

**Houston Area HIV Services Ryan White Planning Council**  
**Office of Support**  
**2223 West Loop South, Suite 240, Houston, Texas 77027**  
**832 927-7926 telephone; 713 572-3740 fax**

**Memorandum**

To:                   Members, Quality Improvement Committee  
                          Tana Pradia, Co-Chair                   Titan Capri  
                          Pete Rodriguez, Co- Chair               Daphne L. Jones  
                          Kevin Aloysius                           Oscar Perez  
                          Caleb Brown                               Faye Robinson

Copy:               Glenn Urbach                               Mackenzie A. Hudson  
                          Mauricia Chatman                       Diane Beck  
                          Tiffany Shepherd                       Ann Robison  
                          Sha'Terra Johnson                      Gary Grier  
                          Patrick Martin

From:               Tori Williams

Date:               Monday, February 6, 2023

Re:                 Meeting Notice

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We look forward to seeing you on Zoom for your first Quality Improvement Committee meeting in 2023. Details are as follows:

Quality Improvement Committee Meeting  
2:00 p.m., Tuesday, February 14, 2023

To participate, click on this link:  
<https://us02web.zoom.us/j/81144509622?pwd=SFNBM1RScVFabHkzakVpaUZoeHhldz09>  
Meeting ID: 811 4450 9622                   Passcode: 125672

Or, call in by dialing: 346 248 7799

RSVP to Rod, even if you cannot attend the meeting. She can be reached at: [Rodriga.Avila@cjo.harriscountytexas.gov](mailto:Rodriga.Avila@cjo.harriscountytexas.gov) or by telephone at 832 927-7926. And, if you have questions for your committee mentor, do not hesitate to contact her at:

Tana Pradia, 832 298-4248, [tanapradia@gmail.com](mailto:tanapradia@gmail.com)

We look forward to seeing you on Tuesday.

**Houston Area HIV Services Ryan White Planning Council**  
 Quality Improvement Committee  
 2:00 p.m., Tuesday, February 14, 2023

Join the meeting via Zoom, please do not come to the meeting in person  
<https://us02web.zoom.us/j/81519929661?pwd=cXZPdzkzdjJwWnJPeFRJc1RwOStYUT09>  
 Meeting ID: 811 4450 9622 Passcode: 125672  
 Or, use your cell phone to dial in at: 346 248 7799

**Agenda**

\* = Handout to be distributed at the meeting

- I. Call to Order Tana Pradia and  
Pete Rodriguez, Co-Chairs
  - A. Welcoming Remarks and Moment of Reflection
  - B. Introductions
  - C. Adoption of Agenda
  - D. Approval of 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. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting. All information from the public must be provided in this portion of the meeting.)
  
- III. Committee Orientation Tori Williams
  - A. Nuts, Bolts, Petty Cash & Open Meetings Act Training
  - B. Review Committee Description
  - C. Conflict of Interest and Voting Policy
  - D. Approve 2023 Committee Goals
  - E. Elect a Committee Vice Chair
  - F. Review the Calendar and Timeline 2023 Meetings
  - G. Goals of the 2022 – 2026 Integrated Plan
  
- IV. Training in How to Read Reports from the Administrative Agents – **TABLE UNTIL MARCH**
  - A. Part B and State Services (SS) Reports Patrick Martin
    - 1. How to Read TRG Reports 2023
  - B. Part A and MAI reports Glenn Urbach
    - 1. How to Read Part A & MAI Reports
    - 2. Part A: Clinical Quality Mgmt. Committee Report
  - C. Criteria for FY 2023 Service Categories – March Joint meeting Tori Williams
  
- VII. Announcements
  
- VIII. Adjourn
  
- Optional: New members meet with committee mentor Tana Pradia

# Houston Area HIV Services Ryan White Planning Council

Quality Improvement Committee  
2:00 p.m., Tuesday, November 15, 2022  
Meeting Location: Zoom teleconference

## Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Denis Kelly, Co-Chair	Kevin Aloysius	Crystal Starr, RWPC Chair
Titan Capri	Veronica Ardoin	Heather Keizman, RWGA
Oscar Perez	Ardry “Skeet” Boyle	Mauricia Chatman, RWGA
Tana Pradia	Daphne Jones	Sarah Ross, RWGA
Pete Rodriguez	Tom Lindstrom	Patrick Martin, TRG
<i>Gloria Sierra</i>	Andrew Wilson	Tiffany Shepherd, TRG
<i>Deborah Somoye</i>		Tori Williams, Ofc of Support
		Diane Beck, Ofc of Support

**Call to Order:** Denis Kelly, Co-Chair, called the meeting to order at 2:06 p.m. and thanked the committee for their hard work this year. He then asked for a moment of reflection.

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

**Approval of the Minutes:** *Motion #2:* *it was moved and seconded (Pradia, Rodriguez) to approve the meeting minutes for June 14, 2022 and September 1, 2022. Motion carried.*  
Abstention: Capri.

**Public Comment:** None.

### Reports from the Administrative Agents

Ryan White Part A: Keizman presented the attached reports. She said that they track THMP processing time for ADAP applications. As of November 10th, new application processing took 4 days; by contrast, in July it took 131 days so this is great news.

Ryan White Part B and State Services: Martin presented the attached reports.

**FY 2023 Standards of Care and Performance Measures:** Chatman reviewed the recommended changes to the attached Part A Standards of Care and Performance Measures. *Motion #3:* *it was moved and seconded (Pradia, Rodriguez) to endorse the recommended Part A Standards of Care and Performance Measures as outlined by the staff. Motion carried.*

**FY 2023 Standards of Care and Performance Measures:** Shepherd presented the recommended changes to the Part B/State Services standards of care. *Motion #4:* *it was moved and seconded (Rodriguez, Sierra) to endorse the recommended Part B/State Services Standards of Care as outlined by the staff. Motion carried.*

**Announcements:** Starr reminded everyone that The Reunion Project is hosting a 2-day event for

long-term survivors of HIV on Friday November 18th and Saturday November 19, 2022 from 9am–5pm; breakfast and lunch will be served. It will be at St John’s Methodist Church at 2019 Crawford Street. Beck put the link to register in the chat; she has emailed it as well. Martin said that Francis Bueno passed away on November 4th and her service was held last Friday. The Harris County Sheriff sent a representative who presented a posthumous certificate of merit for her years of work in the jail.

**Adjourn:** ***Motion:** it was moved and seconded (Pradia, Rodriguez) to adjourn the meeting at 2:30 p.m. Motion Carried.*

Submitted by:

Approved by:

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Tori Williams, Director

Date

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Committee Chair

Date

Scribe: D. Beck

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

**2022 Quality Improvement Meeting Voting Record for Meeting Date 11/15/22**

MEMBERS:	Motion #1 Agenda				Motion #2 Minutes				Motion #3 2023 Part A SOC/PM				Motion #4 2023 Part B/SS SOC			
	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN	ABSENT	YES	NO	ABSTAIN
Daphne Jones, Co-Chair	X				X				X				X			
Denis Kelly, Co-Chair				C				C				C				C
Kevin Aloysius	X				X				X				X			
Veronica Ardoin	X				X				X				X			
Ardry "Skeet" Boyle	X				X				X				X			
Titan Capri		X						X		X				X		
Tom Lindstrom	X				X				X				X			
Oscar Perez	X				X					X				X		
Tana Pradia		X		X				X						X		
Pete Rodriguez		X		X				X						X		
Andrew Wilson	X				X				X				X			
Gloria Sierra	X				X					X				X		
Deborah Somoye	X				X					X				X		



## **Nuts and Bolts for New Members**

Staff will mail meeting packets a week in advance; if they do not arrive in a timely manner, please contact the Office of Support. Two email reminders will be sent and will include an electronic copy of the meeting packet.

Packets will have the date and time of the meeting on the cover memo and at the top of the agenda. At the beginning of 2023, meetings will be virtual or hybrid. If hybrid, the Zoom access information and the location of the meeting will be below the time and date on the cover memo and at the top of the agenda.

If the meeting is in-person, only committee members sit at the table and can vote at the meeting; staff and others sit in the audience.

Members may only vote on the minutes if they were present at the meeting.

Due to a new HRSA policy, announced on December 6, 2022, there will be changes to the petty cash policy in 2023. Until the Council has had an opportunity to discuss and transition to the new policy, consumers can request reimbursement for transportation to and from Ryan White Council and Committee meetings. Childcare expenses may also be reimbursed for members if this allows a consumer to attend a Council and/or Committee meeting. See the 2022 Petty Cash Policy for details.

Due to County budgeting policy, there may be no petty cash reimbursements in March and possibly April so save receipts and turn them into Rod for payment in April.

Be careful about stating personal health information in meetings as they are tape recorded and, due to the Open Meetings Act, are considered public record. The tapes must be available for anyone to listen to, including members of the media.

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**MEMORANDUM**

To: Members, Ryan White Planning Council  
Affiliate Members, Ryan White Committees

Copy: Glenn Urbach

From: Tori Williams, Director, Ryan White Office of Support

Date: January 26, 2023

Re: End of Year Petty Cash Procedures

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The fiscal year for Ryan White Part A funding ends on February 28, 2023. Due to procedures in the Harris County Auditor's Office, it is important that all volunteers are aware of the following end-of-year procedures:

- 1.) Council and Affiliate Committee members must turn in all requests for petty cash reimbursements **at or before the end of the day on Friday, February 17, 2023.**
- 2.) Requests for petty cash reimbursements for childcare, food and/or transportation to meetings before March 1, 2023 **will not be reimbursed at all if they are turned in after March 31, 2023.**

Please call Tori Williams at the number listed above if you have questions or concerns about how these procedures will affect you personally.

(OVER FOR TIMELINE)

**March 1**

**2022**.....

Beginning of  
fiscal year 2022

**Feb 17**

**2023**.....

Turn in all  
receipts

**Feb 28**

**2023**.....

End of fiscal  
year 2022. Possibly  
no money available  
to write checks until  
early April

**March 31**

**2023**

Turn in all remaining receipts  
for fiscal year 2022 or you  
will not be reimbursed for  
those expenses incurred between  
March 1, 2022 and Feb. 28, 2023



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<http://rwpchouston.org>

## **Memorandum**

To: Members, Houston Ryan White Planning Council  
Affiliate Members, Ryan White Committees

From: Tori Williams, Director, Ryan White Office of Support

Date: January 26, 2023

Re: Open Meetings Act Training

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Please note that all Council members are required to take the Open Meetings Act training at least once in their lifetime. Affiliate members are encouraged to take the training. If you have never viewed the training video, or if you do not have a certificate of completion on file in our office, you must take the training and submit the certificate to the Office of Support before March 31, 2023. The training takes 60 minutes and can be accessed through the following link (if you have difficulty with the link, copy and paste it into Google and it should lead you to the correct area of the Attorney General's website):

<https://www.texasattorneygeneral.gov/og/oma-training>

If you do not have access to high-speed internet, you are welcome to contact Rod in the Office of Support to arrange a time to come to the office.

Upon completion of training, you will be provided with a code that is used to print a certificate of completion. Using the code, you may obtain the certificate from the Attorney General's Office in the following ways:

Print it from the Attorney General web link at:

[https://www.texasattorneygeneral.gov/forms/openrec/og\\_certificates.php](https://www.texasattorneygeneral.gov/forms/openrec/og_certificates.php)

Or, call the Office of Support with the validation code and the staff will print it for you.

We appreciate your attention to this important requirement. Do not hesitate to call our office if you have questions.

# Houston Area HIV Services Ryan White Planning Council

## Standing Committee Structure

(Reviewed 01-14-20)

### 1. **Affected Community Committee**

This committee is designed to acknowledge the collective importance of consumer participation in Planning Council (PC) strategic activities and provide consumer education on HIV-related matters. The committee will serve as a place where consumers can safely and in an environment of trust discuss PC work plans and activities. This committee will verify consumer participation on each of the standing committees of the PC, with the exception of the Steering Committee (the Chair of the Affected Community Committee will represent the committee on the Steering Committee).

When providing consumer education, the committee should not use pharmaceutical representatives to present educational information. Once a year, the committee may host a presentation where all HIV/AIDS-related drug representatives are invited.

The committee will consist of HIV+ individuals, their caregivers (friends or family members) and others. All members of the PC who self-disclose as HIV+ are requested to be a member of the Affected Community Committee; however membership on a committee for HIV+ individuals will not be restricted to the Affected Community Committee.

### 2. **Comprehensive HIV Planning Committee**

This committee is responsible for developing the Comprehensive Needs Assessment, Comprehensive Plan (including the Continuum of Care), and making recommendations regarding special topics (such as non-Ryan White Program services related to the Continuum of Care). The committee must benefit from affiliate membership and expertise.

### 3. **Operations Committee**

This committee combines four areas where compliance with Planning Council operations is the focus. The committee develops and facilitates the management of Planning Council operating procedures, guidelines, and inquiries into members' compliance with these procedures and guidelines. It also implements the Open Nominations Process, which requires a continuous focus on recruitment and orientation. This committee is also the place where the Planning Council self-evaluations are initiated and conducted.

This committee will not benefit from affiliate member participation except where resolve of grievances are concerned.

### 4. **Priority and Allocations Committee**

This committee gives attention to the comprehensive process of establishing priorities and allocations for each Planning Council year. Membership on this committee does include affiliate members and must be guided by skills appropriate to priority setting and allocations, not by interests in priority setting and allocations. All Ryan White Planning Council committees, but especially this committee, regularly review and monitor member participation in upholding the Conflict of Interest standards.

## **5. Quality Improvement Committee**

This committee will be given the responsibility of assessing and ensuring continuous quality improvement within Ryan White funded services. This committee is also the place where definitions and recommendations on “how to best meet the need” are made. Standards of Care and Performance Measures/Outcome Evaluation, which must be looked at within each year and monitored from this committee. Whenever possible, this committee should collaborate with the other Ryan White planning groups, especially within the service categories that are also funded by the other Ryan White Parts, to create shared Standards of Care.

In addition to these responsibilities, this committee is also designed to implement the Planning Council’s third legislative requirement, assessing the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, or assessing how well the grantee manages to get funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and whether all the funds are spent. This Committee may benefit from the utilization of affiliate members.

## **Ryan White Definition of Conflict of Interest**

“Conflict of Interest” (COI) is defined as an actual or perceived interest by a Ryan White Planning Council member in an action which results or has the appearance of resulting in personal, organizational, or professional gain. COI does not refer to persons living with HIV disease (PLWH) whose sole relationship to a Ryan White Part A or B or State Services funded provider is as a client receiving services. The potential for conflict of interest is present in all Ryan White processes: needs assessment, priority setting, comprehensive planning, allocation of funds and evaluation.

# HOUSTON AREA HIV HEALTH SERVICES RYAN WHITE PLANNING COUNCIL

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EST. JUL 15, 1998

REV OCTOBER 14, 2021 POLICY No. 600.01

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## QUORUM, VOTING, PROXIES, ATTENDANCE

### 1 PURPOSE

2  
3 This policy establishes the guidelines as to what legally constitutes a Houston Area HIV Health  
4 Services (Ryan White) Planning Council meeting. In addition, the policy will define and establish  
5 how voting is done, what constitutes a roll call vote and who monitors that process. This policy  
6 will define attendance, and the process by which a member can be removed from the council.  
7

### 8 AUTHORITY

9  
10 The adoption of the Houston Area HIV Health Services (Ryan White) Planning Council Bylaws  
11 Rev. 01/18 Article VI; (Sections 6.01-6.04).  
12

### 13 PROCESS

#### 14 QUORUM:

15 Pending the Governor rescinding the COVID-19 related waiver suspending all in-person  
16 quorum requirements in the Texas Open Meetings Act, thirty percent of the members will  
17 constitute Council quorum to satisfy in-person requirements.  
18

19  
20 It is considered to be a public health emergency if the Harris County Judge declares an  
21 emergency or the Public Health Department is activated as a first responder. Under a  
22 declared health emergency, quorum for the Ryan White Planning Council will be determined  
23 by the number of Council members present in the meeting room and/or on the conference  
24 call at the official start time for the meeting. Documentation is to be provided to the Council,  
25 which determines the beginning, and the end dates of the public health emergency.  
26

27 To constitute a Standing Committee quorum, at least two (2) committee members and a Chair must  
28 be present; one of these must be a self-identified member living with HIV.  
29

#### 30 VOTING:

31 Each council member will have only one vote on any regular business matter coming before the  
32 Council. A simple majority of members present and voting will be required to pass any matter  
33 coming before the Council except for that of proposed Bylaws changes. Proposed changes to the  
34 Bylaws will be submitted in written form for review to the full Council at least fifteen (15) days  
35 prior to voting and will require a two-thirds (2/3) majority for passage. The Chair of the Council  
36 will not vote except in the event of a tie. The Chairs of the Standing Committees shall not vote at  
37 Committee meetings except in the event of a tie. In a case where standing committees have co-  
38 chairs, only one of them may vote at Steering. The Chair of the Council is an ex-officio member of  
39 all committees (standing, subcommittee, and work groups). Ex-officio means that he/she is  
40 welcome to attend and is allowed to be a part of committee discussion. He/she is not allowed to

41 vote. In the absence of the Chair of the Council, the next officer may assume the ex-officio role  
42 with committees. In an effort to manage agency influence over a single committee or workgroup,  
43 only one voting member (Council or Affiliate) per agency will be permitted to vote on Ryan White  
44 Planning Council committees and workgroups. If there is an unresolved tie vote and the Chair of  
45 the Committee works for the same agency as another committee member, then the information  
46 will be forwarded to the Steering Committee for resolution.

47

48 **ALTERNATE PARTICIPATION:**

49 During committee meetings any full council member living with HIV may serve as an alternate on  
50 a committee for any absent committee member living with HIV. The Chair of the Committee will  
51 communicate to the rest of the committee that the alternate person living with HIV is there to  
52 conduct business. Alternates have full voting privileges. This rule is not applicable in full Council  
53 meetings.

54

55 **CONFLICT OF INTEREST AND VOTING AMONG AFFILIATE MEMBERS:**

56 Affiliate members must declare a conflict of interest.

57

58 The number of Affiliate members on a committee (not a subcommittee or work group) should not  
59 equal or exceed the number of Council members on that committee.

60

61 **ROLL CALL VOTE:**

62 When a roll call vote is taken, the Secretary will call the roll call vote, noting voting, and will  
63 announce the results of the roll call vote. The Secretary will monitor voting for possible conflicts  
64 of interest (RWPC Policy No. 800.01). The Secretary will process inquiries into votes made in  
65 conflict of interest.

66

67 **ATTENDANCE:**

68 Council members are required to attend meetings of the Houston Area HIV Health Services (Ryan  
69 White) Planning Council. Affiliate Committee members are required to attend meetings of the  
70 committee to which they are assigned. The Secretary shall cause attendance records to be  
71 maintained and shall regularly provide such records to the Chair of the Operations Committee. The  
72 Operations Committee will review attendance records quarterly.

73

74 If a Council or Affiliate committee member has 4 absences (excused or unexcused) from Council  
75 meetings or 4 absences from committee meetings within a calendar year or fails to perform the  
76 duties of a Council member described herein without just cause, that member will be subject to  
77 removal. In order to avoid such action, the following will occur: Step 1: Office of Support staff  
78 will contact the member by telephone to check on their status. Step 2: If the member continues to  
79 miss meetings, the Chair of the Planning Council will formally notify the member in writing to  
80 remind them of Council policies regarding attendance and to give the member an opportunity to  
81 request assignment to another committee. If assignment to another committee is requested, the  
82 Chair of the newly selected committee and the Planning Council Chair must approve the change.  
83 Step 3: If the Council member continues to miss meetings, the CEO will be informed of the  
84 situation and the steps taken by the Council to address the situation. If an Affiliate committee  
85 member continues to miss meetings, the Chair of the Council will be informed of the situation and  
86 the steps taken by the Council to address the situation. Step 4: The CEO has the sole authority to

87 terminate a Council member and will notify said member in writing, if that is their decision. The  
88 CEO or the Chair of the Planning Council has the authority to terminate an Affiliate committee  
89 member and will notify said member in writing, if that is their decision.

90

91 If for two consecutive months the Office of Support is unable to make contact with a Council or  
92 an Affiliate committee member by telephone and receives returned email and/or mail sent to that  
93 member, staff will send a certified letter requesting the member to contact the Office of Support  
94 by telephone or in writing to update their contact information. If the member does not respond to  
95 the certified letter within 30 days, or if the certified letter is returned to the Office of Support, the  
96 Operations Committee will be notified at their next regularly scheduled meeting. At the request  
97 of the Operations Committee, the Chair of the Planning Council and the CEO will be informed of  
98 the situation and the steps taken by the Council to address the situation. As stated above, the CEO  
99 has the sole authority to terminate a Council member and will notify said member in writing, if  
100 that is his/her decision. The CEO or the Chair of the Planning Council has the authority to terminate  
101 an affiliate committee member and will notify said member in writing, if that is his/her decision.

102

103 Reasons for absences that would be used to determine reassignment or dismissal include: 1)  
104 sickness; 2) work related conflicts (in or out of town and vacations), and 3) unforeseeable  
105 circumstances. Any Planning Council member who is unable to attend a Planning Council meeting  
106 or standing committee meeting must notify the Office of Support prior to such meeting. The Office  
107 of Support staff will document why a member is absent.

108

109 **PROXIES:**

110 There will be no voting by proxy.

**2022 Quarterly Report**  
**Quality Improvement Committee**  
(November 2022)

**Status of Committee Goals and Responsibilities (\*means mandated by HRSA)**

1. Conduct the “How to Best Meet the Needs” (HTBMN) process, with particular attention to the continuum of care with respect to HRSA identified core services.
2. Develop a process for including consumer input that is proactive and consumer friendly for the Standards of Care and Performance Measures review process.
3. Continue to improve the information, processes and reporting (within the committee and also thru collaboration with other Planning Council committees) needed to:
  - a. Identify “The Unmet Need”;
  - b. Determine “How to Best Meet the Needs”;
  - c. \*Strengthen and improve the description and measurement of medical and health related outcomes.
4. \*Identify and review the required information, processes and reporting needed to assess the “Efficiency of the Administrative Mechanism”. Focus on the status of specific actions and related time-framed based information concerning the efficiency of the administrative mechanism operation in the areas of:
  - a. Planning fund use (meeting RWPC identified needs, services and priorities);
  - b. Allocating funds (reporting the existence/use of contract solicitation, contract award and contract monitoring processes including any time-frame related activity);
  - c. Distributing funds (reporting contract/service/re-imbusement expenditures and status, as well as, reporting contract/service utilization information).
5. Annually, review the status of committee activities identified in the current Comprehensive Plan.

**Status of Tasks on the Timeline:**

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Committee Chairperson

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Date



# 2023 Ryan White Planning Council Committee Schedule - DRAFT

(as of 01/26/23)

## AFFECTED COMMUNITY

Meetings are on the second Monday after Council meets starting at 12 noon:

February 20	July 24
<b>March 14*</b>	August 21
March 20	September 25
April - no mtg	October 23
May 22	November 20
June 19 ( <i>Holiday</i> )	December - no mtg

## COMPREHENSIVE HIV PLANNING

Meetings are the second Thursday of the month starting at 2:00 pm:

February 9	August 10
March 9	September 14
April - no mtg	October 12
May 11	November 9
June 8	December - no mtg
July 13	

## OPERATIONS

Meetings are Tuesdays following the Council meeting starting at 11:00 am:

February 14	August 15
<b>March 14*</b>	September 19
April - no mtg	October 17
May 16	November 14
June 13	December 19
July 18	

## PLANNING COUNCIL

Meetings are the second Thursday of the month starting at 12 noon:

February 9	August 10
March 9	September 14
April 13	October 12
May 11	November 9
June 8	December 14
July 13	

## PRIORITY & ALLOCATIONS

Meetings are the fourth Thursday of the month at 12 noon:

February 23	July 27
<b>March 14*</b>	August 24
March 23	September 28
April 27	October 26
May 25	November - no mtg
June 22	December - no mtg

## QUALITY IMPROVEMENT

Meetings are on the Tuesdays following Council starting at 2:00 pm:

February 14	August 15
<b>March 14*</b>	September 19
April - no mtg	October 17
May 16	November 14
June 13	December - no mtg
July 18	

## STEERING

Meetings are the first Thursday of the month starting at 12 noon:

February 2	August 3
March 2	September 7
April 6	October 5
May 4	November 2
June 1	December 7
July 6	

\*Joint meeting of the Affected Community, Priority and Allocations and Quality Improvement Committees.

***BOLD = Special meeting date, time or place***

## DRAFT

### Houston Area HIV Services Ryan White Planning Council

## Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

**General Information:** The following is a list of significant activities regarding the 2023 Houston Ryan White Planning Council. People living with HIV, providers and members of the public are encouraged to attend and provide public comment at any of the meetings described below. For more information on Planning Council processes or to receive monthly calendars and/or meeting packets, please contact the Office of Support at 832 927-7926 or visit our website at: <http://rwpchouston.org>.

**All Ryan White Council and Committee meetings will be held virtually in January 2023, possibly via hybrid format after January. Routinely, the Ryan White Steering Committee meets monthly at 12 noon on the first Thursday of the month. The Council meets monthly at 12 noon on the second Thursday of the month.**

- |                |  |
|----------------|--|
| Thurs. Jan. 26 | Council Orientation. 2023 Committee meeting dates will be established at this meeting.   |
| Thurs. Feb. 2  | 12 noon. First Steering Committee meeting for the 2023 planning year.  |
| Feb. date TBD  | 10 am, Orientation for new 2023 Affiliate Committee Members.   |
| Feb. dates TBD | Integrated Plan: Quality of Life workgroup, Evaluation workgroup, HIV Education Coalition and HIV Data Committee meet to create timelines and organize their 2023 work products. |
| Thurs. Feb. 9  | 12 noon. First Council meeting for the 2023 planning year.   |

Tues. Feb. 14	5:00 pm. Deadline for submitting <b>Proposed Idea Forms</b> to the Office of Support. The Council is currently funding 17 of the 28 allowable HRSA service categories. The Idea Form is used to ask the Council to make a change to a funded service or reconsider a service that is not currently being funded in the Greater Houston area with Ryan White funds. The form requires documentation that justifies why a particular service should be funded and why it is not a duplication of a service already being offered through another funding source. Anyone can submit an Idea Form. Contact the Office of Support at 832 927-7926 to request forms.
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| Thurs. Feb. 23  | 12 noon. Priority & Allocations Committee meets to approve the <b>policy on allocating FY 2023 unspent funds, FY 2024 priority setting process</b> and more.   |
| March dates TBD | EIIHA Workgroup and the Project LEAP/Proyecto VIDA Advisory Committee meet.  |
| Tues. March 14  | Joint meeting of the Quality Improvement, Priority & Allocations and Affected Community Committees to determine the criteria to be used to select the <b>FY 2024 service categories</b> for Part A, Part B, MAI and <i>State Services</i> funding. |
| Mon. March 20   | <b>Consumer Training</b> on the How to Best Meet the Need process.   |
| Thurs. April 6  | 12 noon. Steering Committee meets.   |

<b>Thurs. April 13</b>	12 noon. Planning Council meets. <b>1:30 – 4:30 pm. Council and Community Training for the How to Best Meet the Need process.</b> Those encouraged to attend are community members as well as individuals from the Quality Improvement, Priority & Allocations and Affected Community Committees. Call 832 927-7926 for confirmation and additional information.
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**DRAFT**

Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2023 Council Activities**

(Revised 01-30-23)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

Mon. April 17 10 am – 5 pm, Special workgroup meetings. Topics to be announced.

April 18 - 26

**The following workgroups will be scheduled to meet. Call 832 927-7926 for confirmation and to receive meeting packets.**

10:30 am. **Date to be announced.** **How To Best Meet the Need Workgroup #1** at which the following services for FY 2024 will be reviewed:

- Ambulatory/Outpatient Medical Care (including Emergency Financial Assistance – Pharmacy Assistance, Local Pharmacy Assistance, Medical Case Management, Outreach and Service Linkage – Adult and Rural)
- Ambulatory/Outpatient Medical Care (including Medical Case Management and Service Linkage – Pediatric)
- Referral for Health Care and Support Services
- Clinical Case Management
- Non-Medical Case Management (Service Linkage at Testing Sites)
- Vision Care

1:30 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #2** at which the following services for FY 2024 will be reviewed:

- Health Insurance Premium & Co-pay Assistance
- Medical Nutritional Therapy (including Nutritional Supplements)
- Mental Health
- Substance Abuse Treatment/Counseling
- Non-Medical Case Management (Substance Use)
- Oral Health – Untargeted & Rural

3:00 pm – 5:00 pm. **Date to be announced.** **How To Best Meet the Need Workgroup #3** at which the following services for FY 2024 will be reviewed:

- Early Intervention Services
- Emergency Financial Assistance - Other
- Home & Community-based Health Services (Adult Day Treatment)
- Hospice
- Linguistic Services
- Transportation (van-based - Untargeted & Rural)

Thurs. April 27 12 noon. Priority & Allocations Committee meets to allocate **Part A unspent funds.**

Mon. May 1 5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 15 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.

Tues. May 16 **How to Best Meet the Need Workgroup** meets for recommendations on the **Blue Book.** The Operations Committee reviews the FY 2024 Council Support Budget.

Tues. May 16 Quality Improvement Committee meets to approve the **FY 2024 How to Best Meet the Need results** and review **subcategory allocation requests.** Draft copies are forwarded to the Priority & Allocations Committee.

**DRAFT**

Houston Area HIV Services Ryan White Planning Council

**Timeline of Critical 2023 Council Activities**

(Revised 01-30-23)

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Tues. May 23	7:00 pm., Public Hearing on the <b>FY 2024 How To Best Meet the Need results.</b>
Wed. May 24	Time TBD. Special Quality Improvement Committee meeting to review public comments regarding <b>FY 2024 How To Best Meet the Need results.</b>
Thurs. May 25	12 noon. Priority & Allocations Committee meets to recommend the <b>FY 2024 service priorities</b> for Ryan White Parts A and B and <i>State Services</i> funding.
Thurs. June 1	12 noon. Steering Committee meets to approve the <b>FY 2024 How to Best Meet the Need results.</b>
Thurs. June 8	12 noon. Council approves the <b>FY 2024 How to Best Meet the Need results.</b>
Week of June 12-15	Dates and times TBD. Special Priority & Allocations Committee meetings to draft the <b>FY 2024 allocations for RW Part A and B, MAI and State Services</b> funding.
June or August	Quality Improvement Committee reviews the results of the Assessment of the Administrative Mechanism and hosts Standards of Care training.
Thurs. June 22	12 noon. Priority & Allocations Committee meets to approve the <b>FY 2024 allocations for RW Part A and B, MAI and State Services</b> funding.
Mon. June 26	7 pm. Public Hearing on the <b>FY 2024 service priorities and allocations.</b>
Tues. June 27	Time TBD. Special meeting of the Priority & Allocations Committee to review public comments regarding the <b>FY 2024 service priorities and allocations.</b>
July/Aug.	Workgroup meets to complete the proposed <b>FY 2024 EIIHA Plan.</b>
Thurs. July 6	12 noon. Steering Committee approves the <b>FY 2024 service priorities and allocations.</b>
Thurs. July 13	12 noon. Council approves the <b>FY 2024 service priorities and allocations.</b>
Fri. July 14	5 pm. Deadline for submitting a Project LEAP application form. See July 26 for description of Project LEAP. Call 832 927-7926 for an application form.
Thurs. July 27	12 noon. If necessary, the Priority & Allocations Committee meets to address problems Council sends back regarding the <b>FY 2024 priority &amp; allocations.</b> They also allocate <b>FY 2022 carryover funds. (Allocate even though dollar amount will not be avail. until Aug.)</b>
Wed. July 26	<b>Project LEAP</b> classes begin. Project LEAP is a free 17-week training course for individuals living with or affected by HIV to gain the knowledge and skills they need to help plan HIV prevention and care services in the Houston Area. To apply, call 832 927-7926.

(continued)

## DRAFT

### Houston Area HIV Services Ryan White Planning Council

## Timeline of Critical 2023 Council Activities

(Revised 01-30-23)

A square around an item indicates an item of particular importance or something out of the ordinary regarding the date, time or meeting location. **The following meetings are subject to change. Please check our website at <http://rwpchouston.org> or call the Office of Support at: 832 927-7926 to confirm details regarding a particular meeting.**

- Thurs. Aug. 3      12 noon. ALL ITEMS MUST BE REVIEWED BEFORE BEING SENT TO COUNCIL – THIS STEERING COMMITTEE MEETING IS THE **LAST CHANCE TO APPROVE ANYTHING NEEDED FOR THE FY 2024 GRANT**. (Mail out date for the August Steering Committee meeting is July 27, 2023.)
- Mon. Aug. 21      **Consumer Training** on Standards of Care and Performance Measures.
- Fri. Sept. 1      5:00 pm. Deadline for submitting **Proposed Idea Forms** to the Office of Support. (See February 14 for a description of this process.) Please contact the Office of Support at 832 927-7926 to request a copy of the required forms.
- Tues. Sept. 19      Joint meeting of the Quality Improvement, Priority & Allocations and all Committees to review data reports and make suggested changes.
- Mon. Sept. 25      **Consumer-Only Workgroup** meeting to review FY 2024 Standards of Care.
- Tues. Oct. 17      Operations Committee reviews the Memorandum of Understanding between all Part A stakeholders & Letter of Agreement between Part B stakeholders.
- October or  
November      Date & time TBD. Community Workgroup meeting to review **FY 2024 Standards of Care** for all service categories.
- Thurs. Oct. 26      12 noon. Priority & Allocations Committee meets to allocate FY 2023 unspent funds.
- Nov. 1      10:00 am. Commissioners Court to receive the World AIDS Day Resolution.
- Thurs. Nov. 9      12 noon. Council recognizes all Affiliate Committee Members.
- Fri. Dec. 1      **World AIDS Day**.
- Thurs. Dec. 14      12 noon. Election of Officers for the 2024 Ryan White Planning Council.



## SECTION V: PLAN GOALS AND OBJECTIVES

The following list includes goals, objectives and activities for the Houston EHE and Integrated Plans and is organized by EHE pillar. Clearly, some goals and activities from each plan intersect, hence the goals for both plans have been merged into one list, but goals for the Integrated Plan are in italics to denote service areas. The justification for each goal is identified within the brackets after the goal. This is considered a “living” document, and it is anticipated that more goals, objectives and indicators will be added to each pillar as EHE and Integrated planning and implementation continues.

### Pillar 1: Diagnose

**Goal 1A:** *Increase individual knowledge of HIV status by diagnosing at least 90% of the estimated individuals who are unaware of their status within five (5) years.* [CP-Healthy People 2030, Rdmap, FTC, NEHE, CP]

**Goal 1A.1:** Encourage status awareness through increased screening, diverse non-stigmatizing campaigns, improved hiring practices, and updated accessibility in historically marginalized communities in Houston/Harris County. [Rdmap, CM-WD/OCB/EA/RAA/AS/MBH/PA/CHS/QAE, CP]

#### Key Activities:

- Extend health center hours and/or partner with healthcare systems to demonstrate consideration for persons seeking services outside traditional hours. [CM-RAA/MBH/BMP]
- Explore a collaborative routine opt-out initiative with hospital emergency room providers outside a policy requirement. [CM-EA/PA/BMP]
- Add five (5) nurse operated mobile units offering extended hours and bundled services (e.g., STI, Hepatitis C, PrEP, nPEP, BMI assessment, glucose, immunizations, service linkage, partner services, etc.) to dispatch across Houston/Harris County. [CM-RAA/BMP]
- Implement at minimum a yearly multilingual health education and promotion campaign empowering ALL sexually active Houstonians/Harris Countians to insist on initial and routine rescreening for HIV. [Rdmap, CM-EA/RAA/CHS]
- Prioritize hiring a diverse and representative staff whom people can trust to administer status neutral services. [Rdmap, CM-WD/OCB/AS]
- Pilot HIV and STI home testing kits and develop a protocol for timely, status neutral follow-up, and quarterly evaluation to improve the service delivery. [CM-OCB/EA/RAA/AS/QAE]

#### Legend for Section V

**Regular Text** = EHE Planning Goal impacting the Houston/Harris County, Texas service area

**Italicized Text** = Integrated Planning Goal impacting the EMA/HSDA (10-county), Texas service area

#### Source of Justification for the following goals:

- CP = 2017 Houston Area HIV Comprehensive Plan
- CP-\_\_\_\_ = HIV & Non-HIV Comprehensive Plans
- CM = 2021-2022 Community Meetings
- EHEPtA = Ryan White Part A EHE Goal
- FTC = International Fast Track Cities
- FGPP = 2022 Priority Populations Focus Groups
- FGP = 2022 Provider Focus Groups
- NEHE = 2019 National EHE Plan
- NAC = 2020 HIV Care Needs Assessment
- NAP = 2022 HIV Prevention Needs Assessment
- NHAS = 2021 National HIV/AIDS Strategy
- Rdmap = 2016 Houston Area EHE Plan, commonly referred to as *The Roadmap*
- ST = 2022 Stakeholder Interview

- Reestablish an annual testing for tickets (e.g., "Hip Hop for HIV") event. [CM-RAA]
- Conduct outreach efforts in screening locations near identified areas (e.g., college campuses, barber and beauty shops, shopping centers, and recreational) through ongoing partnerships with community leaders and gatekeepers. [Rdmap, CM-EA/RAA/QAE/MBH/BMP]

**Goal 1A.2:** Advance legislative and non-legislative policy changes at the local, state, and federal levels to aid EHE. [Rdmap, CM-EA/RAA/PA/QAE/BMP]

**Key Activities:**

- Educate policymakers on the need for statewide mandatory offering of routine opt-out testing. [Rdmap, CM-EA]
- Revise policies that institute county-wide age-appropriate comprehensive sexual education that empowers youth to make informed decisions about their health. [Rdmap, CM-PA/QAE]
- Advance county-wide policy modifications that require HIV testing and access to care for all arriving persons involved with the justice system and retest prior to facility release with enough medication and linkage to care if need determined. [Rdmap, CM-PA/RAA/BMP]
- Update local policies and procedures to implement an electronic automated reminder system and/or modify existing options to send annual screening reminders. [CM-EA/PA]
- Conduct provider detailing (e.g., Obstetrician/Gynecologist, General Practitioner, Gerontologist) to promote internal policy changes to incorporate universal screening as a standard practice. [CM-EA/PA/QAE]

**Key Partners:** Health departments, community-based organizations, FQHCs, correctional facilities, community task force, school-based clinics, sexual health clinics, women’s health services/prenatal services providers, hospitals, local community members, local correctional institutions, local law enforcement, PWH, shelters, public health professionals, etc.

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, Ryan White HIV/AIDS Program (RWHAP), State and/or Local Funding

**Estimated Funding Allocation:** \$1.8 Million

**Outcomes:** (reported annually, locally monitored more frequently): Increase number of newly identified persons with HIV and awareness of HIV status; Increase the number of HIV tests conducted in Houston/Harris County; Establish HIV care protocols for persons involved with the justice system.

**Monitoring Data Source:** EMR data, surveillance data, local protocols and reports

**Goal 1B:** *Improve HIV-Related Health Outcomes of All People Being Tested for HIV [QoL]*

**Key Activities:**

- *Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide whole-person care and treatment for individuals testing for HIV.*
  - *Identify, implement, and evaluate models of care that meet the needs of all people being tested for HIV and ensure quality of care across services.*

- Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.
- Identify, engage, or reengage people with HIV who are not in care or not virally suppressed.
- Provide low-barrier access to HIV prevention, care and/or treatment.
- Provide same-day or rapid (within 7 days) start of antiretroviral therapy for persons who are able to take it; increase linkage to HIV health care within 30 days for all persons who test positive for HIV.
- Identify and address barriers for people who have never engaged in care or who have fallen out of care.

**Key Partners:** Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal service providers, hospitals.

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, RWHAP, State and/or Local Funding.

**Estimated Funding Allocation:** *Related to Goal 1A*

**Outcomes** (reported annually, locally monitored more frequently) Number of newly identified persons with HIV; Establishment of protocols for HIV/AIDS treatment under incarceration, number of cases linked to care under incarceration.

**Monitoring Data Source:** EMR data, surveillance data, local protocols and reports.

**Goal 1C:** *Increase Knowledge and Understanding of HIV [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]*

**Key Activities:**

- Establish a Houston Area HIV Education Council to provide education for:
  - Individuals on prevention, treatment, and care services; and
  - Professionals on accurate medical information, training in referring clients to the local HIV prevention and care system, and customer service skills. **See Goal 3A** for more information. This educational goal will address Diagnose, Treat and Prevent.
- Increase knowledge of HIV among individuals and the health workforce in geographic areas disproportionately affected.

**Key Committed Partners:** Southern AIDS Education and Training Center (AETC), Texas Southern University (TSU), Houston HIV Prevention Community Planning Group (CPG) and Ryan White Planning Council (RWPC).

**Key Potential Partners:** Representatives from special populations, people with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities.

**Potential Funding Resources:** CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.

**Estimated Funding Allocations:** \$200,000.

**Outcomes:** Increased knowledge among students.

**Monitoring Data Source:** Student pre and post tests.



## **Pillar 2: Treat**

**Goal 2A:** Ensure 90% of clients are retained in care and virally suppressed. [CP-Health People 2030, Rdmap, CP, NEHE, FTC]

**Goal 2A.1:** Ensure rapid linkage to HIV medical care and rapid ART initiation for all persons with newly diagnosed or re-engaging in care. [Rdmap, CM-OCB/RAA/EA/MBH/PA/BMP]

### **Key Activities:**

- Increase retention in medical care through rapid treatment initiation.
  - *In FY 2020, the Ryan White Program, in partnership with South Central AETC, Baylor College of Medicine, and Harris County Public Health, launched Rapid Start Treatment Programs at Ryan White funded primary care sites. The next step is to increase outreach to priority populations and launch Rapid Start Treatment Programs at sites other than RWHPA-funded primary care sites. [EHEPtA, 16Rdmap]*
- Offer a 24-hour emotional support and resources line available with trauma informed staff considerate to the fact individuals are likely still processing a new diagnosis. [CM-RAA/MBH]
- Health literacy campaign to educate those diagnosed on benefits of rapid start and TasP. [CM-RAA/EA]
- Support rapid antiretroviral therapy by providing ART “starter packs” for newly diagnosed clients and returning patients who have self-identified as being out of care for greater than 12 months. [CM-EA/PA]
- Expand community partnerships (e.g., churches and universities) to increase rapid linkage and ART availability at community-preferred gathering venues. [CM-OCB/PA/BMP]
- Promote after-hour medical care to increase accessibility by partnering with providers currently offering expanded hours, like urgent care facilities. [CM-RAA]
- Develop a provider outreach program focused on best HIV treatment-related practices and emphasizing resources options for clients (Ryan White care system) as well as peer-to-peer support resources for providers (e.g., Project ECHO, AETC, UCSF). [CM-EA/PA]

**Goal 2A.2:** Support re-engagement and retention in HIV medical care, treatment, and viral suppression through improved treatment related practices, increased collaboration, greater service accessibility, and a whole-health emphasis. [CM-OCB/RAA/EA/AS/MBH/CHS/PA/QAE/BMP]

### **Key Activities:**

- Develop informative treatment navigation, viral suppression, and whole-health care support program including regularly held community forums designed to maximize accessibility. [CM-RAA/EA/PA]
- Partner with providers to expand hours and service location options based on community preferences (after-hours, mobile units, non-traditional settings). [Rdmap, CM-RAA/BMP]

- Assess feasibility of expanded telehealth check-in options to enhance accessibility and promote bundling mobile care services (including ancillary services). [CM-RAA/BMP]
- Increase the number of referrals and linkage to RW. [CM-PA/QAE]
- Increase integration, promotion, and the number of referrals to ancillary services (e.g., mental health, substance use, RW, and payment assistance) through expanded partnerships during service linkage. [CM-QAE]
- Increase case management support capacity. [CM-OCB]
- Develop system to monitor referrals to integrated health services. [CM-QAE]
- Hire representative navigators, promote job openings in places where community members with relevant lived experience gather, and invest in programs such as the Community Health Worker Certification. [Rdmap, CM-OCB/QAE]
- Survey users of services to evaluate additional service-based training needs. [CM-QAE]
- Conduct provider outreach (100 initial/100 follow-up visits) to improve multidisciplinary holistic health practices including importance of trauma-informed approach, motivational interview-based techniques, preferred language, culturally sensitive staff/setting, behavior-based risk vs demographic/race, and routine risk assessment screenings (mental health, gender-based or domestic violence, need for other ancillary services related to SDOH). [Rdmap, CM-EA/AS/MBH/CHS/QAE]
- Build and implement a mental health model for HIV treatment and care that includes routinizing screenings/opt-out integration into electronic health records. [CM-MBH/PA] [CM-MBH/PA]
- Source resources for referral/free initial mental health counseling sessions.
- Maintain at least one crisis intervention specialist on service linkage staff. [CM-MBH]
- Partner community health workers with local community gathering places (e.g., churches) to recognize and reach individuals who may benefit from support and linkage to resources. [CM-OCB]
- Improve value of data to community by promoting inclusive, representative data collection on community selected platforms. [CM-CHS/PA]
- Widely share analyses of collected data with emphasis on complete context and value to community, including annual science symposium; Allow opportunities for community to share their stories to illustrate the personal connection. [CM-BMP]
- Utilize a reporting system to endorse programs or environments that show training application and effort to end the epidemic. Conduct quarterly quality assurance checks after the secret shopper project established by END. [CM-QAE]
- Use the HIV system to fill gaps in healthcare by creating a grassroots initiative focused on social determinants of health. [CM-AS/PA]
- Increase access to quality health care through promoting FQHCs to reduce the number of uninsured to under 10% in the next 10 years. [CM-PA]
- Revamp data-to-care to achieve full functionality. [CM-PA]

**Goal 2A.3:** Establish organized methods to raise widespread awareness on the importance of treatment. [CM-WD/OCB/CHS/RAA/EA/AS/QAE]

### **Key Activities:**

- Collaborate with CPG to gain real-time public input during meetings on preferred language and promotion of critical messages of Undetectable=Untransmittable (U=U) and Treatment as Prevention (TasP). [Rdmap, CM-RAA/QAE]
- Collaborate with CPG to regularly promote diversifying clinical trials. [Rdmap, CM-CHS/QAE]
- Increase education and awareness around the concept of U=U and TasP to reduce stigma, fear, and discrimination among PLWH. [CM-OCB/RAA/EA/AS]
- Implement community preferred social marketing strategies over multiple platforms to establish messaging on the benefits of rapid and sustained HIV treatment (include basic terminology, updates on treatment/progress advances, and consideration for generational understanding of information). [Rdmap, CM-RAA/EA/AS]

**Goal 2A.4:** Advance internal and external policies related to treatment. [Rdmap, CM-WD/RAA/OCB/EA/MBH/CHS/PA/QAE, CP]

### **Key Activities:**

- Implement and monitor immediate ART with a standard of 72 hours of HIV diagnosis for Test and Treat protocols. [CP]
- Revise policies to simplify linkage through use of an encrypted universal technology such as patient portal and/or apps to easily share information across health systems, remove administrative (e.g., paperwork and registration) barriers, incorporate geo-fencing alerts and anonymous partner elicitation. [CM-RAA]
- Refresh policies to establish a retention/rewards program that empowers community to optimize health maintenance and encourages collaboration with health department services and resources. [CM-RAA]
- Focus on necessary requirements and reduce turnaround time from diagnosis to care (e.g., Change the 90-day window for Linkage Workers). [CM-OCB]
- Update prevention standards of care to reflect a person-centered approach. [CM-WD]
- Develop standard of treatment and advocate for implementation for those incarcerated upon intake. [CM-PA]
- Institute policies that require recurring trainings for staff/providers based on community feedback and focused on current preferred practices (emphasis on status-neutral approach, trauma-informed care, people first-language, cultural sensitivity, privacy/confidentiality, follow-up/follow-through). [CM-WD/EA/AS/MBH/CHS/QAE]
- Revise funding processes and incentivize extended hours of operation to improve CBO workflow. [CM-OCB]

**Key Partners:** FQHCs, medical care providers, hospitals, community-based organizations, various professional health care associations, RWGA; TRG; HHD (Potential non-RP partners: RWPC), community task force, urgent care facilities, churches, universities

**Potential Funding Resources:** RWHAP, CDC HIV Prevention and Surveillance Programs, State Local Funding

**Estimated Funding Allocation:** \$9,081,382

**Outcomes:** (reported annually, locally monitored more frequently): Increase number of newly identified individuals with HIV linked to care; Increase number of individuals with HIV identified as not in care relinked to care; Increase number of newly identified individuals with HIV linked to care and started on ART within 72 hours of diagnosis; Increase number of individuals with HIV identified as not in care relinked to care and started on ART within 72 hours.

**Monitoring Data Source:** Surveillance, RWHAP, CPCDMS, CDC testing linkage data

**Goal 2B:** *Increase Access to Care and Medication. [CM, NAC, Rdmap, ST]*

**Key Activities:**

- *Increase access to services that replace or provide identification documents, especially for those who are discharged from jail or prison, people who are experiencing homelessness, and others who lack identification documents. Expand capacity of current providers of identification documents through partnerships with community partners, including Ryan White-funded agencies.*

**Key Partners:** *Operation I.D., Texas I.D. Connect, The Beacon, Ryan White-funded agencies.*

**Potential Funding Resources:** *N/A*

**Estimated Funding Allocations:** *N/A*

**Outcomes:** *Ten percent more individuals have received identification in a 6-month period.*

**Monitoring Data Source:** *Agency data on client service utilization.*

**Goal 2C:** *Increase access to HIV education, prevention and care services among priority populations. [CM, NHAS, ST]*

**Key Activities:**

- *Increase individual knowledge of HIV, including HIV prevention and care services information, among individuals with a history of a sexual offense.*
  - *Request the RWPC to create a service definition and allocate funds for one full-time case manager or service linkage worker with lived experience to provide HIV education and case management services to this population. Fund this position from Ryan White Part A, B or State Services funding.*
  - *When releasing the RFP to secure a vendor, give preference to a non-traditional vendor, such as a church, that has a history of working with this population.*
  - *Require the employee to provide quarterly aggregate service utilization and other reports to Serving the Incarcerated and Recently Released Coalition (SIRR), CPG and RWPC.*

**Key Partners:** *SIRR, local churches that work with individuals with a history of a sexual offense, Ryan White-funded HIV discharge planners in the Harris County jail*

**Potential Funding Resources:** *Ryan White Part A or B or State Services funding*

**Estimated Funding Allocations:** *\$130,000*

**Outcomes:** *Case manager/service linkage worker is hired and secures a minimum caseload of 30 individuals within a 12 month period. RWPC incorporates the quarterly reports from the case manager/service linkage worker in its planning process and works to better meet the needs of this priority population.*

**Monitoring Data Source:** *Quarterly aggregate case management/service linkage reports*

**Goal 2D:** *Increase access to care and medication by tying the distribution of prepaid cell phones for clients to pharmacies, making the phone a medical necessity (not an incentive). [CM]*

**Key Activities:**

- *Meet with representatives of Ryan White-funded agencies to determine if this would resolve the issue of giving consumers prepaid phones, which have been interpreted as an incentive and in opposition to Medicaid contracts that prohibit incentives for consumers.*

**Key Partners:** *Staff from various Ryan-White funded agencies*

**Potential Funding Resources:** *N/A*

**Estimated Funding Allocations:** *N/A*

**Outcomes:** *More clients receive cell phones in a 6-month period.*

**Monitoring Data Source:** *Agency phone disbursement records*

### **Pillar 3: Prevent**

**Goal 3A:** *Prevent new HIV Infections by increasing knowledge of HIV among people, communities and the health workforce; with particular emphasis on priority populations and non-Ryan White funded agencies with expertise in areas that intersect with HIV. [CM, CP, CP - Viral Hepatitis National Strategic Plan, FGPP, FGP, NAC, NHAS, Rdmap, ST]*

**Key Activities:**

- *Establish a Houston Area HIV Education Council sponsored by AETC, CPG and RWPC to provide education to the following: individuals who need prevention services and providers.*
- *Develop and implement informational programs that are tailored to priority populations and others, and describe HIV risks, options for prevention, testing, care and treatment, mental health and substance use disorder treatment; and HIV-related stigma reduction.*
- *Increase consumer input into developing educational materials about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction.*
- *Increase consumer participation in delivering educational information to individuals and service providers about HIV risks, options for prevention, testing, care and treatment; and HIV-related stigma reduction, particularly for priority populations.*
- *Increase education about HIV among people who provide services to those who are at risk or living with HIV.*
- *Include comprehensive sexual health and substance use prevention and treatment information in curricula of medical and other health workforce education and training programs.*
- *Support the transition of health care systems, organizations, and consumers to become more health literate in the provision/receipt of HIV prevention, care, and treatment services.*
- *Provide resources, value-based and other incentives, training, and technical assistance to expand workforce and system capacity to provide or link clients to culturally competent*

*and linguistically appropriate care, treatment, and supportive services especially in areas with shortages that are geographic, population, or facility based.*

**Key Committed Partners:** *Southern AETC, TSU, CPG and the RWPC.*

**Key Potential Partners:** *Representatives from priority and special populations, persons with HIV, professional educators, case managers and service linkage workers, large public organizations who work with individuals challenged by substance use disorder and/or mental illness and/or intellectual and developmental disabilities, for example.*

**Potential Funding Resources:** *CDC, Ryan White, AETC and possibly TSU grant funds already secured to work with community groups such as The Houston Area HIV Education Coalition.*

**Estimated Funding Allocations:** \$200,000.

**Outcomes:** *Increased knowledge among students.*

**Monitoring Data Source:** *Student pre and post tests.*

**[Goal 3B:] Achieve 50% reduction in new HIV cases. [CP-Healthy People 2030, Rdmap, NEHE]**

**[Goal 3B.1:] Integrate a status neutral approach in HIV prevention services by utilizing proven interventions to reduce new cases. [CM-RAA/MBH/OCB]**

**Key Activities:**

- Develop a continuum of care for those utilizing prevention care services.
- Establish prevention navigators with lived experience of the priority populations to assist engagement and “re”engagement in prevention services. [CM-OCB]
- Offer and advocate for ongoing ancillary support options routinely offered during initial engagement. [CM-RAA/MBH]
- Tailor proven behavioral, biomedical, and structural interventions, public health strategies, and social marketing campaigns from the Compendium of Evidence-based Interventions and Best Practices for HIV Prevention to the needs of Houston/Harris County.

**[Goal 3B.2:] Improve accessibility, information sharing, and monitoring of PrEP. [Rdmap, CM-EA/RAA/CHS/QAE/OCB]**

**Key Activities:**

- Increase access to PrEP clinical services by integrating PrEP/nPEP into routine services at HHD Health Centers. [CM-RAA/OCB]
- Collaborate with medical providers in other specialties to integrate PrEP into routine preventative healthcare. [Rdmap, CM-EA/RAA/CHS/OCB]
- Expand PrEP services and hours to increase access including mobile, telehealth (e.g., Mistr, Sistr and Q Care Plus), and non-traditional settings. [Rdmap, CM-RAA/CHS]
- Expand access to same-day PrEP for persons HIV negative by providing a 30-day starter pack; utilize non-traditional settings (e.g., faith-based organizations) [CM-RAA/QAE]
- Develop purposeful non-stigmatizing awareness messaging that normalizes PrEP and nPEP conversations with care teams. [CM-EA]

- Create a PrEP Network information hub to help understand community practices and address challenges. [CM-EA]
- Collaborate with local CBOs to develop a 24-hour nPEP hotline and Center of Excellence. [CM-EA]
- Develop method of monitoring and reporting PrEP and a Continuum of Care. [CM-QAE]

**Goal 3B.3:** Address social determinants through a multi-level approach that reduces new cases and sustains health equity. [CM-WD/EA/RAA/AS]

**Key Activities:**

- Increase service provider knowledge and capability to assess those in need of ancillary services. [CM-RAA/MBH]
- Provide funded organizations with payment points for linking people to PrEP, keeping appointments, and then linking people on PrEP to housing, transportation, food assistance, and other supportive services. [CM-RAA]
- Develop mental health and substance use campaigns to support self-efficacy/resiliency. [Rdmap, CM-EA/MBH]
- Health departments partner more with colleges and school districts, Bureau of Adolescent Health to create a tailored strategic plan that better engages adolescent Houstonians/ Harris Countians. [Rdmap, CM-EA]
- Revitalize the Youth Task Force and seek funding for adolescent focused initiatives.
- Engage healthcare programs regarding inclusion of all HIV prevention strategies in their curriculums to educate future practitioners (e.g., medical, nurse practitioner, nursing, and other healthcare programs). [Rdmap, CM-EA/OCB]
- Reduce stigma and increase knowledge and awareness of PrEP and TasP through a biannual inclusive public health campaign focused on all populations. [Rdmap, CM-AS]
- Train the workforce on a patient-centered (i.e., status neutral and trauma informed) prevention approaches to build a quality care system. [Rdmap, CM-WD/AS/MBH]

**Goal 3B.4:** Advance policy gaps through increased education and outreach at all levels. [Rdmap, CM-RAA/AS/PA/QAE, CP]

**Key Activities:**

- Expand Medicaid in the State of Texas to assist prevention efforts for all Texans, particularly among marginalized communities. [Rdmap, CM-PA]
- Update policies to address service gaps by eliminating privacy barriers and expanding prevention clinical services to adolescents under the age of 18. [CM-PA]
- Create county-wide policies to implement medically accurate comprehensive sexual education in high schools and colleges/universities that encourages informed decisions. [Rdmap, CM-PA]

- Advance policy changes that promote harm reduction strategies for persons who inject drugs (PWID) such as sharps disposal kiosks to address discarded syringes in public locations. [CM-PA]
- Advocate for PrEP and nPEP availability over the counter. [CM-RAA/PA]
- Overhaul all prevention standards to reflect person-first strategies. [CM-AS]
- Reassess policies around the HIV positivity rate. [CM-QAE]

**Key Partners:** Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (*Potential non-RP partners:* TDSHS; AETC; HHS), faith-based organizations

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, Bureau of Primary Health Care, state and/or local Funding, Minority AIDS Initiative (MAI), SAMHSA, HUD/HOPWA, Federal Office of Rural Health Policy, Indian Health Service; Office on Women’s Health, Office of Minority Health, Office of Population Affairs, and other public and private funding sources, etc.

**Estimated Funding Allocation:** \$500,000

**Outcomes:** (reported annually, locally monitored more frequently): Increase number of providers trained; Increase number of prescriptions for PrEP; Increase the percentage of eligible people successfully referred to PrEP provider to 50% in 5 years.

**Monitoring Data Source:** Local databases, medical records data, pharmacy records

**Goal 3C:** *Gather data both for and against policy changes related to the following issues with the goal of making data driven decisions regarding support for: [CM, FG, FTC, Rdmap, ST]*

- *Condom distribution in jails and prisons*
- *Texas becoming a Medicaid Expansion state*

**Key Activities:**

- *After reviewing documentation both for and against condom distribution, consider the establishment of condom distribution in Texas jails and prisons*
  - *Educate public officials in Texas on the benefits of condom distribution and encourage modification of governmental policies that create access barriers to this effective HIV prevention information and tool.*

**Key Partners:** Community-based organizations, FQHCs, sexual health clinics, hospitals, social media platform providers, social service providers, community task force, RWPC-OS (*Potential non-RP partners:* TDSHS; AETC; HHS), St. Luke’s Episcopal Foundation .

**Potential Funding Resources:** NA

**Estimated Funding Allocations:** NA

**Outcomes:** *State and local policy changes that create barriers to accessing effective HIV prevention information and tools.*

**Monitoring Data Source:** *State and local policies.*



## **Pillar 4: Respond**

**Goal 4A:** Increase capacity to identify, investigate active HIV transmission clusters and respond to HIV outbreaks in 1 year. [NEHE]

**Goal 4A.1:** Actively involve members of local communities in naming, planning, implementation, and evaluation by leveraging social networks, planning bodies, and community stakeholders in developing partnerships, processes, and data systems that facilitate response activities. [Rdmap, ST, CM-EA/RAA/AS/BMP]

- As of October 18, 2022, the Presidential Advisory Council on HIV/AIDS (**PACHA**) has asked the CDC to direct jurisdictions funded for Cluster Detection Response (**CDR**) activities to adapt their implementation of CDR to account for local conditions, including health data privacy protections and laws criminalizing people living with HIV.

### **Key Activities:**

- Invest in technological solutions that further our partnerships, processes, and mass communication dissemination. [Rdmap, CM-EA/RAA]
- Host regularly scheduled community forums, presentations, and webinars with a variety of audiences such as residents, business owners, churches, bars, schools, and politicians. Increase transparency and buy-in by providing accurate information on important topics (e.g., privacy, protection, anonymity, gaps, recommended changes, and best practices). [CM-EA]
- Expand the response Community Advisory Board (**CAB**) by incorporating interested participants from various taskforces, internal (e.g., Tuberculosis and HCV) and external stakeholders. [CM-BMP]
- Conduct a feasibility study on outsourcing response activities to community partners.
- Provide engaging non-stigmatizing safe spaces that promote information sharing on what is going on in neighborhoods and tailor recommendations. Normalize inclusive discussions and team building activities among residents and community leaders by broadly advertising meetings in multiple locations (e.g., Southwest, Montrose, Third Ward, Fifth Ward) to reduce stigma. Utilize these platforms to spotlight the great work communities are accomplishing to constantly reenergize buy-in. [CM-RAA/AS]
- Conduct public health detailing to inform and educate providers about required disease reporting and how to effectively inform their patients. [CM-AS]

**Goal 4B:** *Build a community-tailored program to investigate and intervene in active networks and ensure resources are delivered where need is the greatest.* [Rdmap, ST, CM-WD/EA]

### **Key Activities:**

- Build contingency/surge capacity such as venue-based screenings cluster response efforts with existing contracted CBOs (when needed).

- Utilize case data and case studies to train both community partners and the HHD staff on better approaches to effectively respond to clusters, including the role partner services can play. [CM-WD/EA]
- Integrate both CDR and time-space analysis to identify clusters.
- Conduct rapid response, ART linkage, and same-day PrEP in cluster investigations through close collaboration with contractors, care providers and other stakeholders.

**Goal 4C:** Empower effective advocacy and policy changes at the local, state, and federal levels. [Rdmap, ST, CM-EA/PA/RAA]

**Key Activities:**

- Reestablish the CPG mandate to ensure community engagement and voice is consistently being heard. [Rdmap]
- Explore requirements necessary to change laws in the state by assessing current laws and implement annual assessment. [CM-PA]
- Examine the effects of HIV criminalization cases in the state to address policy barriers. [CM-PA]
- Reevaluate and revise the partner index requirement within the State of Texas.
- Annually assess and provide report on data protection policies and procedures that ensure safeguards and firewalls protecting public health research and surveillance data from access by law enforcement, immigration, and protective services systems. [CM-EA/PA]
- Quarterly update the CDR plan in partnership with the community CAB. [CM-EA/RAA]

**Key Partners:** Local community members, PWH, health departments, public health professionals, politicians, churches, businesses

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, STD Funding, RWHAP, State and/or Local Funding

**Estimated Funding Allocation:** \$500,000

**Outcomes:** (reported annually, locally monitored more frequently) Revise CDR protocols for cluster detection and response procedures based on community feedback.

**Monitoring Data Source:** Local protocols and reports

**Pillar 5: Quality of Life**

**Goal 5A:** *Improve Quality of Life for Persons Living with HIV. [CM, CP – Houston Health Department, CP - Viral Hepatitis National Strategic Plan, FGP,FGPP, FTC, NHAS, Rdmap, ST]*

**Key Activities:**

- *Develop tools which planning bodies can use to design or strengthen HIV Prevention and Care services that improve the quality of life for people living with HIV.*
  - *Continue to host Quality of Life workgroup meetings that started in Houston on 03/21/22 and were co-hosted by CPG and the RWPC.*
  - *Continue to host Racial and Social Justice workgroup meetings that started in Houston on 04/15/21 and were co-hosted by CPG and the RWPC.*

- The purpose of both activities is to develop tools that can measure quality of life, integrate these tools into all Houston planning processes and respond appropriately to the results of the data collected through the tools.
- *The long term goal is to share the tools with other communities for comparison and encourage CDC and HRSA to add a fifth pillar that uses a variety of such tools and is dedicated to addressing quality of life concerns.*

**Key Partners:** *People with HIV, CPG, RWPC, HHD, Houston Area HIV Data Committee (HDC).*

**Potential Funding Resources:** *HHD.*

**Estimated Funding Allocation:** *\$20,000.*

**Goal 5B:** *Increase the proportion of people with diagnosed HIV who report good or better health to 95% from a 2018 baseline of 71.5%. [NHAS]*

**Key Activities:** *To be determined (TBD) by RWHAP Quality Management staff.*

**Key Partners:** *Persons with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

**Potential Funding Resources:** *N/A.*

**Estimated Funding Allocations:** *N/A.*

**Monitoring Data Source:** *Centralized Patient Care Management System (CPCDMS) and Take Charge Texas (TCT) client level data systems.*

**Goal 5C:** *Decrease by 50% the proportion of people with diagnosed HIV who report an unmet need for services from a mental health professional from a 2017 baseline of 24.2%. [NHAS]*

**Key Activities:** *TBD by RW Quality Management staff.*

**Key Partners:** *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

**Potential Funding Resources:** *N/A.*

**Estimated Funding Allocations:** *N/A.*

**Monitoring Data Source:** *CPCDMS and TCT.*

**Goal 5D:** *Decrease by 50% the proportion of people with diagnosed HIV who report ever being hungry and not eating because there wasn't enough money for food from a 2017 baseline of 21.1%. [NHAS]*

**Key Activities:** *TBD by RW Quality Management staff.*

**Key Partners:** *People with HIV, Ryan White-funded clinics, Ryan White Administrative Agencies, CPG, RWPC, Houston area food banks, local churches, HDC.*

**Potential Funding Resources:** *N/A.*

**Estimated Funding Allocations:** *N/A.*

**Monitoring Data Source:** *CPCDMS and TCT.*

**Goal 5E:** *Decrease by 50% the proportion of people with diagnosed HIV who report being out of work from a 2017 baseline of 14.9%. [NHAS]*

**Key Activities:** *TBD by RW Quality Management staff.*

**Key Partners:** *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, HDC.*

**Potential Funding Resources:** *N/A.*

**Estimated Funding Allocations:** *N/A.*

**Monitoring Data Source:** *CPCDMS, TCT, and employment records.*

**Goal 5F:** *Decrease by 50% the proportion of people with diagnosed HIV who report being unstably housed or homeless from a 2018 baseline of 21.0%. [NHAS]*

**Key Activities:** *TBD by RW Quality Management staff.*

**Key Partners:** *People with HIV, Ryan White Administrative Agencies, CPG, RWPC, Housing Agencies, HOPWA and other housing funders, HDC.*

**Potential Funding Resources:** *HOPWA.*

**Estimated Funding Allocations:** *TBD.*

**Monitoring Data Source:** *CPCDMS and TCT*

**Goal 5G:** *Increase coordination and cooperation among Houston area institutions, universities and agencies that collect HIV related data.*

**Key Activities:**

- *In Spring of 2022, members of the Quality of Life Workgroup met with representatives from Houston area institutions, universities and agencies that collect HIV-related data. The purpose was to assess how much and what kinds of data are being collected, and how it is being used. Workgroup members were especially interested in identifying data that could be used to measure quality of life indicators. Therefore, several additional individuals were invited to participate because of their work in quality of life issues beyond the HIV field. Participants were amazed by the types of data being collected and the fact that very few of the people in the meeting knew each other or were aware of the work that the other was doing.*
  - *Continue to host quarterly meetings of the Houston Area HIV Data Committee in order to: 1.) learn about different data being collected; 2.) create and maintain an inventory of HIV and Quality of Life data being collected; and 3.) distribute the resulting inventory of data to Houston area researchers, students, people living with HIV and others to maximize the use of this data to benefit people living with HIV.*

**Key Committed Partners:** *HHD/Bureau of HIV, HCPH/RWGA, CPG, RWPC, PACHA, Positive Women's Network – USA and Houston Chapter, Cizik School of Nursing, UTHealth, South Central AETC, Baylor College of Medicine, University of Houston Graduate School of Social Work, Houston Food Bank.*

**Potential Funding Resources:** *NA*

**Estimated Funding Allocations:** *NA*

**Monitoring Data Source:** *CPCDMS, TCT, and other data held by institutions listed above as Key Committed Partners.*

## 2023 Ryan White Planning Council

### WORKING STANDING COMMITTEE LIST

(Updated 1-25-23)

**Red Text = 2023 Committee Mentor Blue Text = new Council member**

STEERING	
Crystal Starr, RWPC Chair	Ronnie Galley, Co-Chair, Operations
Skeet Boyle, Vice Chair	Cecilia Ligons, Co-Chair, Operations
Josh Mica, Secretary	Bobby Cruz, Co-Chair, Priority and Allocations
Rodney Mills, Co-Chair, Affected Community	Peta-gay Ledbetter, Co-Chair, Priority and Allocations
Diana Morgan, Co-Chair, Affected Community	Tana Pradia, Co-Chair, Quality Improvement
Allen Murray, Co-Chair, Comprehensive HIV Planning	Pete Rodriguez, Co-Chair, Quality Improvement
Steven Vargas, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY	
1. <b>Rodney Mills, Co-Chair</b>	
2. Diana Morgan, Co-Chair	
3. <b>Servando Arellano</b>	
4. Rosalind Belcher	
5. <b>Caleb Brown</b>	
6. Tony Crawford	
7. <b>Ryan Rose</b>	

COMPREHENSIVE HIV PLANNING	
1. <b>Allen Murray, Co-Chair</b>	8. Evelio Salinas Escamilla
2. Steven Vargas, Co-Chair	9. Paul Richards
3. Johanna Castillo	10. <b>Ryan Rose</b>
4. <b>Kathryn Fergus</b>	11. Imran Shaikh
5. <b>Kenia Gallardo</b>	12. Robert Sliepka
6. Dawn Jenkins	13. <b>Carol Suazo</b>
7. Shital Patel	

OPERATIONS	
1. <b>Ronnie Galley, Co-Chair</b>	4. Johanna Castillo
2. Cecilia Ligons, Co-Chair	5. <b>Kenia Gallardo</b>
3. Skeet Boyle	6. Josh Mica

PRIORITY AND ALLOCATIONS	
1. Bobby Cruz, Co-Chair	4. Roxane May
2. <b>Peta-gay Ledbetter, Co-Chair</b>	5. Josh Mica
3. Ronnie Galley	6. Allen Murray

QUALITY IMPROVEMENT	
1. <b>Tana Pradia, Co-Chair</b>	8. Titan Capri
2. Pete Rodriguez, Co-Chair	
3. Kevin Aloysius	
4. <b>Caleb Brown</b>	
5. Daphne L. Jones	
6. Oscar Perez	
7. Faye Robinson	

(Over)

**2023 Ryan White Planning Council**

<b>PROJECT LEAP ADVISORY COMMITTEE</b>			
1. Robert Sliepka, Co-Chair	9. Tana Pradia	<i>External Members:</i>	
2. _____, Co-Chair	10. Ryan Rose		
3. <b>Servando Arellano</b>			
4. Skeet Boyle			
5. <b>Caleb Brown</b>			
6. <b>Kenia Gallardo</b>			
7. Ronnie Galley			
8. Josh Mica			