaging Communities

Well-designed awareness campaigns can help people better understand their level of risk for HIV and encourage them to take steps to protect themselves, get tested, and seek out care and treatment. Several of CDC's social marketing campaigns include materials and activities that are specifically tailored to transgender communities:

- *Doing It*, which encourages all adults to get tested for HIV and know their status, and includes images and testimonial videos featuring transgender leaders
- *HIV Treatment Works*, which encourages people with HIV to stay in care and features stories of transgender women
- *Let's Stop HIV Together*, which raises awareness about HIV and fights stigma, and includes stories of transgender women
- *Start Talking. Stop HIV*., which helps gay and bisexual, cisgender and transgender men communicate about safer sex, testing, and other prevention issues

CDC is also working with the Center of Excellence for Transgender Health to support National Transgender HIV Testing Day, which promotes HIV testing, prevention, and treatment efforts among transgender people.

Need for Collective Action

Despite significant challenges, there is much that can be done today to address key gaps in HIV prevention and care for transgender people. CDC plays a critical role, and action is also needed from many other partners, including other federal agencies, state and local governments, CBOs, community leaders, and healthcare providers.

Closing today's data gaps will require diligence by healthcare providers and health departments in collecting, compiling, and reporting data on sex and gender identity. Researchers and their institutions should conduct additional research to expand the body of evidence on effective strategies to reduce HIV infections and improve health outcomes for transgender individuals with HIV.

Today, there is great potential to address the HIV prevention and healthcare needs of transgender people. CDC will continue working with partners to ensure that transgender people can access the HIV prevention and care they need to remain healthy.

For More Information:
Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv